

Dear Member:

You will be enrolled in the same Medicare and Medi-Cal health plans through Kaiser Permanente effective January 1, 2023, if not already enrolled in these plans. Your Medicare Advantage Plan name is changing from Kaiser Permanente Senior Advantage Medicare Medi-Cal Plan to Senior Advantage Medicare Medi-Cal San Mateo Plan and your Medi-Cal plan is Health Plan of San Mateo. Together we will refer to them as the Medicare Medi-Cal Plans.

The Medicare Medi-Cal Plan is designed to provide better coordination of your benefits and care for people with both Medicare and Medi-Cal and will help you with all of your health care needs. This includes medical and home and community-based services. It also includes medical supplies and medications. We will send you integrated member materials, such as one integrated Member ID Card and Member Handbook.

We value your membership and hope to continue to serve you next year.

Sincerely,



Agnes Strandberg
Senior Vice President, Medicare

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the Medi-Cal program. Enrollment in Kaiser Permanente depends on contract renewal.

Dear Member,

This information is being provided to all Kaiser Permanente Medicare health plan members for educational purposes only about opioid pain medicines. Opioid pain medicines such as Oxycodone (Percocet®), Hydrocodone (Norco®), Fentanyl, and Morphine are strong medications. They carry serious risks of addiction and overdose. As your health plan provider, we want you to be informed about the potential risks of using opioids.

What are opioid pain medicines?

Opioid medicines can be used to help treat moderate to severe pain when other options have not worked. They may not improve all your pain and over time opioids may also change the way your brain handles pain signals. This may lead to even more pain and/or other health symptoms like change in mood or sleep and less ability to perform daily activities. For these reasons, long-term use of opioids should be monitored closely by a doctor.

What are the side effects and long-term risks of taking opioids?

- **Tolerance** – Over time, opioids are less effective, with people needing higher doses to get the same level of pain relief.
- **Physical dependence** – Withdrawal symptoms can happen when either suddenly stopping the medicine or lowering the dose by a large amount.
- **Addiction** – You may not be able to control your opioid use.
- **Physical side effects** – Opioids can cause nausea, vomiting, and constipation.
- **Drowsiness** – Opioids can affect judgment and decision making. These side effects can cause falls and motor vehicle accidents with serious injuries.
- **Problems thinking clearly, low energy, and depression** – These side effects can impact a person's ability to work and do daily activities.
- **Sleep apnea or impaired breathing while sleeping** – Opioids may cause sleep problems that can cause daytime fatigue, impair thinking, and in some cases slow or even stop your breathing with inappropriate use.
- **Low hormone levels** – Long-term opioid use may lead to low sex drive, low energy, depressed mood, slower recovery from muscle injuries, and thinning of the bones.
- **Accidental overdose and death** – These risks increase the longer a person takes opioids.

How do I safely take opioid medicines?

- **Follow directions carefully.** Always follow your doctor's directions and never share your medicines with others.
- **Be cautious.** Do not take your medicines more often than prescribed. Talk to your doctor or pharmacist before you take any extra doses.
- **Stay away from dangerous drug interactions.** Talk to your doctor or pharmacist about all the medicines you take. Mixing opioids with any of the following can greatly add to the risk of overdose: **alcohol**, **sleeping pills** (such as zolpidem [Ambien®] or zaleplon [Sonata®]), **anxiety drugs** (such as diazepam [Valium®], alprazolam [Xanax®], and lorazepam [Ativan®]), and **muscle relaxers** (such as carisoprodol [Soma®], baclofen [Lioresal®], and others).

- **Talk to your doctor about alternative pain relievers.** If your pain is under control, ask your doctor if you should take them less often or change to other pain relief options.
- **Naloxone: Ask your doctor or pharmacist about a naloxone rescue kit.** Opioids can sometimes slow or even stop your breathing. Naloxone is a medicine that can undo the effect of opioids in your body. Naloxone is safe and can save your life. Talk to your doctor or pharmacist to see if it should be prescribed to you. Having naloxone on hand is recommended for all patients taking opioids regularly.
- **Safe storage of opioids.** Keep your opioid medicines in their original package and with the original labels. Store them in a place that is out of reach of children and cannot be easily accessed by others (e.g., locked cabinet).
- **Follow safe disposal procedures.** For safety reasons, unused medicines should be promptly disposed of by depositing medication into a collection kiosk available at many Kaiser Permanente pharmacies, using an approved send-away envelope, or at a "Drug Take Back Day" event. Send-away envelopes are available for members at select Kaiser Permanente pharmacies.

