

Annual Notice of Changes for 2023

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage Liberty plan. Next year, there will be changes to our plan's costs and benefits. Please see page 4 for a summary of important costs, including premium.

This document tells you about the changes to your plan. To get more information about costs, benefits, or rules, please review the **Evidence of Coverage**, which is located on our website at **kp.org**. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. **Ask:** Which changes apply to you?

- Check the changes to our benefits and costs to see if they affect you.
 - ◆ Review the changes to medical care costs (doctor, hospital).
 - ◆ Think about how much you will spend on premiums, deductibles, and cost-sharing.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, will be in our network next year.
- Think about whether you are happy with our plan.

2. **Compare:** Learn about other plan choices.

- Check coverage and costs of plans in your area.
 - ◆ Use the Medicare Plan Finder at the **www.medicare.gov/plan-compare** website or review the list in the back of your **Medicare & You 2023** handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **Choose:** Decide whether you want to change your plan.

- If you don't join another plan by December 7, 2022, you will stay in Kaiser Permanente Medicare Advantage Liberty plan.

- To change to a different plan, you can switch plans between **October 15 and December 7**. Your new coverage will start on January 1, 2023. This will end your enrollment with Kaiser Permanente Medicare Advantage Liberty plan.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional resources

- Please contact our Member Services number at **1-888-777-5536** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- This document is available in braille or large print if you need it by calling Member Services.
- Coverage under this plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Kaiser Permanente Medicare Advantage Liberty plan

- Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- When this document says "we," "us," or "our," it means Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Medicare Advantage.

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Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for Kaiser Permanente Medicare Advantage Liberty plan in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* *See Section 1.1 for details.	\$0*	\$0*
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$6,900	\$6,900
Doctor office visits	Primary care visits: \$10 per visit. Specialist visits: \$35 per visit.	Primary care visits: \$10 per visit. Specialist visits: \$35 per visit.
Inpatient hospital stays	Per admission, \$225 per day for days 1–5.	Per admission, \$225 per day for days 1–5.

Section 1 — Changes to benefits and costs for next year

Section 1.1 – Changes to the monthly premium

Cost	2022 (this year)	2023 (next year)
Monthly premium without optional supplemental benefits (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Monthly premium with optional supplemental benefits This plan premium applies to you only if you are enrolled in our optional supplemental benefits package.	\$25	\$20

Cost	2022 (this year)	2023 (next year)
(You must also continue to pay your Medicare Part B premium.)		

Section 1.2 – Changes to your maximum out-of-pocket amount

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services (and other health care services not covered by Medicare as described in Chapter 4 of the **Evidence of Coverage**) for the rest of the year.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	\$6,900	\$6,900 Once you have paid \$6,900 out-of-pocket for covered Part A and Part B services (and certain health care services not covered by Medicare), you will pay nothing for these covered services for the rest of the calendar year.

Section 1.3 – Changes to the provider network

An updated **Provider Directory** is located on our website at kp.org/directory. You may also call Member Services for updated provider information or to ask us to mail you a **Provider Directory**. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), that are part of your plan during the year. If a midyear change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to benefits and costs for medical services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p>Dental services We cover certain preventive and comprehensive dental care:</p> <ul style="list-style-type: none"> Preventive dental care 	You pay \$30 per visit for most preventive care (limited to 2 visits a year for oral exams, teeth cleaning, and bitewing X-rays and 1 fluoride treatment).	\$0 for most preventive care (limited to 2 visits a year for oral exams and teeth cleaning, 1 fluoride treatment per year, and intraoral series X-rays limited to one per three years and 1 bitewing X-ray per year).
<ul style="list-style-type: none"> Comprehensive dental care 	You pay \$0 to \$3,658 , depending on the service.	You pay 50% coinsurance for comprehensive dental care until the plan has paid \$1,000 (annual benefit limit) . When you reach the \$1,000 annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year. Note: Your annual benefit limit is increased if you are enrolled in optional supplemental benefits (see "Advantage Plus" below).
Emergency department	You pay \$90 per visit.	You pay \$95 per visit.
Hearing aids	You receive a \$500 hearing aid allowance per ear every 3 years. If the hearing aid(s) you purchase cost more than \$500 per ear, you pay the difference.	You receive a \$1,000 hearing aid allowance per ear every 3 years. If the hearing aid(s) you purchase cost more than \$1,000 per ear, you pay the difference. Your allowance is increased if you enroll in optional supplemental benefits (Advantage Plus).
Pulmonary rehabilitation services	You pay \$30 per visit.	You pay \$20 per visit.

