

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-777-5536** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Understanding the Benefits

- The *Evidence of Coverage* (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit kp.org/eocmasma or call **1-888-777-5536** (TTY **711**), to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- For HMO plans, except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory). For HMO-POS plans, our plan allows you to see providers outside of the network (non-contracted providers). However, while we will pay for certain covered services, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