What alternative pain management options should I consider?

Talk to your doctor about ways to manage your pain that do not involve opioids and what is most appropriate for you. Some of these options may work better and have fewer risks and side effects.

Depending on the type of pain you are experiencing, options may include:

- Over-the-counter medications such as ibuprofen (Motrin®), acetaminophen (Tylenol®), naproxen (Aleve®), or topicals like capsaicin, diclofenac gel (Voltaren®), or trolamine salicylate (Aspercreme®).
- Prescription-strength anti-inflammatory medications such as meloxicam (Mobic®), diclofenac (Voltaren®), and etodolac (Lodine®). Long-term use is not recommended for older adults due to risk of side effects.
- Some prescription non-opioid medications that target pain-producing nerves, such as gabapentin (Neurontin®) and pregabalin (Lyrica®).
- Chiropractor services, physical and other therapies, heat or cold compresses, exercise, acupuncture, and cognitive behavioral therapy.

Your doctor may recommend treatment options that your plan does not cover. If this happens, contact Member Services at the phone number on the back of your ID card or visit the CMS web page that describes coverage under Medicare Parts A and B to understand your options (<https://www.medicare.gov/coverage/pain-management>).

What Opioid Treatment Services are available?

Medicare under Part B (medical insurance) covers Opioid Treatment Programs (OTPs) for opioid use disorder (OUD) treatment. For information on your *plan's benefits* related to treatment for prescription drug abuse, including medication-assisted treatment, mental health, and counseling services, please see your **Evidence of Coverage** or call Member Services at the phone number on the back of your ID card.

We're here for you

If you have any questions about this information provided in this insert or you would like to find out more about ways to manage pain, please call Member Services at the phone number on the back of your ID card.

Sincerely,
Kaiser Permanente

Senior Advantage Medicare Medi-Cal San Mateo Plan (HMO D-SNP), offered by Kaiser Foundation Health Plan, Inc., Northern California Region

Annual Notice of Changes for 2023

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules, please review the **Member Handbook**, which is located on our website at kp.org/eocncal. Key terms and their definitions appear in alphabetical order in the last chapter of your **Member Handbook**.

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If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.



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A. Disclaimers

- ❖ Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the Medi-Cal program. Enrollment in Kaiser Permanente depends on contract renewal.

B. Reviewing your Medicare and Medi-Cal coverage for next year

When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Coordination Plan.

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn’t meet your needs, you may be able to leave our plan. Refer to **Section E** for more information.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medi-Cal services in **Section G2**.



If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

B1. Additional resources

- **ATTENTION:** If you speak Chinese, Spanish, Tagalog, language assistance services, free of charge, are available to you. Call Member Services at **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, or audio. Call **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week. The call is free.
- Call **1-800-443-0815 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week, to request the following:
 - Preferred language other than English and/or alternate format,
 - A standing request for future mailings and communications, **and**
 - Change a standing request for preferred language and/or format.

B2. Information about our plan

- Kaiser Permanente is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under Senior Advantage Medicare Medi-Cal Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at **www.irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information on the individual shared responsibility requirement.



If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit **kp.org/medicare**.

B3. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Can you use the same pharmacies?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternative drugs that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our **Provider** and **Pharmacy Directory**.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?



- **Think about whether you are happy with our plan.**

If you decide to stay with Senior Advantage Medicare Medi-Cal Plan:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Senior Advantage Medicare Medi-Cal.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2023, our plan name changes from Kaiser Permanente Sr Adv Medicare Medi-Cal Plan to Senior Advantage Medicare Medi-Cal San Mateo Plan.

You will receive a new ID card by January 2023.

D. Changes to our network providers and pharmacies

Our provider and pharmacy networks have changed for 2023.

We strongly encourage you to **review our current Provider and Pharmacy Directory** to find out if your providers or pharmacy are still in our network. An updated **Provider and Pharmacy Directory** is located on our website at kp.org/directory. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your **Member Handbook**.

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.



