Kaiser Permanente Senior Advantage Medicare Medicaid Plan (HMO D-SNP) Offered by Kaiser Foundation Health Plan of Colorado (Medicare Medicaid Plan)

Annual Notice of Changes for 2023

You are currently enrolled as a member of Kaiser Permanente Senior Advantage Medicare Medicaid 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**.

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).
     - ♦ Review the changes to our drug coverage, including authorization requirements and costs.
     - ♦ Think about how much you will spend on premiums, deductibles, and cost-sharing.
   - ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
   - ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, 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.

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- If you don't join another plan by December 7, 2022, you will stay in our Senior Advantage Medicare Medicaid 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 Senior Advantage Medicare Medicaid plan.
- Look in Section 3, page 9 to learn more about your choices.
- 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 **1-800-476-2167** 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, large print, or CD 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 Senior Advantage Medicare Medicaid plan

- Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal.
- When this document says "we," "us," or "our," it means Kaiser Foundation Health Plan of Colorado (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Senior Advantage Medicare Medicaid Plan (Senior Advantage Medicare Medicaid).

Annual Notice of Changes for 2023

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Summary of important costs for 2023

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

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	**$33.90** if you do not qualify for "Extra Help."*	**$36** if you do not qualify for "Extra Help."*
Doctor office visits	Primary care and specialist visits: **$0** per visit.	Primary care and specialist visits: **$0** per visit.
Inpatient hospital stays	Per admission, **$0** or **$195** per day for days 1–5. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit.	Per admission, **$0** or **$195** per day for days 1–5. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit.
Part D prescription drug coverage	(See Section 1.5 for details.)	
Deductible Stage	**$480**	**$505**
Cost-sharing during the Initial Coverage Stage (up to a 30-day supply)	Coinsurance during the Initial Coverage Stage, if you do not qualify for "Extra Help": 25%	Coinsurance during the Initial Coverage Stage, if you do not qualify for "Extra Help": 25%
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.)	**$4,200** If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-	**$4,200** If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-

Cost	2022 (this year)	2023 (next year)
	of-pocket amount for covered Part A and Part B services.	of-pocket amount for covered Part A and Part B services.

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 (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.) If you qualify for "Extra Help," your monthly premium will vary depending upon your level of Extra Help. For premium information, please refer to your "**Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**" (also known as the "Low Income Subsidy Rider" or the "LIS Rider").	**$33.90** if you do not qualify for "Extra Help."	**$36** if you do not qualify for "Extra Help."

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 Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum. If you are eligible for Medicaid assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum	**$4,200**	**$4,200** Once you have paid $4,200 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.

Cost	2022 (this year)	2023 (next year)
out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

Section 1.3 – Changes to the provider and pharmacy networks

Updated directories are located on our website at **kp.org/directory.** You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

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**.

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are a 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

Please note that the **Annual Notice of Changes** tells you about changes to your Medicare benefits and costs.

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)
Dental services - comprehensive We cover the following dental services when provided by Delta Dental PPO dentists (listed in the **Provider Directory**):		
• Comprehensive dental services—basic and major services such as fillings,	You pay **$0** for comprehensive dental services until the plan has	You pay **$0** for comprehensive dental services until the plan has

Cost	2022 (this year)	2023 (next year)
crowns, endodontics, periodontics, dentures, and oral surgery. Covered services are subject to exclusions and limitations described in Chapter 4, Section 4.2 of the **Evidence of Coverage**.	paid **$500 (annual benefit limit)** for services when provided by Delta Dental PPO dentists. When you reach the **$500** limit, you pay 100% for the rest of the year.	paid **$1,000 (annual benefit limit)** for services when provided by Delta Dental PPO dentists. When you reach the **$1,000** limit, you pay 100% for the rest of the year.
Emergency department	You pay **$0 or 90** per visit.	You pay **$0 or $110** per visit.
Skilled nursing facility (SNF) care	Per benefit period, you pay **$0** per day for days 1–20, **$0 or $160** per day for days 21–47 and **$0** for days 48–100.	Per benefit period, you pay **$0** per day for days 1–20, **$0 or $196** per day for days 21–42 and **$0** for days 43–100.

