

2025 RENEWAL PORTFOLIO

Preliminary changes to 2025 benefits

The purpose of this document is to provide an overview of benefit changes we're planning to make to:

- ▶ 2025 Kaiser Foundation Health Plan, Inc. (KFHP), *Group Agreement* and *Evidence of Coverage* documents
- ▶ 2025 Kaiser Permanente Insurance Company (KPIC) *Group Policy* and *Certificate of Insurance* documents

Unless otherwise noted, these changes apply to all the plans we offer, and they'll become effective as contracts renew starting in January 2025.

This summary doesn't include all changes that may be made in 2025, including changes to Medicare coverage. You'll find all the information on the final changes in your:

- ▶ 2025 *Group Agreement Summary of Changes and Clarifications Notice* or renewal contract for KFHP coverage
- ▶ 2025 *Summary of Benefit Changes* for KPIC coverage

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

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National plan changes

Weight-loss medications

To achieve consistency in how we cover medications prescribed for weight loss, some markets will see changes around how we cover weight-loss medications. Kaiser Permanente's core plans include comprehensive weight management, which may include medical weight management tailored to each individual patient based on their medical history and comorbidities.

Evidence-based medication regimens, including GLP-1s and other prescription weight-loss drugs, may be prescribed as part of a patient's care as determined by their physician. Broader use of GLP-1s for patients without comorbidities or increased disease risk that are prescribed solely for the purpose of weight loss can be made available through purchase of an additional weight-loss rider by the employer. For details in your region, reach out to your Kaiser Permanente representative.

California plan changes

Weight-loss medications

Beginning in 2025, medications prescribed solely for the purpose of losing weight are being removed from base Rx coverage, with one exception. In cases where a covered member has morbid obesity, coverage of medications prescribed solely for the purpose of losing weight is required by California state mandate and will be retained in base Rx coverage. Where a covered member does not have morbid obesity, coverage for medications prescribed solely for the purpose of losing weight will only be available when a large group has purchased a weight-loss drug rider. Employers who wish to have this coverage should contact their account team to request pricing for the weight-loss drug rider.

Colorado plan changes

Out-of-area dependent benefit visit limits

Out-of-area dependent benefit visit limits will be increased in HMO plans, deductible HMO plans, and high deductible health plans (HDHPs). There will be no change to current cost-share amounts. Out-of-area dependent benefit visit limits will be:

- ▶ Up to 10 office visits
- ▶ Up to 10 therapy visits (combined physical, occupational, and speech therapy)

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- ▶ Up to 10 diagnostic X-rays at 20%
- ▶ Up to 12 outpatient prescription drug fills at 50%
- ▶ Up to 12 diabetic supplies at 20%

Prosthetic devices for recreational activity

In compliance with House Bill 23-1136, coverage is provided for an additional prosthetic device or devices if the treating physician determines that the additional prosthetic device or devices are necessary to enable the covered person to engage in physical recreational activities, including running, bicycling, swimming, climbing, skiing, snowboarding, and team and individual sports.

Reproductive health care

In compliance with Senate Bill 23-189, coverage for nongrandfathered plans is provided for:

- ▶ **Abortion:** All abortion services covered at no charge to members.
- ▶ **Sterilization:** Covered at no cost, regardless of gender.
- ▶ **Sexually transmitted infection:** Counseling, prevention, and screening covered at no cost, regardless of sex or gender.

Hawaii plan changes

Abortion care

All plans that cover elective abortions are removing the lifetime limit of 2 elective abortions. There will still be a cost share.

Weight-loss medications

Coverage for medications prescribed solely for the purpose of losing weight will only be available when a large group has purchased a weight-loss drug rider. Employers who wish to have this coverage should contact their account team to request pricing for the weight-loss drug rider.

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Mid-Atlantic States plan changes

Base fertility services

In compliance with Bill 25-0034, in vitro fertilization (IVF) and fertility preservation are being added to the base benefit for all Washington, D.C., commercial plans.

2025 base benefit for D.C. plans includes:

- ▶ Infertility cost shares (medical and Rx) the same as noninfertility services (medical cost shares based on place and type of service)
- ▶ At least 3 oocyte retrievals
- ▶ No lifetime max
- ▶ Unlimited embryo transfers
- ▶ Embryo transfer for surrogacy covered¹
- ▶ Fertility preservation for iatrogenic infertility

Weight-loss medications

Effective upon first renewal on or after February 1, 2024, medications prescribed solely for the purpose of losing weight are being removed from base Rx coverage. Coverage for medications prescribed solely for the purpose of losing weight will only be available when a large group has purchased a weight-loss drug buy-up. Employers who wish to have this coverage should contact their account team to request pricing for the weight-loss drug buy-up.

Northwest plan changes²

At this time, there are no material benefit changes to note for Northwest for 2025.

Washington plan changes

At this time, there are no material benefit changes to note for Washington for 2025.

Georgia plan changes

At this time, there are no material benefit changes to note for Georgia for 2025.

1. Embryo transfer for surrogacy is not covered under any of the other jurisdictions fertility benefit.

2. Changes listed for Northwest also apply to Washington-situated groups enrolled through our Northwest region.