	2022 (this year)	2023 (next year)
<p>Counseling services Outpatient mental health and substance abuse services provided by marriage and family therapists.</p>	Not covered.	You pay \$0.
<p>Dental services through the DeltaCare® USA Dental HMO Program</p> <ul style="list-style-type: none"> • Periodic oral evaluation (D0120) • Detailed and extensive oral evaluation (D0160) • Comprehensive periodontal evaluation (D0180) • Intraoral, occlusal radiographic image (D0240) • Assessment of salivary flow by measurement (D0419) <p>(Refer to the Member Handbook for the full list of covered dental services.)</p>	Not covered.	You pay \$0.

If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.



	2022 (this year)	2023 (next year)
<p>Fitness benefit (the Silver&Fit® Healthy Aging and Exercise Program) The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein.</p>	<p>Not covered.</p>	<p>You pay \$0 and receive the following:</p> <ul style="list-style-type: none"> • A standard gym membership. • A home fitness kit to exercise at home (you can choose a kit that includes an activity tracker).



If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

	2022 (this year)	2023 (next year)
Over-the-Counter (OTC) Health and Wellness	Not covered.	<p>We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items up to the \$100 quarterly benefit limit. Each order must be at least \$25. Your order may not exceed your quarterly benefit limit. Any unused portion of the quarterly benefit limit doesn't carry forward to the next quarter. (Your benefit limit resets on January 1, April 1, July 1, and October 1).</p> <p>To view our catalog and place an order online, please visit kp.org/otc/ca. You may place an order over the phone or request a printed catalog be mailed to you by calling 1-833-569-2360 (TTY 711), 7 a.m. to 6 p.m. PST, Monday through Friday.</p>

E2. Changes to prescription drug coverage

Changes to our Drug List

An updated *List of Covered Drugs* is located on our website at **kp.org/seniorrx**. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*. The *List of Covered Drugs* is also called the “Drug List.”

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs.

Review the Drug List to **make sure your drugs will be covered next year** and to find out if there are any restrictions.



If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit **kp.org/medicare**.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page to ask for a list of covered drugs that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your **Member Handbook**.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do before your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug. All currently approved formulary exceptions expire at the end of each calendar year and must be resubmitted for approval at the beginning of the new year.

Changes to prescription drug costs

If you are in a program that helps pay for your Medicare prescription drugs ("Extra Help"), you may qualify for a reduction or elimination of your cost-sharing for Part D drugs. Some of the information described in this section may not apply to you. We sent you a separate document, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this rider by September 30, 2022, please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages" for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled.

The information below shows the changes to the first two stages—the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages—the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.



If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

Stage 1 Yearly Deductible Stage	Stage 2 Initial Coverage Stage
During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. You begin this stage when you fill your first prescription of the year.	Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the coinsurance.

The Initial Coverage Stage ends when the total drug costs reaches **\$4,660**. At that point, the Coverage Gap Stage begins. Refer to **Chapter 6** of your **Member Handbook** for more information on how much you will pay for prescription drugs.

E3. Stage 1: "Yearly Deductible Stage"

Because most of our members get "Extra Help" with their prescription drug costs, the Deductible Stage does not apply to most members. If you do not receive "Extra Help," the Deductible Stage is the first payment stage for your drug coverage. This stage begins when you fill your first prescription in the year. When you are in this payment stage, you must pay the full cost of your drugs until you reach the plan's deductible amount. The "full cost" is usually lower than the normal full price of the drug, since our plan has negotiated lower costs for most drugs at network pharmacies.

The following table shows your costs when you're in the Deductible Stage, if you do not qualify for "Extra Help."

	2022 (this year)	2023 (next year)
Drugs During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.	The deductible is \$480 , if you do not qualify for "Extra Help."	The deductible is \$505 , if you do not qualify for "Extra Help."

E4. Stage 2: "Initial Coverage Stage"

Once you pay the yearly deductible, you move to the Initial Coverage Stage. During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the coinsurance. You pay a coinsurance each time you fill a prescription.

If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.



The following table shows your costs for drugs. These amounts apply during the time when you're in the Initial Coverage Stage, if you do not qualify for "Extra Help."

	2022 (this year)	2023 (next year)
Drugs Cost for a one-month supply of a drug that is filled at a network pharmacy	Your copay for a one-month (30-day) supply is 25% of the total cost per prescription , if you do not qualify for Extra Help.	Your copay for a one-month (30-day) supply is 25% of the total cost per prescription , if you do not qualify for Extra Help.

