

2024 RENEWAL PORTFOLIO | DISTRICT OF COLUMBIA

Changes to 2024 benefits

District of Columbia–Gold Plans for Members of Congress and Designated Staff

Small 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., is making to your small group Gold health plan offerings effective upon your group's 2024 renewal date.

The following changes apply to all plans unless otherwise noted:

Travel dialysis

- ▶ Coverage for travel dialysis has been added to the in-network tier. The in-network specialty office visit cost share applies, and coverage is limited to 60 days of travel per contract year.

Adult routine eye exams (HMO and DHMO plans)

- ▶ Routine eye exams for adults are no longer excluded from accumulating towards the out-of-pocket maximum.

Mental health services (Gold Standard plan only)

- ▶ Coverage for certain outpatient visits includes evaluation and management, screening assessment, psychotherapy crisis, individual and group therapy, and gender dysphoria. Certain diagnostic tests, imaging, and hormone therapy injection are covered for children under age 19 with a primary diagnosis of mental health condition. The cost share will be \$5 for all HMO and DHMO standard plans.

For more information, please see your renewal notice, renewal contract, or *Summary of Benefit Changes*.

Prescription drugs for mental health services (Gold Standard plan only)

- ▶ Coverage for prescription drugs as defined by the pharmacy to treat pediatric mental health conditions are covered for children under age 19. The cost shares will be \$5 per 30-day supply, \$10 per 90-day supply, and \$8 per 90-day mail order for all HMO and DHMO standard plans.

Dental plans

- ▶ A revamped Kaiser Permanente Smile dental portfolio includes expanded embedded pediatric offerings.

The changes outlined below apply to the specified health plans as follows:

KP DC Gold 0/20/Vision

- ▶ Self-only out-of-pocket maximum: increased from \$6,950 to \$8,250 per individual
- ▶ Family out-of-pocket maximum: increased from \$13,900 to \$16,500 per family (not to exceed \$8,250 for any one family member)

KP DC Standard Gold 500/25/20%Vision

- ▶ Outpatient surgery facility fee changes from \$600 to \$500

KP DC Gold 1,000/300 RxDed/20/Vision (formerly KP DC Gold 1,000/20/Vision)

- ▶ No changes to the cost shares

KP DC Gold 1,500/300 RxDed/20/Vision (formerly KP DC Gold 1,500/20/Vision)

- ▶ Self-only out-of-pocket maximum: reduced from \$7,200 to \$7,100 per individual
- ▶ Family out-of-pocket maximum: reduced from \$14,400 to \$14,200 per family (not to exceed \$7,100 for any one family member)

KP DC Gold Virtual Complete 2,000

- ▶ Self-only out-of-pocket maximum: reduced from \$6,100 to \$5,850 per individual
- ▶ Family out-of-pocket maximum: reduced from \$12,200 to \$11,700 per family (not to exceed \$5,850 for any one family member)

KP DC Gold HMO Plus 0/20/Vision

- ▶ In-plan changes
 - Self-only out-of-pocket maximum: increased from \$6,950 to \$8,250 per individual
 - Family out-of-pocket maximum: increased from \$13,900 to \$16,500 per family (not to exceed \$8,250 for any one family member)
- ▶ Out-of-network changes
 - No changes to out-of-network cost shares

KP DC Gold Plus 1,500/300 RxDed/20/Vision (formerly KP DC Gold DMHO Plus 1,500/20/Vision)

- ▶ In-plan changes
 - Self-only out-of-pocket maximum: reduced from \$7,200 to \$7,100 per individual
 - Family out-of-pocket maximum: reduced from \$14,400 to \$14,200 per family (not to exceed \$7,100 for any one family member)
- ▶ Out-of-network changes
 - No changes to out-of-network cost shares

KP DC Gold Added Choice 1,000/300 RxDed/20/POS (formerly KP DC Gold Added Choice 1,000/20/POS/Vision)

- ▶ In-plan changes
 - No changes to in-network cost shares
- ▶ Out-of-network changes
 - Self-only out-of-pocket maximum: increased from \$8,000 to \$13,500 per individual
 - Family out-of-pocket maximum: increased from \$16,000 to \$27,000 per family (not to exceed \$13,500 for any one family member)

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 2101 East Jefferson St., Rockville, MD 20852, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

In the event of dispute, the provisions of the approved English version of the form will control.

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-777-7902** (TTY: **711**)።

العربية (Arabic) ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-777-7902** (TTY: **711**)።

Bàsòò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̀ Bàsòò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dọ̀ po-poò bɛ́in m̀ gbo kpáá. Ǹá **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-800-777-7902** (TTY: **711**)।

中文 (Chinese) 注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-777-7902** (TTY: **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-777-7902** (TTY: 711) تماس بگیرید.

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-777-7902** (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Rufnummer: **1-800-777-7902** (TTY: 711).

ગુજરાતી (Gujarati) સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-800-777-7902** (TTY: 711).

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-777-7902** (TTY: 711).

हिन्दी (Hindi) ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-777-7902** (TTY: 711) पर कॉल करें।

Igbo (Igbo) NRUBAMA: O bụrụ na i na asụ Igbo, orụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ **1-800-777-7902** (TTY: 711).

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-777-7902** (TTY: 711).

日本語 (Japanese) 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 **1-800-777-7902** (TTY: 711) まで、お電話にてご連絡ください。

한국어 (Korean) 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-777-7902** (TTY: 711) 번으로 전화해 주십시오.

Naabeehó (Navajo) Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódílnih **1-800-777-7902** (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-800-777-7902** (TTY: 711).

Русский (Russian) ВНИМАНИЕ: если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-777-7902** (TTY: 711).

Español (Spanish) ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-777-7902** (TTY: 711).

Tagalog (Tagalog) PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
Tumawag sa **1-800-777-7902** (TTY: 711).

ไทย (Thai) หมายเหตุ: ถ้าคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-777-7902** (TTY: 711).

اُردو (Urdu) خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں **1-800-777-7902** (TTY: 711)۔

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-777-7902** (TTY: 711).

Yorùbá (Yoruba) AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-777-7902** (TTY: 711).