

2025 RENEWAL PORTFOLIO | DISTRICT OF COLUMBIA

Changes to 2025 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, 2025

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 2025 renewal date.

The following changes apply to all plans unless otherwise noted:

Infertility and standard fertility preservation services

A Washington, DC, mandate for fertility treatment requires that infertility (diagnosis and treatment), in vitro fertilization (IVF), fertility preservation, and outpatient drugs for the treatment of infertility are covered the same as any other service. The mandate applies to in-network and out-of-network tiers, except for the out-of-network tier of Kaiser Permanente Plus plans:

- ▶ Infertility treatment Services (includes in vitro fertilization) and fertility preservation for iatrogenic infertility: The cost share will be based on place and type of service.
- ▶ Outpatient drugs for the treatment of infertility: The applicable drug tier cost share will be applied.

For more information, please see your renewal notice, renewal contract, or Summary of Benefits changes.

HMO and DHMO Plus plans

- ▶ In service area Urgent Care provided by non-Kaiser Permanente providers will be counted as part of the 10 out-of-network (OON) visit limit. The plan-specific OON specialty cost share applies.

DHMO Essential Plan - cardiovascular and cerebrovascular disease

- ▶ The services related to the prevention and treatment of cardiovascular disease (includes primary care physician office visits, medical nutrition therapy visits, certain laboratory and Imaging) and generic medications to treat cardiovascular disease will be covered at "no charge" for Essential HMO and DHMO plans.

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

KP DC Gold 0 Ded/Vision (formerly KP DC Gold 0/20/Vision)

- ▶ Self-only out-of-pocket maximum: increased from \$8,250 to \$8,600 per individual
- ▶ Family out-of-pocket maximum: increased from \$16,500 to \$17,200 per family (not to exceed \$8,600 for any one family member)
- ▶ Outpatient surgery facility fee: increased from \$200 to \$250
- ▶ Outpatient surgery physician services: increased from \$25 to \$40
- ▶ Inpatient physician and surgical services: increased from no charge to \$40 per admission
- ▶ Emergency services: increased from \$250 to \$300

KP DC Gold Plus 0 Ded/Vision (formerly KP DC Gold Plus 0/20/Vision)

- ▶ In-plan changes
 - Self-only out-of-pocket maximum: increased from \$8,250 to \$8,600 per individual
 - Family out-of-pocket maximum: increased from \$16,500 to \$17,200 per family (not to exceed \$8,600 for any one family member)

- Outpatient surgery facility fee: increased from \$200 to \$250
- Outpatient surgery physician services: increased from \$25 to \$40
- Inpatient physician and surgical services: increased from no charge to \$40 per admission
- Emergency services: increased from \$250 to \$300
- ▶ Out-of-network changes
 - No changes to out-of-network cost shares

KP DC Essential Gold 500 Ded/Vision (formerly KP DC Standard Gold 500/25/20%Vision)

- ▶ Self only out-of-pocket maximum: increased from \$5,800 to \$6,050 per individual
- ▶ Family out-of-pocket maximum: increased from \$11,600 to \$12,100 per family (not to exceed \$6,050 for any one family member)

KP DC Gold 500 Ded/Vision (formerly KP DC Gold 500/20/Vision)

- ▶ Tier 2 (plan pharmacy and mail delivery) 30-day supply: increased from \$50 to \$60
- ▶ Tier 2 (participating network pharmacy) 30-day supply: increased from \$60 to \$70
- ▶ Tier 2 (plan pharmacy, participating network pharmacy, and mail delivery) 90-day supply: increased from \$100, \$120, \$75 to \$120, \$140, \$90

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

- ▶ Inpatient physician and surgical services: increased from \$50 per admission after deductible to \$60 per admission after deductible

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

- ▶ Inpatient physician and surgical services: increased from \$55 per admission after deductible to \$70 per admission after deductible
- ▶ Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology: increased from \$300 after deductible to \$350 after deductible

KP DC Gold Virtual Complete 2,000 Ded (formerly KP DC Gold Virtual Complete 2,000)

- ▶ Self-only out-of-pocket maximum: reduced from \$5,850 to \$5,500 per individual
- ▶ Family out-of-pocket maximum: reduced from \$11,700 to \$11,000 per family (not to exceed \$5,500 for any one family member)

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

- ▶ In-plan changes
 - Inpatient physician and surgical services: increased from \$55 per admission after deductible to \$70 per admission after deductible
 - Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology: increased from \$300 after deductible to \$350 after deductible
- ▶ Out-of-network changes
 - No changes to out-of-network cost shares

KP DC Gold 1,700 Ded/HSA/Vision (formerly KP DC Gold 1,700/0%/HSA/Vision)

- ▶ Inpatient physician and surgical services: increased from no charge after deductible to \$10 per admission after deductible
- ▶ Outpatient surgery physician services: increased from no charge after deductible to \$10 after deductible

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

- ▶ In-plan changes
 - Inpatient hospital physician services: increased from \$50 per admission after deductible to \$60 per admission after deductible
- ▶ Out-of-network changes
 - Inpatient hospital admission skilled nursing facility services: changed from 20% after deductible to \$600 per admission after deductible
 - Inpatient hospital physician services: changed from 20% after deductible to \$70 per admission after deductible

- Outpatient surgery facility fee: changed from 20% after deductible to \$350 after deductible
- Outpatient surgery physician services: changed from 20% after deductible to \$70 after deductible
- Preventative care services, prenatal and postnatal services, postpartum home visits, and women's preventative services (WPS): changed from 20% after deductible to no charge after deductible
- Laboratory outpatient and professional services: changed from 20% after deductible to \$60 after deductible
- X-rays and diagnostic imaging: changed from 20% after deductible to \$60 after deductible
- Specialty imaging (including CT, MRI, PET scans, and diagnostic nuclear medicine), sleep laboratory, and interventional radiology: changed from 20% after deductible to \$450 after deductible
- All other mental health outpatient services and partial hospitalization: changed from 20% after deductible to \$45 after deductible
- Blood, blood products and their administration, internal prosthetics: changed from 20% after deductible to no charge after deductible
- Home health care services, hospice services: changed from 20% after deductible to \$250 after deductible
- House calls: changed from 20% after deductible to \$70 after deductible
- Prescription drugs:
 - Tier 1 drugs (30-day supply) - changed from 20% after deductible to \$20 after deductible
 - Tier 2 drugs (30-day supply) - changed from 20% after deductible to \$70 after deductible
 - Tier 3 drugs (30-day supply) - changed from 20% after deductible to \$110 after deductible

- Tier 1 drugs (90-day supply) - changed from 20% after deductible to \$40 after deductible
- Tier 2 drugs (90-day supply) - changed from 20% after deductible to \$140 after deductible
- Tier 3 drugs (90-day supply) - changed from 20% after deductible to \$220 after deductible

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) ማሰታወሻ: 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**) .

Bàsɔ̀ò Wùdù (Bassa) Dè dɛ nià kɛ dyédé gbo: Ɔ jũ ké m̀ Bàsɔ̀ò-wùdù-po-nyò jũ ní, níí, à wuɖu kà kò dò po-poò bɛ́in m̀ gbo kpáa. Ɖá **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, éi 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).