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$4,660**. At that point the Coverage Gap Stage begins. When you reach the out-of-pocket limit **\$7,400** for your prescription drugs, the Catastrophic Coverage Stage begins. You stay in the Catastrophic Coverage Stage until the end of the calendar year. Refer to **Chapter 6** of your **Member Handbook** for more information how much you pay for prescription drugs.

F. Administrative changes

	2022 (this year)	2023 (next year)
Plan Benefit Package (PBP) number	Your current plan, Kaiser Permanente Sr Adv Medicare Medi-Cal Plan, is also known as PBP #30.	Your new plan, Senior Advantage Medicare Medi-Cal San Mateo Plan, is also known as PBP #75.

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2023.

If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.



G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

- January to March
- April to June
- July to September

In addition to these three Special Enrollment periods, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example:

- You moved out of our service area,
- Your eligibility for Medi-Cal or Extra Help changed, **or**
- If you recently moved into, currently are getting care in, or just moved out of a nursing home or a long-term care hospital.

Your Medicare services

You have three options for getting your Medicare services. By choosing one of these options, you automatically end your membership in our plan.



If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

<p>1. You can change to:</p> <p>Another Medicare health plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For PACE inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You will automatically be disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Unless you have moved out of your county, your Medi-Cal membership will continue with Senior Advantage Medicare Medi-Cal San Mateo Plan.</p>
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If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit **kp.org/medicare**.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit **kp.org/medicare**.

<p>3. You can change to:</p> <p>Original Medicare without a separate Medicare prescription drug plan</p> <p>NOTE: If you switch to Original Medicare and do not enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.</p> <p>You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none"> • Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change.</p>
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Your Medi-Cal services

For questions about how to get your Medi-Cal services after you leave our plan, contact Health Care Options at **1-844-580-7272**, Monday through Friday, from 8:00 a.m. to 6:00 p.m. TTY users should call **1-800-430-7077**. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll free.



If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit **kp.org/medicare**.

Read your *Member Handbook*

Your **Member Handbook** is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2023. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The **Member Handbook** for 2023 will be available by October 15. An up-to-date copy of the **Member Handbook** is available on our website at kp.org/eocncal. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a **Member Handbook** for 2023.

Our website

You can visit our website at kp.org/medicare. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (**Provider and Pharmacy Directory**) and our **Drug List** (List of Covered Drugs).

H3. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is **1-800-434-0222**. (TTY **711**.) For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

H4. Ombuds Program

The Health Consumer Alliance Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Health Consumer Alliance Ombuds Program:

- Works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- Makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- Is not connected with us or with any insurance company or health plan. The phone number for the Health Consumer Alliance Ombuds Program is **1-888-804-3536**.

If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.



H5. Medicare

To get information directly from Medicare, call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2023

You can read the *Medicare & You 2023* handbook. Every year in the 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. The handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (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**.

H6. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. The DMHC Help Center can help you with appeals and complaints about Medi-Cal services. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-443-0815** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms and instructions online.

If you have questions, please call Senior Advantage Medicare Medi-Cal at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.



Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente 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 Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente 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 with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. 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>.



Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente follows State and Federal civil rights laws.

Kaiser Permanente does not unlawfully discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- 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 our Member Service Contact Center at **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, or another format, call our Member Service Contact Center and ask for the format you need.

How to file a grievance with Kaiser Permanente

You can file a discrimination grievance with Kaiser Permanente if you believe we have failed to provide these services or unlawfully discriminated in another way. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You may also speak with a Member Services representative about the options that apply to you. Please call Member Services if you need help filing a grievance.

