

Health plan benefit changes

Here are the updated benefit changes for our 2024 plans. Your 2024 plan name is stated in the breakout by subscriber page. Refer to your plan name to see any updates.

| Health Plan | Changes for 2024 |
|------------------------------|--|
| KP GA Platinum 0/0/20/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Platinum 500/20/20/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Gold 0/0/30/S11 | <ul style="list-style-type: none"> Emergency changed to \$650 Hospital changed to \$900 per day Ambulance changed to \$650 Radiology changed to \$50 High Tech Radiology changed to \$500 |
| Health Plan | Changes for 2024 |
| KP GA Gold 0/0/40/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Gold 1000/20/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Gold 2250/20/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Gold 2500/0/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Gold 3500/0/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |

GA Small Group

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| KP GA Gold 3750/20/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Gold 4500/0/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Silver 2700/35/50/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Silver HDHP/3500/20/S11 | <ul style="list-style-type: none"> Deductible changed to \$3,500/\$7,000 |
| Health Plan | Changes for 2024 |
| KP GA Silver 3700/35/50/S11 | <ul style="list-style-type: none"> Out of pocket max changed to \$9,100/\$18,200 |
| Health Plan | Changes for 2024 |
| KP GA Silver 4700/35/50/S11 | <ul style="list-style-type: none"> Out of pocket max changed to \$9,100/\$18,200 Urgent care changed to \$100 |

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| KP GA Silver 5500/0/50/S11 | <ul style="list-style-type: none"> Out of pocket max changed to \$9,000/\$18,000 |
| Health Plan | Changes for 2024 |
| KP GA Silver 6000/30/50/S11 | <ul style="list-style-type: none"> Out of pocket max changed to \$8,800/\$17,600 |
| Health Plan | Changes for 2024 |
| KP GA Silver HDHP/5000/20/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| Health Plan | Changes for 2024 |
| KP GA Bronze HDHP/7250/0/S11 | <ul style="list-style-type: none"> Deductible changed to \$7,250/\$14,500 OPM changed to \$7,250/\$14,500 |
| Health Plan | Changes for 2024 |
| KP Virtual Complete Gold 3000/20/40/S11 | <ul style="list-style-type: none"> OPM changed to \$4,900/\$9,800 |
| Health Plan | Changes for 2024 |
| KP Virtual Complete Silver 5000/30/40/S11 | <ul style="list-style-type: none"> Out of pocket max changed to \$9,000/\$18,000 |
| Health Plan | Changes for 2024 |
| KP Virtual Complete Bronze 6300/20/60/S11 | <ul style="list-style-type: none"> Occupational Therapy Outpatient Rehab changed to \$80 after ded Physical Therapy Outpatient Rehab changed to \$80 after ded Speech Therapy Outpatient Rehab changed to \$80 after ded |

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| KP GA Platinum 0/0/20/S11 KP Plus | Prescription Drugs <ul style="list-style-type: none"> No significant benefit changes for 2024 |

| Health Plan | Changes for 2024 |
|--------------------------------------|--|
| KP GA Gold 0/0/30/S11 KP Plus | <ul style="list-style-type: none"> Ambulance changed to \$650 ER changed to \$650 Hospital changed to \$900 Radiology changed to \$50/\$70 High tech radiology changed to \$500 |
| KP GA Gold 1000/20/30/S11 KP Plus | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| KP GA Gold 2500/0/30/S11 KP Plus | <ul style="list-style-type: none"> Radiology out of network changed to 10% |

| Health Plan | Changes for 2024 |
|--|---|
| KP GA Silver 2700/35/50/S11 KP Plus | <ul style="list-style-type: none"> No significant benefit changes for 2024 |

| Health Plan | Changes for 2024 |
|--|---|
| KP GA Silver 3700/35/50/S11 KP Plus | <ul style="list-style-type: none"> Out of pocket max changed to \$9,100/\$18,200 |

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| KP GA Platinum PPO 0/0/20/S11 | Prescription Drugs <ul style="list-style-type: none"> Network specialty pharmacy changed to 30% |

| Health Plan | Changes for 2024 |
|----------------------------------|---|
| KP GA Gold PPO 1000/20/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |
| KP GA Gold PPO 2500/10/30/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |

| Health Plan | Changes for 2024 |
|--------------------------------------|---|
| KP GA Silver PPO HDHP 3800/20/S11 | <ul style="list-style-type: none"> Annual in network deductible changed to \$3,800/\$7,600 Annual out of network deductible changed to \$7,600/\$15,200 |

| Health Plan | Changes for 2024 |
|------------------------------------|---|
| KP GA Silver PPO 3850/30/50/S11 | <ul style="list-style-type: none"> Annual in network out of pocket maximum changed to \$9,200/\$18,400 Annual out of network out of pocket maximum changed to \$18,400/\$36,800 |

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| KP GA Silver PPO 4850/30/50/S11 | <ul style="list-style-type: none"> Annual in network out-of-pocket maximum changed to \$9,200/\$18,400 Annual out of network out-of-pocket maximum changed to \$18,400/\$36,800 |
| Health Plan | Changes for 2024 |
| KP GA Silver PPO HDHP/5000/20/S11 | <ul style="list-style-type: none"> No significant benefit changes for 2024 |

| Health Plan | Changes for 2024 |
|--------------------------------------|--|
| KP GA Bronze PPO 6500/20/60/S11 | <ul style="list-style-type: none"> Occupational therapy outpatient rehab changed to \$80 after ded Occupational therapy outpatient hab changed to \$80 after ded Physical therapy outpatient rehab changed to \$80 after ded Physical therapy outpatient hab changed to \$80 after ded Speech therapy outpatient rehab changed to \$80 after ded Speech therapy outpatient hab changed to \$80 after ded |
| Health Plan | Changes for 2024 |
| KP GA Bronze PPO HDHP/7250/10/S11 | <ul style="list-style-type: none"> Annual in network deductible changed to \$7,250/\$14,500 Annual in network out of pocket maximum changed to \$14,600/\$29,200 Annual out of network deductible changed to \$14,500/\$29,000 Annual in network out of pocket maximum changed to \$7,300/\$14,600 |

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