

2024 RENEWAL PORTFOLIO | Virginia

2024 product and benefit changes

Large employer group changes for contracts renewing on or after January 1, 2024

This document provides an overview of changes Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc., and Kaiser Permanente Insurance Company¹ are making to your large group health plan offerings effective upon your group's 2024 renewal date.

Your group may have elected other changes to existing plan design offerings that are not included in this summary, or additional modifications in cost share amounts may occur as a result of changes in employees' plan selections. Please work with your account manager if you have questions regarding specific changes to your group's plan offerings.

The following changes apply to all non-grandfathered large group health plans unless otherwise specified:

Travel dialysis

Coverage for travel dialysis has been added to the in-network tier (Tier 1 or Option 1¹). The in-network specialty office visit cost share applies, and coverage is limited to 60 days of travel per contract, calendar, or policy year. This benefit change applies to all plans except Out-of-Area PPO.

Adult routine eye exams

Routine eye exams for adults are no longer excluded from accumulating towards the out-of-pocket maximum. This benefit change applies to the in-network tiers (Tier 1 or Option 1¹) of HMO and DHMO products.

In vitro fertilization

The in vitro fertilization (IVF) benefit has been expanded to include coverage for members who do not meet the definition of infertility but are diagnosed with specific genetic conditions. This benefit change applies to plans that have the extended infertility services rider.

For more information, please refer to your Summary of Benefits and Coverage (SBC), your *Evidence of Coverage (EOC)*, and/or your *KPIC Certificate of Insurance (COI)*.

¹Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (KFHP-MAS), underwrites the In-Network HMO Tier (Option 1), and Kaiser Permanente Insurance Company (KPIC), a subsidiary of Kaiser Foundation Health Plan, Inc. (KFHP), underwrites the In-Network PPO Tier (Option 2) and Out-of-Network Tier (Option 3).

Fertility preservation

The extended infertility services rider has been expanded to include coverage for standard fertility preservation procedures that are medically necessary to preserve fertility due to iatrogenic infertility.

The IVF cost share applies to all services. This benefit change applies to plans that have the extended infertility services rider. Storage of sperm and oocytes is not included in the coverage.

Hearing aids and exams for children

Coverage for hearing aids has been added to the in-network tier (Tier 1 or Option 1¹) and KPIC Option 2¹ (coverage not available in KPIC Option 3¹). A Virginia mandate for hearing aids requires that one hearing aid per hearing-impaired ear is covered for children ages 18 and under, every 24 months. The cost share for hearing aids is no charge and no charge after deductible for HDHP/HSA-qualified plans, up to \$1,500 per hearing aid. Hearing aid exams are covered at the specialty office visit cost share.

Weight management prescription drugs

Effective 2/1/2024 upon renewal, members will no longer be able to get medically necessary prescription drugs indicated for weight management unless groups purchase the weight management drug rider.

PLAN-SPECIFIC CHANGES

DHMO Plus and HMO Plus plans

- Names change from "DHMO Plus" to "Deductible Kaiser Permanente Plus," and "HMO Plus" to "Kaiser Permanente Plus" in order to standardize the product across the enterprise within all Kaiser Permanente systems.
- In-service-area urgent care via non-Kaiser Permanente providers will be counted as part of the 10 OON visits.
- Two new plan designs available with 15 OON visits for Deductible Kaiser Permanente Plus.

Dental plans

Introducing a new partnership with LIBERTY Dental Plan—revamped dental plans and extensive dental portfolio will include comprehensive riders with and without optional orthodontic plus benefits for children and families.

HSA/HDHP

New IRS limits for 2024 are \$1,600/\$3,200 (individual/family) in comparison to 2023 guidelines (\$1,500/\$3,000). The 2024 portfolio has been updated to reflect these changes and ensure compliance with IRS guidance, as well as other cascading impacts.

NEW PLANS

Introducing Everyday Care plans

Improving access and encouraging members to interact with the KPMAS delivery system through Everyday Care plans—transparent pricing up front offers \$0 cost for most routine care, such as primary care, specialty care, and lab. Two new plans are priced competitively at a rate similar to that of Kaiser Permanente's traditional DHMO plans. These plan designs eliminate the need for members to calculate coinsurance and keep track of their deductibles and/or out-of-pocket maximums.

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