You may submit a discrimination grievance in the following ways:

- **By phone:** Call Member Services at **1 800-464-4000 (TTY 711)** 24 hours a day, 7 days a week (except closed holidays)
- **By mail:** Call us at **1 800-464-4000 (TTY 711)** and ask to have a form sent to you
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at kp.org/facilities for addresses)
- **Online:** Use the online form on our website at kp.org

You may also contact the Kaiser Permanente Civil Rights Coordinators directly at the addresses below:

Attn: Kaiser Permanente Civil Rights Coordinator
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

How to file a grievance with the California Department of Health Care Services Office of Civil Rights *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office of Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx

- **Online:** Send an email to CivilRights@dhcs.ca.gov

How to file a grievance with the U.S. Department of Health and Human Services Office of Civil Rights

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>

- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-443-0815 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-443-0815 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-443-0815 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-443-0815 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-443-0815 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-443-0815 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-443-0815 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-443-0815 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-443-0815 (TTY 711)** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-443-0815 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما يتحدث العربية (**TTY 711**) **1-800-443-0815** على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-443-0815 (TTY 711)**. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-443-0815 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-443-0815 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-443-0815 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-443-0815 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-443-0815 (TTY 711)** にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Language Assistance Services

English: Language assistance is available at no cost to you, 24 hours a day, 7 days a week. You can request interpreter services, materials translated into your language, or in alternative formats. You can also request auxiliary aids and devices at our facilities. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic: خدمات الترجمة الفورية متوفرة لك مجاناً على مدار الساعة كافة أيام الأسبوع. بإمكانك طلب خدمة الترجمة الفورية أو ترجمة وثائق للغتك أو لصيغ أخرى. يمكنك أيضاً طلب مساعدات إضافية وأجهزة في مرافقنا. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجى الاتصال على الرقم (711).

Armenian: Ձեզ կարող է անվճար օգնություն տրամադրվել լեզվի հարցում՝ օրը 24 ժամ, շաբաթը 7 օր: Դուք կարող եք պահանջել բանավոր թարգմանչի ծառայություններ, Ձեր լեզվով թարգմանված կամ այլընտրանքային ձևաչափով պատրաստված նյութեր: Դուք նաև կարող եք խնդրել օժանդակ օգնություններ և սարքեր մեր հաստատություններում: Պարզապես զանգահարեք մեզ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ, շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711**:

Chinese: 您每週 7 天，每天 24 小時均可獲得免費語言協助。您可以申請口譯服務、要求將資料翻譯成您所用語言或轉換為其他格式。您還可以在我們的場所內申請使用輔助工具和設備。我們每週 7 天，每天 24 小時均歡迎您打電話 **1-800-757-7585** 前來聯絡（節假日休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Farsi: خدمات زبانی در 24 ساعت شبانهروز و 7 روز هفته بدون اخذ هزینه در اختیار شما است. شما می توانید برای خدمات مترجم شفاهی، ترجمه مدارک به زبان شما و یا به صورت های دیگر درخواست کنید. شما همچنین می توانید کمک های جانبی و وسایل . کمکی برای محل اقامت خود درخواست کنید کفایت در 24 ساعت شبانهروز و 7 روز هفته (به استثنای روز های تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران ناشنوا (TTY) با شماره **711** تماس بگیرند.

Hindi: बिना किसी लागत के दुभाषिया सेवाएँ, दिन के 24 घंटे, सप्ताह के सातों दिन उपलब्ध हैं। आप एक दुभाषिये की सेवाओं के लिए, बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए, या वैकल्पिक प्रारूपों के लिए अनुरोध कर सकते हैं। आप हमारे सुविधा-स्थलों में सहायक साधनों और उपकरणों के लिए भी अनुरोध कर सकते हैं। बस केवल हमें **1-800-464-4000** पर, दिन के 24 घंटे, सप्ताह के सातों दिन (छुट्टियों वाले दिन बंद रहता है) कॉल करें। TTY उपयोगकर्ता **711** पर कॉल करें।

Hmong: Muaj kev pab txhais lus pub dawb rau koj, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg. Koj thov tau cov kev pab txhais lus, muab cov ntaub ntauv txhais ua koj hom lus, los yog ua lwm hom. Koj kuj thov tau lwm yam kev pab thiab khoom siv hauv peb tej tsev hauj lwm. Tsuas hu rau **1-800-464-4000**, 24 teev ib hnuv twg, 7 hnuv ib lim tiam twg (cov hnuv caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、言語支援を無料で、年中無休、終日ご利用いただけます。通訳サービス、日本語に翻訳された資料、あるいは資料を別の書式でも依頼できます。補助サービスや当施設の機器についてもご相談いただけます。お気軽に **1-800-464-4000** までお電話ください（祭日を除き年中無休）。TTY ユーザーは **711** にお電話ください。