Cost	2022 (this year)	2023 (next year)
Skilled nursing facility (SNF) care	Per benefit period, you pay \$0 per day for days 1–20 and \$188 for days 21–100.	Per benefit period, you pay \$0 per day for days 1–20 and \$196 for days 21–100.
Supervised Exercise Therapy (SET)	You pay \$30 per visit.	You pay \$25 per visit.
Advantage Plus (optional supplemental benefits) Dental services	Preventive dental: You pay \$10 per visit for preventive dental services. Comprehensive dental: \$0–\$3,658 per comprehensive dental services, depending on the service.	Preventive dental services are no longer included in the Advantage Plus package, but you receive preventive dental benefits as part of your standard plan as described in the "Dental services" row above. Comprehensive dental: You pay 50% coinsurance for comprehensive dental care until the plan has paid \$500 (annual benefit limit) , for a combined annual benefit limit of \$1,500 . When you reach the combined \$1,500 annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.

Section 2 — Deciding which plan to choose

Section 2.1 – If you want to stay in Kaiser Permanente Medicare Advantage Liberty plan

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in Kaiser Permanente Medicare Advantage Liberty plan.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change for 2023, follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan.
- Or you can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the **Medicare & You 2023** handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Kaiser Permanente offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from Kaiser Permanente Medicare Advantage Liberty plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Kaiser Permanente Medicare Advantage Liberty plan.
- To change to Original Medicare without a prescription drug plan, you must either:
 - ◆ Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - ◆ Or contact **Medicare at 1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

Section 3 — Deadline for changing plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Section 4 — Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. Here is a list of the State Health Insurance Assistance Programs in each state we serve:

- In Maryland, the SHIP is called Maryland Department of Aging.
- In the District of Columbia, the SHIP is called DC Department of Aging and Community Living.
- In Virginia, the SHIP is called Virginia Insurance Counseling and Assistance Program.

It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at:

- Maryland Department of Aging: **1-410-767-1100** or toll free **1-800-243-3425 (TTY 711)**.
- District of Columbia Department of Aging and Community Living: **1-202-727-8370 (TTY 711)**
- Virginia Insurance Counseling and Assistance Program: **1-804-662-9333** or toll free **1-800-552-3402 (TTY 711)**.

Section 5 — Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
 - ◆ **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;
 - ◆ The Social Security office at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call **1-800-325-0778**; or
 - ◆ Your state Medicaid office (applications).
- **Help from your state's pharmaceutical assistance program.** Maryland has a program called Maryland Senior Prescription Drug Assistance Program (SPDAP) and Virginia has a

1-888-777-5536 (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

program called Virginia HIV SPAP that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.

- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the **District of Columbia ADAP, Maryland ADAP, or Virginia ADAP**, depending on where you live. Note: To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number at **1-202-671-4815** for DC residents, **1-410-767-6535** for Maryland residents, or **1-855-362-0658** for Virginia residents. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the District of Columbia ADAP at **1-202-671-4815**, the Maryland ADAP at **1-410-767-6535**, or the Virginia ADAP at **1-855-362-0658**.

Section 6 — Questions?

Section 6.1 – Getting help from our plan

Questions? We're here to help. Please call Member Services at **1-888-777-5536**. (TTY only, call **711**.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 **Evidence of Coverage** for our plan. The Evidence of Coverage is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services.

A copy of the **Evidence of Coverage** is located on our website at [kp.org/eocmasma](https://www.kp.org/eocmasma). You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

Visit our website

You can also visit our website at [kp.org](https://www.kp.org). As a reminder, our website has the most up-to-date information about our provider network (**Provider Directory**).

Section 6.2 – Getting help from Medicare

To get information directly from Medicare:

- **Call 1-800-MEDICARE (1-800-633-4227)**
 - ◆ You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- **Visit the Medicare website**
 - ◆ Visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality star ratings to help you compare Medicare health plans in your area. To view the information about plans, go to **www.medicare.gov/plan-compare**.
- **Read Medicare & You 2023**
 - ◆ Read the **Medicare & You 2023** handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (**<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>**) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.



Kaiser Permanente Medicare Advantage Member Services

METHOD	Member Services – contact information
CALL	1-888-777-5536 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.
WRITE	Kaiser Permanente Member Services Nine Piedmont Center 3495 Piedmont Road, NE Atlanta, GA 30305-1736
WEBSITE	kp.org