

**This is an educational letter sent to all Kaiser Permanente Medicare health plan members. It isn't specific to your health care circumstances or any treatment you may receive.**

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

# Annual Notice of Changes for 2024

You are currently enrolled as a member of Kaiser Permanente Senior Advantage Santa Cruz County 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.

**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 Senior Advantage Santa Cruz County 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 Senior Advantage Santa Cruz County 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 **1-800-443-0815** 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 **1-800-443-0815**. (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, 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

**About Kaiser Permanente Senior Advantage Santa Cruz County plan**

- Kaiser Permanente is an HMO 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, Inc., Northern California Region (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Senior Advantage Santa Cruz County Plan (Senior Advantage).

**Annual Notice of Changes for 2024**  
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## Summary of important costs for 2024

The table below compares the 2023 costs and 2024 costs for Senior Advantage Santa Cruz County plan in several important areas. **Please note this is only a summary of costs.**

| Cost  | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| <b>Monthly plan premium*</b><br>*Your premium may be higher or lower than this amount. (See Section 1.1 for details.)   | <b>\$60*</b>   | <b>\$65*</b>   |
| <b>Maximum out-of-pocket amount</b><br>This is the <b>most</b> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.) | <b>\$4,900</b>   | <b>\$4,900</b>   |
| <b>Doctor office visits</b>   | Primary care visits:<br><b>\$0</b><br>Specialist visits:<br><b>\$10</b> per visit.   | Primary care visits:<br><b>\$5</b> per visit.<br>Specialist visits:<br><b>\$10</b> per visit.  |
| <b>Inpatient hospital stays</b>   | Per admission, <b>\$200</b> per day for days 1–5 (\$0 for the rest of your stay).  | Per admission, <b>\$200</b> per day for days 1–5 (\$0 for the rest of your stay).  |
| <b>Part D prescription drug coverage</b><br>(See Section 1.5 for details.)  | Deductible: <b>\$0</b><br>Cost-sharing during the <b>Initial Coverage Stage</b> (up to a 30-day supply):<br>Drug Tier 1: <b>\$0</b><br>Drug Tier 2: <b>\$5</b><br>Drug Tier 3: <b>\$45</b><br>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.<br>Drug Tier 4: <b>\$100</b><br>You pay <b>\$35</b> per month supply of | Deductible: <b>\$0</b><br>Cost-sharing during the <b>Initial Coverage Stage</b> (up to a 30-day supply):<br>Drug Tier 1: <b>\$0</b><br>Drug Tier 2: <b>\$5</b><br>Drug Tier 3: <b>\$47</b><br>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.<br>Drug Tier 4: <b>\$100</b><br>You pay <b>\$35</b> per month supply of |

| Cost | 2023 (this year)   | 2024 (next year)   |
|------|--|--|
|      | <p>each covered insulin product on this tier.</p> <p>Drug Tier 5: <b>33%</b><br/>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 6: <b>\$0</b></p>   | <p>each covered insulin product on this tier.</p> <p>Drug Tier 5: <b>33%</b><br/>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 6: <b>\$0</b></p> |
|      | <p><b>Catastrophic Coverage:</b></p> <p>During this payment stage, our plan pays most of the cost for your covered drugs.</p> <p>For each prescription, you pay a copayment: <b>\$0</b> for covered generic drugs (includes drugs treated like generics), <b>\$12</b> for covered brand-name drugs, and <b>\$0</b> for covered injectable Part D vaccines.</p> | <p><b>Catastrophic Coverage:</b></p> <p>During this payment stage, our plan pays the full cost for your covered Part D drugs. <b>You pay nothing.</b></p>  |

## 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) |
|---|------------------|------------------|
| <b>Monthly premium without optional supplemental benefits</b><br>(You must also continue to pay your Medicare Part B premium.)  | \$60             | \$65             |
| <b>Monthly premium with optional supplemental benefits</b><br>This plan premium applies to you only if you are enrolled in our optional supplemental benefits package.<br>(You must also continue to pay your Medicare Part B premium.) | \$74             | \$86             |

- 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 5 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)   |
|--|------------------|--|
| <b>Maximum out-of-pocket amount</b><br>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. | <b>\$4,900</b>   | <b>\$4,900</b><br><br>Once you have paid \$4,900 out-of-pocket for covered Part A and Part B services (and certain health care services not covered by Medicare), you will pay nothing for these covered services for the rest of the calendar year. |

## Section 1.3 – Changes to the provider and pharmacy networks

Updated directories are located on our website at [kp.org/directory](http://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.