Khmer: ជំនួយភាសា គឺឥតគិតថ្លៃថ្លៃដល់អ្នកឡើយ 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍។ អ្នកអាចស្នើសុំសេវាអ្នកបកប្រែឯកសារដែលបានបកប្រែទៅជាភាសាខ្មែរ ឬជាទំរង់ជំនួសផ្សេងៗទៀត។ អ្នកក៏អាចស្នើសុំឧបករណ៍និងបរិក្ខារជំនួយទំនាក់ទំនងសម្រាប់អ្នកពិការនៅទីតាំងរបស់យើងផងដែរ។ គ្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងក្នុងមួយថ្ងៃ 7 ថ្ងៃក្នុងមួយសប្តាហ៍ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ស្រាវលេខ 711។

Korean: 요일 및 시간에 관계없이 언어지원 서비스를 무료로 이용하실 수 있습니다. 귀하는 통역 서비스, 귀하의 언어로 번역된 자료 또는 대체 형식의 자료를 요청할 수 있습니다. 또한 저희 시설에서 보조기구 및 기기를 요청하실 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000** 번으로 전화하십시오 (공휴일 휴무). TTY 사용자번호 **711**.

Laotian: ການຊ່ວຍເຫຼືອດ້ານພາສາມີໃຫ້ໄດ້ຍ່ອຍບໍ່ເສັຍຄ່າ ແກ່ທ່ານ, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ. ທ່ານ ສາມາດຮ້ອງຂໍຮັບບໍລິການນາຍພາສາ, ໃຫ້ແປເອກະ ສານເປັນພາສາຂອງທ່ານ, ຫຼື ໃນຮູບແບບອື່ນ. ທ່ານສາມາດຂໍອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ອຸປະກອນ ຕ່າງໆໃນສະຖານບໍລິການຂອງພວກເຮົາໄດ້. ພາຍໃຈແກ່ໂທ ຫາພວກເຮົາທີ່ **1-800-464-4000**, ຕະຫຼອດ 24 ຊົ່ວໂມງ, 7 ວັນຕໍ່ອາທິດ (ປິດວັນພັກຕ່າງໆ). ຜູ້ໃຊ້ສາຍ TTY ໂທ **711**.

Mien: Mbenc nzoih liouh wang-henh tengx nzie faan waac bun muangx maiv zuqc cuotv zinh nyaanh meih, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. Meih se haih tov heuc tengx lorx faan waac mienh tengx faan waac bun muangx, dorh nyungc horng haa-sic mingh faan benx meih nyei waac, a'fai liouh ginv longc benx haaix hoc sou-guv daan yaac duqv. Meih corc haih tov longc benx wuotc ginc jaa-dorngx tengx aengx caux jaa-sic nzie bun yiem njiec zorc goux baengc zingh gorn zangc. Kungx douc waac mingh lorx taux yie mbuo yiem njiec naaiv **1-800-464-4000**, yietc hnoi mbenc maaih 24 norm ziangh hoc, yietc norm liv baaiz mbenc maaih 7 hnoi. (hnoi-gec se guon gorn zangc oc). TTY nyei mienh nor douc waac lorx **711**.

Navajo: Doo bik'é asinílaágóó saad bee ata' hane' bee áká e'elyeed nich'í' áą'át'é, t'áá álahjí' jíigo dóó t'ée'go áádóó tsosts'íjí áą'át'é. Ata' hane' yídííkił, naaltsoos t'áá Diné bizaad bee bik'í' ashchíigo, éi doodago hane' bee didííts'ííligíí yídííkił. Hane' bee bik'í' di'dííííligíí dóó bee hane' didííts'ííligíí bína'idííkiłgo yídííkił. Kojí hodiilnih **1-800-464-4000**, t'áá álahjí', jíigo dóó t'ée'go áádóó tsosts'íjí áą'át'é. (Dahodíizingóne' doo nida'anish dago éi da'deelkaal). TTY chodayoof'inígíí kojí dahalne' **711**.

