

# 2025 REGENCE SUMMARY OF PLAN CHANGES

Benefit	Summary of Changes	Reason for Change	Kaiser Plan
<p><b>Balance Billing: Ground Ambulance</b></p> <p><i>*Still waiting for pricing impact confirmation from Regence.</i></p>	<p>Balance billing applied when services were billed by an Out-of-Network (OON) ground ambulance provider.</p> <p>Balance billing occurs when the member is billed for balances beyond any Deductible, Copayment or Coinsurance for covered services by an OON provider when their billed amount is not fully reimbursed by Regence.</p> <p>Balance billing will no longer apply. These providers will be responsible to write-off the difference between their charge and our payment to them on covered services rendered.</p>	<p>WASHINGTON SSB 5986</p> <p>Natasha made a motion to accept the Balance Billing: Ground Ambulance change due to WASHINGTON SSB 5986, Antoinette seconded the motion, the motion passed unanimously. 9/9/24 GM Meeting</p> <p><del>Motion to decline the Balance Billing: Ground Ambulance change due to WASHINGTON SSB 5986.</del></p>	<p>Applies to Kaiser plans.</p> <p>Kaiser will be compliant with WA SSB 5986 on 1/1/25. All members will be protected from balance billing by non-participating providers.</p>
<p><b>Pharmacy: HIV Prophylaxis</b></p>	<p>Medications for HIV Post-Exposure Prophylaxis (PEP) were covered at regular plan cost shares when on Regence Drug List.</p> <p>As mandated, coverage is required for HIV Post-Exposure Prophylaxis (PEP) drugs or therapies following patient's possible exposure to HIV. Coverage includes a full 28-day course of therapy and repeat exposures, without preauthorization.</p> <p><b>Non-HSA Eligible plans</b> In-Network medications on the drug list and services will not be subject to deductible, or any other cost shares.</p> <p><b>HSA Eligible plans</b> In-Network medications on the drug list and services are subject to deductible, and then covered at 0% member cost share.</p> <p>Out-of-Network medications on the drug list and services will remain covered at regular cost shares.</p>	<p>WASHINGTON SSB 6127</p> <p>Iasmina made a motion to accept the Pharmacy: HIV Prophylaxis change due to WASHINGTON SSB 6127. Antoinette seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</p> <p><del>Motion to decline the Pharmacy: HIV Prophylaxis change due to WASHINGTON SSB 6127.</del></p>	<p>Applies to Kaiser plans.</p> <p>The cost share for PEP drugs will be \$0. Previously, the cost share followed your plan's cost sharing for prescription drugs. For HSA-qualified HDHPs, the \$0 cost share applies after meeting the minimum deductible.</p>

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<p><b>Pharmacy: Reducing Cost of Inhalers and Epinephrine Autoinjectors</b></p> <p><b>GB Question Answered:</b></p> <ul style="list-style-type: none"> <li>Billed as a 2 pack for a 30-day supply (standard)</li> <li>Generally, a member would not need the medication filled every month, but frequency can vary. Some people want one at home and one at work/school. They do expire within a year as well.</li> </ul>	<p>Medications for corticosteroids and epinephrine autoinjectors were covered at regular plan cost shares when on the drug list.</p> <p>As mandated, the member cost shares for certain corticosteroid inhalers for asthma and certain epinephrine autoinjector products containing at least two autoinjectors on the Drug List are capped according to below.</p> <p><b>Corticosteroid Inhalers for Asthma:</b></p> <p><b>Non-HSA Eligible</b> and <b>HSA Eligible plans: Retail and Home Delivery:</b> \$35 copay cap per 30-day supply, Deductible waived. \$105 copay cap up to 90-day supply, Deductible waived.</p> <p>Any cost sharing paid by enrollee must be applied toward Deductible.</p> <p><b>Epinephrine Autoinjectors Two Pack: Non-HSA Eligible: Retail and Home Delivery:</b> \$35 copay cap (per two pack) per 30-day supply, Deductible waived. \$105 copay cap (per two pack) up to 90-day supply, Deductible waived.</p> <p>Any cost sharing paid by enrollee must be applied toward plan Deductible.</p> <p><b>HSA Eligible Plans:</b></p> <p><b>Retail and Home Delivery:</b> Subject to IRS Minimum Deductible (\$1,650 for an Individual and \$3,300 for a Family), then \$35 copay cap (per two pack) per 30-day supply. Subject to IRS Minimum Deductible (\$1,650 for an Individual and \$3,300 for a Family), then \$105 copay cap (per two pack) up to 90-day supply. Any cost sharing paid by enrollee must be applied toward plan Deductible.</p>	<p>WASHINGTON SHB1979</p> <p>Iasmina made a motion to accept the Pharmacy: Reducing Cost of Inhalers and Epinephrine Autoinjectors due to WASHINGTON SHB1979, Antoinette seconded the motion, the motion passes unanimously. 9/9/24 GB Meeting.</p> <p><del>Motion to decline the Pharmacy: Reducing Cost of Inhalers and Epinephrine Autoinjectors due to WASHINGTON SHB1979.</del></p>	<p>Applies to Kaiser plans and is currently the same benefit as the change to Regence.</p> <p>Kaiser offers select corticosteroids with the \$35 copay cap per 30 days, deductible waived and this includes HDHP plan.</p> <p>Kaiser offers select epinephrine autoinjectors with a \$35 copay cap per days. This would be after the minimum deductible is met for WA HDHP plans.</p>

