Kaiser Permanente Medicare Advantage Care Plus Plan (HMO-POS) Offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Care Plus Plan)

Annual Notice of Changes for 2024

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage Care Plus 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).
     - ♦ 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 our 2024 "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** 2024 handbook.
   - ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

H2172_23_37_M
PBP #: 013
OMB Approval 0938-1051 (Expires: February 29, 2024)

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3. **Choose:** Decide whether you want to change your plan.
   - If you don't join another plan by December 7, 2023, you will stay in Kaiser Permanente Medicare Advantage Care Plus 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, 2024. This will end your enrollment with Kaiser Permanente Medicare Advantage Care Plus 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

- This document is available for free in Spanish. 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 call is free.
- Este documento está disponible de manera gratuita en español. Para obtener información adicional, comuníquese con Servicio a los Miembros al **1-888-777-5536**. (Los usuarios de la línea TTY deben llamar **al 711**). El horario de atención es de 8:00 a. m. a 8:00 p. m., los 7 días de la semana. Esta llamada no tiene costo.
- 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 Care Plus plan

- Kaiser Permanente is an 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 Care Plus.

Annual Notice of Changes for 2024

Table of Contents

Summary of important costs for 2024

The table below compares the 2023 costs and 2024 costs for Kaiser Permanente Medicare Advantage Care Plus plan in several important areas. **Please note this is only a summary of costs**.

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. (See Section 1.1 for details.)	**$30***	**$30***
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.)	**$6,500**	**$6,500**
Doctor office visits	Primary care visits: **$10** per visit. Specialist visits: **$40** per visit.	Primary care visits: **$5** per visit. Specialist visits: **$40** per visit.
Inpatient hospital stays	Per admission, **$250** per day for days **1**–**5**.	Per admission, **$250** per day for days **1**–**5**.
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: **$0** Preferred cost-sharing during the **Initial Coverage Stage** (up to a 30-day supply): Drug Tier 1: **$3** Drug Tier 2: **$12** Drug Tier 3: **$45** You pay **$35** per month supply of each covered insulin product on this tier. Drug Tier 4: **$100** You pay **$35** per month supply of	Deductible: **$0** Preferred cost-sharing during the **Initial Coverage Stage** (up to a 30-day supply): Drug Tier 1: **$3** Drug Tier 2: **$12** Drug Tier 3: **$45** You pay **$35** per month supply of each covered insulin product on this tier. Drug Tier 4: **$100** You pay **$35** per month supply of

Cost	2023 (this year)	2024 (next year)
	each covered insulin product on this tier. Drug Tier 5: **33%** You pay **$35** per month supply of each covered insulin product on this tier. Drug Tier 6: **$0**	each covered insulin product on this tier. Drug Tier 5: **33%** You pay **$35** per month supply of each covered insulin product on this tier. Drug Tier 6: **$0**
	Catastrophic Coverage: During this payment stage, our plan pays most of the cost for your covered drugs. For each prescription, you pay a **5%** coinsurance for Part D generic and brand-name drugs and **$0** for covered injectable Part D vaccines.	**Catastrophic Coverage:** During this payment stage, our plan pays the full cost for your covered Part D drugs. **You pay nothing**.

Section 1 — Changes to benefits and costs for next year

Section 1.1 – Changes to the monthly premium

Cost	2023 (this year)	2024 (next year)
Monthly premium without optional supplemental benefits (You must also continue to pay your Medicare Part B premium.)	**$30**	**$30**

Cost	2023 (this year)	2024 (next year)
Monthly premium with optional supplemental benefits One of these plan premiums applies to you only if you are enrolled in one or both of our optional supplemental benefits packages. (You must also continue to pay your Medicare Part B premium.)		
Advantage Plus Option 1	**$50**	**$48**
Advantage Plus Option 2	**Not available.**	**$53**
Both Advantage Plus Options	**Not available.**	**$71**

- Your monthly plan premium will be **more** if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be **less** if you are receiving "Extra Help" with your prescription drug costs. Please see Section 6 regarding "Extra Help" from Medicare.

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	2023 (this year)	2024 (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 and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	**$6,500**	**$6,500** Once you have paid $6,500 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 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, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 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 2024 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 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	2023 (this year)	2024 (next year)
Cardiac rehabilitation services	You pay **$40** per visit.	You pay **$30** per visit.
Chiropractic services	You pay **$10** per visit.	You pay **$5** per visit.
Emergency Department	You pay **$95** per visit.	You pay **$100** per visit.
Home-based palliative care Services not covered by Medicare in the home are provided in the form of palliative care to diminish symptoms of terminally ill members with a life expectancy of 7–12 months. Services include non-Medicare covered interdisciplinary palliative care support from physicians, nurses and other clinicians providing services in the home.	Not covered.	You pay **$0**.