Punjabi: ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ, ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹੈ। ਤੁਸੀਂ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲਈ, ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਲਈ, ਜਾਂ ਕਿਸੇ ਵੱਖ ਫਾਰਮੈਟ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਸਾਡੀਆਂ ਸੁਵਿਧਾਵਾਂ ਵਿੱਚ ਵੀ ਸਹਾਇਕ ਸਾਧਨਾਂ ਅਤੇ ਉਪਕਰਣਾਂ ਲਈ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹਾਂ। ਬਸ ਸਿਰਫ ਸਾਨੂੰ **1-800-464-4000** ਤੇ, ਦਿਨ ਦੇ 24 ਘੰਟੇ, ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ (ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ) ਫ਼ੋਨ ਕਰੋ। TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711** 'ਤੇ ਫ਼ੋਨ ਕਰਨ।

Russian: Мы бесплатно обеспечиваем Вас услугами перевода 24 часа в сутки, 7 дней в неделю. Вы можете воспользоваться помощью устного переводчика, запросить перевод материалов на свой язык или запросить их в одном из альтернативных форматов. Мы также можем помочь вам с вспомогательными средствами и альтернативными форматами. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Tenemos disponible asistencia en su idioma sin ningún costo para usted 24 horas al día, 7 días a la semana. Puede solicitar los servicios de un intérprete, que los materiales se traduzcan a su idioma o en formatos alternativos. También puede solicitar recursos para discapacidades en nuestros centros de atención. Solo llame al **1-800-788-0616**, 24 horas al día, 7 días a la semana (excepto los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na tulong sa wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo. Maaari kang humingi ng mga serbisyo ng tagasalin sa wika, mga babasahin na isinalin sa iyong wika o sa mga alternatibong format. Maaari ka ring humiling ng mga karagdagang tulong at device sa aming mga pasilidad. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: มีบริการช่วยเหลือด้านภาษาฟรีตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ คุณสามารถขอใช้บริการสาม แพลตฟอร์มเป็นภาษาของคุณ หรือในรูปแบบอื่นได้ คุณสามารถขออุปกรณ์และเครื่องมือช่วยเหลือได้ที่ศูนย์บริการ ให้ความช่วยเหลือของเรา โดยโทรหาเราที่ **1-800-464-4000** ตลอด 24 ชั่วโมง 7 วันต่อสัปดาห์ (ยกเว้นวันหยุดราชการ) ผู้ใช้ TTY ให้โทร **711**

Ukrainian: Послуги перекладача надаються безкоштовно, цілодобово, 7 днів на тиждень. Ви можете зробити запит на послуги усного перекладача, отримання матеріалів у перекладі мовою, якою володієте, або в альтернативних форматах. Також ви можете зробити запит на отримання допоміжних засобів і пристроїв у закладах нашої мережі компаній. Просто зателефонуйте нам за номером **1-800-464-4000**. Ми працюємо цілодобово, 7 днів на тиждень (крім святкових днів). Номер для користувачів телетайпа: **711**.

Vietnamese: Dịch vụ thông dịch được cung cấp miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần. Quý vị có thể yêu cầu dịch vụ thông dịch, tài liệu phiên dịch ra ngôn ngữ của quý vị hoặc tài liệu bằng nhiều hình thức khác. Quý vị cũng có thể yêu cầu các phương tiện trợ giúp và thiết bị hỗ trợ tại các cơ sở của chúng tôi. Quý vị chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

Plan information

Provider directories

If you need help finding a network provider or pharmacy, please visit kp.org/directory to search our online directory (Note: the 2023 directories are available online starting 10/15/2022 in accord with Medicare requirements).

To get a Provider Directory, or Dental Provider Directory or Pharmacy Directory (if applicable), mailed to you, you can call Kaiser Permanente at **1-800-443-0815** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

Medicare Part D prescription drug formulary

Our formulary lists the Medicare Part D drugs we cover. The formulary may change at any time. You'll be notified when necessary. If you have a question about covered drugs, see our online formulary at kp.org/seniorrx (Note: the 2023 formulary is available online starting 10/15/2022 in accord with Medicare requirements).

To get a formulary mailed to you, you can call Kaiser Permanente at **1-800-443-0815** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

Evidence of Coverage (EOC)

Your EOC explains how to get medical care and prescription drugs covered through your plan. It explains your rights and responsibilities, what's covered, and what you pay as a Kaiser Permanente member. If you have a question about your coverage, visit kp.org/eocncal to view your EOC online (Note: the 2023 EOC for Northern California is available online starting 10/15/2022 in accord with Medicare requirements).

To get an EOC mailed to you, you can call Kaiser Permanente at **1-800-443-0815** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.