Section 1.5 – Changes to Part D prescription drug coverage

Changes to our Drug List

Our list of covered drugs is called a formulary, or Drug List. A copy of our Drug List is provided electronically at **kp.org/seniorrx**.

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 see if there will be any restrictions.

Most of the changes in our Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up-to-date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your **Evidence of Coverage** and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

Changes to prescription drug costs

If you receive "Extra Help" to pay your Medicare prescription drugs, 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. N**ote**: If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs does 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."

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 – Even if you do not qualify for Extra Help, our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin – Even if you do not qualify for Extra Help, you won't pay more than $35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage 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."

Changes to your cost-sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network	Your cost for a one-month supply filled at a network pharmacy, if you do not qualify for "Extra Help": • You pay **25%** of the total cost. Once your total drug costs have reached **$4,430**, you will move to the next stage (the Coverage Gap Stage).	Your cost for a one-month supply filled at a network pharmacy, if you do not qualify for "Extra Help": • You pay **25%** of the total cost. Once your total drug costs have reached **$4,660**, you will move to the next stage (the Coverage Gap Stage).

Stage	2022 (this year)	2023 (next year)
pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5, of your **Evidence of Coverage**.		

Section 2 — Administrative changes

Description	2022 (this year)	2023 (next year)
Transportation benefit (See the Medical Benefits Chart, Chapter 4, in the **Evidence of Coverage** for details.)	Each one-way trip is limited to 50 miles.	Each one-way trip is limited to 55 miles.

Section 3 — Deciding which plan to choose

Section 3.1 – If you want to stay in our Senior Advantage Medicare Medicaid 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 our Senior Advantage Medicare Medicaid plan.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change plans 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.

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 (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 our Senior Advantage Medicare Medicaid plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from our Senior Advantage Medicare Medicaid 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**.

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 have opted out of automatic enrollment.

Section 4 — 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 5 — Programs that offer free counseling about Medicare and Medicaid

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Colorado, the SHIP is called Colorado State Health Insurance 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. Colorado State Health Insurance Assistance Program 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 Colorado State Health Insurance Assistance Program at **1-888-696-7213**.

You can learn more about Colorado State Health Insurance Assistance Program by visiting their website (**www.colorado.gov/pacific/dora/senior-healthcare-medicare**).

For questions about your Medicaid benefits, contact Health First Colorado (Colorado's Medicaid program) at **1-800-221-3943**, Monday through Friday, 7:30 a.m. to 5:15 p.m., except 10 a.m. to 11 a.m. on Fridays. TTY users should call **711**. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

Section 6 — 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**. Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help," 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.** Colorado has a program called Bridging the Gap Colorado 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.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through **Bridging the Gap Colorado**. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call Bridging the Gap Colorado at **1-303-692-2716**.

Section 7 — Questions?

Section 7.1 – Getting help from our plan

Questions? We're here to help. Please call Member Services at **1-800-476-2167**. (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 and prescription drugs.

A copy of the **Evidence of Coverage** is located on our website at **kp.org/eoccodb**. 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**. As a reminder, our website has the most up-to-date information about our provider network (**Provider Directory**) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – 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**.

Section 7.3 – Getting help from Medicaid

To get information from Medicaid, you can call Health First Colorado (Colorado's Medicaid program) toll-free at **1-800-221-3943**, Monday through Friday, 8 a.m. to 4:30 p.m., except for state holidays. TTY users should call 711.

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Kaiser Permanente Senior Advantage Medicare Medicaid Member Services

METHOD	Member Services – contact information
CALL	**1-800-476-2167** 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 2500 South Havana Street Aurora, CO 80014-1622
WEBSITE	**kp.org**