Cost	2023 (this year)	2024 (next year)
Outpatient diagnostic tests and imaging		
• Ultrasounds.	You pay **$100** per procedure.	You pay **$15** per procedure.
Partial hospitalization	You pay **$10** per day.	You pay **$5** per day.
Primary care office visits Includes visits for eye exams provided by an optometrist.	You pay **$10** per visit.	You pay **$5** per visit.
Pulmonary rehabilitation services	You pay **$20** per visit.	You pay **$15** per visit.
Skilled nursing facility (SNF) care	Per benefit period, you pay **$0** per day for days **1–20** and **$196** per day for days **21**–**100**.	Per benefit period, you pay **$0** per day for days **1–20** and **$203** per day for days **21**–**100**.
Advantage Plus Option 2 (optional supplemental benefits) This change only applies to members who have signed up for optional supplemental benefits, called Advantage Plus Option 2, for an additional monthly premium. Please see the **EOC** for details about what dental services are covered in both of our Advantage Plus packages.	**Not covered**.	**Covered**. You have the option to enroll in Advantage Plus Option 2, or both Advantage Plus Option 1 and Advantage Plus Option 2, for an additional monthly premium.
• Comprehensive dental services	**Not covered**.	**Covered**. When you enroll in Advantage Plus Option 2, you receive an additional **$1,000** annual benefit limit added to the standard in-network annual benefit limit which results in a combined in-network annual limit of **$2,000**. You pay **50% coinsurance** for comprehensive dental

Cost	2023 (this year)	2024 (next year)
		care until the plan has paid **$2,000 (combined annual benefit limit)**. When you reach the $2,000 combined annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year. When you enroll in both Advantage Plus Option 1 and Option 2, your standard dental benefit is increased for a combined annual benefit limit of $2,500.

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," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review our "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

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

Note: 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

insert, 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 insert by September 30, 2023, 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.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to your cost-sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
Stage 2: 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 pharmacy. 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**. We changed the tier for some of the drugs on our "Drug List." To see if your drugs will be in a different tier, look them up on our "Drug List." Most adult Part D vaccines are covered at no cost to you.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 – Preferred generic drugs:** • Preferred cost-sharing: You pay **$3** per prescription. • Standard cost-sharing: You pay **$10** per prescription. **Tier 2 – Generic drugs:** • Preferred cost-sharing: You pay **$12** per prescription. • Standard cost-sharing: You pay **$20** per prescription. **Tier 3 – Preferred brand-name drugs:** • Preferred cost-sharing: You pay **$45** per prescription. You pay **$35** per month supply of each covered insulin product on this tier.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 – Preferred generic drugs:** • Preferred cost-sharing: You pay **$3** per prescription. • Standard cost-sharing: You pay **$10** per prescription. **Tier 2 – Generic drugs:** • Preferred cost-sharing: You pay **$12** per prescription. • Standard cost-sharing: You pay **$20** per prescription. **Tier 3 – Preferred brand-name drugs:** • Preferred cost-sharing: You pay **$45** per prescription. You pay **$35** per month supply of each covered insulin product on this tier.

Stage	2023 (this year)	2024 (next year)
	• Standard cost-sharing: You pay **$47** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. **Tier 4 – Nonpreferred brand-name drugs:** • Preferred cost-sharing: You pay **$100** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. • Standard cost-sharing: You pay **$100** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. **Tier 5 – Specialty-tier drugs:** • You pay **33%** of the total cost. You pay **$35** per month supply of each covered insulin product on this tier. **Tier 6 – Injectable Part D vaccines:** • You pay **$0** per prescription. Once your total drug costs have reached **$4,660**, you will move to the next stage (the Coverage Gap Stage).	• Standard cost-sharing: You pay **$47** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. **Tier 4 – Nonpreferred drugs:** • Preferred cost-sharing: You pay **$100** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. • Standard cost-sharing: You pay **$100** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. **Tier 5 – Specialty-tier drugs:** • You pay **33%** of the total cost. You pay **$35** per month supply of each covered insulin product on this tier. **Tier 6 – Injectable Part D vaccines:** • You pay **$0** per prescription. Once your total drug costs have reached **$5,030**, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages—the Coverage Gap Stage and the Catastrophic Coverage Stage—are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**.

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your **Evidence of Coverage**.

Section 2 — Administrative changes

Description	2023 (this year)	2024 (next year)
Dental services See the **Evidence of Coverage** for details about exclusions, limitations, and what dental services are covered.	For a list of participating Dominion National providers, visit **DominionNational.com/kaiserdentists** or call **1-855-733-7524** (TTY users call **711**), Monday through Friday, 7:30 a.m. to 6 p.m.	For a list of participating Liberty Dental Plan providers, visit **www.libertydentalplan.com/kaiserdentists** or call **1-888-650-1859** (TTY users call **711**), Monday through Friday, 8 a.m. to 8 p.m.

Section 3 — Deciding which plan to choose

Section 3.1 – If you want to stay in Kaiser Permanente Medicare Advantage Care Plus 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 Care Plus 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 2024, 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, please see Section 1.1 regarding 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** 2024 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 Kaiser Permanente Medicare Advantage Care Plus 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 Care Plus 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 4 — 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, 2024.

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, 2024, 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, 2024.

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

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. 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. The Virginia Insurance Counseling and 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 the Virginia Insurance Counseling and Assistance Program at **1-800-552-3402** (TTY **711**). You can learn more about the Virginia Insurance Counseling and Assistance Program by visiting their website (**www.vda.virginia.gov)**.

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.** 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).
- **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 the **Virginia ADAP**.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-855-362-0658**.

Section 7 — Questions?

Section 7.1 – 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 2024 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 2024. For details, look in the 2024 **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/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**. 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 2024

Read the **Medicare & You** 2024 handbook. Every fall, this document 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**.

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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**