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<p><b>Detoxification</b></p>	<p>This separate benefit category was stated in the member benefit booklet, but administration was applied under the Mental Health and Substance Use Disorder (MHSUD) or Emergency Room benefit categories.</p> <p>Removed this separate benefit category as benefits continue to be covered under the MHSUD or Emergency Room benefit categories.</p> <p>No benefit changes have been made.</p>	<p>Language change only</p> <p><a href="#">Iasmina made a motion to accept the Detoxification language change to the benefit booklet. Antoinette seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</a></p> <p><del><a href="#">Motion to decline the Detoxification language change to the benefit booklet.</a></del></p>	<p>Kaiser coverage is currently the same as Regence.</p>
<p><b>Durable Medical Equipment (DME) / Preventive Care for Chronic Conditions: Continuous Glucose Monitors (CGM)</b></p>	<p>Non-Therapeutic CGMs and supplies were not covered.</p> <p>Non-Therapeutic CGMs and supplies are covered.</p> <p><b>Non-HSA Eligible plans:</b> CGMs covered under DME. Regular plan cost shares apply. Also covered under Pharmacy benefits at the applicable tier level, if on the Drug List.</p> <p><b>HSA Eligible plans:</b> CGMs covered under Preventive Care for Chronic Conditions. Deductible waived, Coinsurance applies. Also covered under Pharmacy benefits at the applicable tier level, if on the Drug List.</p> <p>Both plans: CGM supplies to be covered under DME and Pharmacy benefits at the applicable cost shares listed above.</p>	<p><a href="#">Natasha made a motion to accept the Durable Medical Equipment (DME) / Preventive Care for Chronic Conditions: Continuous Glucose Monitors (CGM). Iasmina seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</a></p> <p><del><a href="#">Motion to decline the Durable Medical Equipment (DME) / Preventive Care for Chronic Conditions: Continuous Glucose Monitors (CGM)</a></del></p>	<p>Kaiser coverage is already the same as the change being made in the Regence plan.</p>

# 2025 REGENCE SUMMARY OF PLAN CHANGES

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<p><b>Exclusions: Liposuction for the Treatment of Lipedema</b></p> <p><i>*Still waiting for utilization &amp; medical policy criteria from Regence.</i></p> <p><i>*Still waiting for pricing impact confirmation from Regence.</i></p>	<p>Liposuction for the Treatment of Lipedema was not covered.</p> <p>Treatment will now be covered when medical policy criteria is met.</p>	<p><u>Motion to accept the Exclusions: Liposuction for the Treatment of Lipedema</u></p> <p>Natasha made a motion to decline the Exclusions: Liposuction for the Treatment of Lipedema for 12 months and review again next year after they have had a chance to review claims data, Antoinette seconded the motion, the motion passed unanimously. 9/9/24 GB Meeting.</p>	<p>Kaiser does currently cover this when determined medically necessary.</p>
<p><b>Radiology: Diagnostic and Supplemental Breast Examinations</b></p>	<p><b><u>Non-HSA Eligible plans:</u></b> Out-of- Network (OON) services covered at 0%- member cost shares.</p> <p><b><u>HSA Eligible plans:</u></b> Deductible applied and then covered at 0%-member Coinsurance.</p> <p>Revised OON cost shares.</p> <p><b><u>Both plans:</u></b> OON services subject to the Deductible and Coinsurance.</p>	<p><u>Antoinette made a motion to accept the Radiology: Diagnostic and Supplemental Breast Examinations. Iasmina seconded the motion, the motion passed unanimously. 8/28/24 GB Meeting</u></p> <p><u>Motion to decline the Radiology: Diagnostic and Supplemental Breast Examinations</u></p>	<p>Kaiser currently covers diagnostic and supplemental breast exams at \$0 cost share and for WA HDHP plans they ae \$0 cost share after the minimum deductible has been met.</p>

# 2025 KAISER SUMMARY OF PLAN CHANGES

Benefit	Summary of Changes	Reason for Change	Kaiser
<b>Bariatric surgery</b>	The “Bariatric Surgery Services” section of the benefit summary will be updated to include a row for “Outpatient surgery visit,” as bariatric surgery may be performed as an outpatient procedure, if deemed medically necessary.	Benefit clarification and enhancement due to medical advances.	Applies to Kaiser plans only.
<b>Domestic partner eligibility</b>	Employer groups will be responsible for verifying the eligibility of domestic partners for Kaiser Permanente plans.	For continued compliance with OR House Bill 2032 and administrative alignment within Kaiser Permanente markets.	Applies to Kaiser plans only.
<b>Kaiser Permanente will change the existing dental benefit for “Custom Lab Made Occlusal Nightguard.”</b>	Member cost share changing from 10% to 35% and adding a limitation of one custom lab made occlusal nightguard every five years.	Kaiser Permanente offers a high-quality, lower-cost over-the-counter SOVA occlusal nightguard option for members at \$20 per occlusal nightguard. The impacted members will be expected to purchase an over-the-counter occlusal nightguard instead. The over-the-counter option is available same day.	Applies to Kaiser Dental plans only.