| <b>Cost</b>   | <b>2023 (this year)</b>   | <b>2024 (next year)</b>  |
|---|---|--|
| <b>Allergy injections</b>   | You pay <b>\$0</b> .  | You pay <b>\$3</b> per visit.  |
| <b>Ambulance services</b>   | You pay <b>\$200</b> per one-way trip.  | You pay <b>\$250</b> per one-way trip.   |
| <p><b>Dental services – pre-transplant</b><br/>           Certain dental services not covered by Medicare necessary to ensure the oral cavity is clear of infection prior to being placed on the transplant wait list.</p> <p>(Refer to the <b>Evidence of Coverage</b> for the full list of covered dental services related to transplants.)</p> | You pay <b>\$5</b> per visit and <b>\$0</b> for extractions.  | You pay <b>\$10</b> per visit and <b>\$5</b> per visit for extractions.  |
| <b>Emergency Department visits</b>  | You pay <b>\$110</b> per visit.   | You pay <b>\$120</b> per visit.  |
| <b>Eyewear</b>  | <p>You receive a <b>\$150</b> eyewear allowance every 24 months. If the eyewear you purchase costs more than \$150, <b>you pay the difference</b>.</p> <p>Your allowance is increased if you have signed up for Advantage Plus.</p> | <b>Not covered.</b> However, if you have signed up for Advantage Plus, you receive the eyewear benefit described below in the "Optional supplemental benefits (Advantage Plus)" row. |

| Cost  | 2023 (this year)   | 2024 (next year)   |
|---|--|--|
| <b>Fitness benefit (the Silver&amp;Fit® Healthy Aging and Exercise Program)</b>   | <b>Covered.</b> You pay \$0 and receive the following: <ul style="list-style-type: none"> <li>• A standard gym membership.</li> <li>• A home fitness kit to exercise at home (you can also choose a kit that includes an activity tracker).</li> </ul> | <b>Not covered.</b> However, if you have signed up for Advantage Plus, you receive the fitness benefit described below in the "Optional supplemental benefits (Advantage Plus)" row. |
| <b>Hearing aids and services</b> <ul style="list-style-type: none"> <li>• Evaluation and fitting exam for hearing aids.</li> </ul>                      | You pay \$0.   | <b>Not covered.</b> However, if you have signed up for Advantage Plus, you receive the hearing benefit described below in the "Optional supplemental benefits (Advantage Plus)" row. |
| <ul style="list-style-type: none"> <li>• Hearing aid allowance.</li> </ul>  | You receive a <b>\$1,250</b> hearing aid allowance per ear, per aid, every 36 months. If the hearing aid(s) you purchase costs more than \$1,250, <b>you pay the difference.</b>   | <b>Not covered.</b> However, if you have signed up for Advantage Plus, you receive the hearing benefit described below in the "Optional supplemental benefits (Advantage Plus)" row. |
| <b>Home-delivered meals</b><br>Meals delivered to your home following discharge from a hospital due to congestive heart failure (referral required).    | You pay \$0 for up to two meals per day in a consecutive four-week period, once per calendar year.   | <b>Not covered.</b>  |
| <b>Imaging</b> <ul style="list-style-type: none"> <li>• X-rays, ultrasounds, and visual field tests.</li> </ul>   | You pay \$5 per encounter.   | You pay \$10 per encounter.  |
| <ul style="list-style-type: none"> <li>• Magnetic resonance imaging (MRI), computed tomography (CT), and positron emission tomography (PET).</li> </ul> | You pay \$180 per procedure.   | You pay \$190 per procedure.   |

| Cost   | 2023 (this year)   | 2024 (next year)                 |
|--|--|----------------------------------|
| <p><b>Inpatient mental health care stays</b><br/>                     Covered services include mental health care services that require a hospital stay.</p> | <ul style="list-style-type: none"> <li>• We cover up to 190 days per lifetime for inpatient stays in a Medicare-certified psychiatric hospital.</li> <li>• The 190-day limit does not apply to mental health stays in a psychiatric unit of a general hospital. It also doesn't apply to stays in a psychiatric hospital associated with the following conditions: schizophrenia, schizoaffective disorder, bipolar disorder (manic-depressive illness), major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa, and Serious Emotional Disturbance (SED) of a child under age 18.</li> </ul> | <p>We cover unlimited stays.</p> |

|  |  |  |
|--|--|--|
| <p><b>Medicare Part B brand-name drugs</b><br/>Up to a 30-day supply from a network pharmacy.</p>  | <p>You pay <b>\$45</b> per prescription, except you pay <b>\$35</b> for Part B insulin drugs furnished through an item of DME.</p> | <p>You pay <b>\$47</b> per prescription, except you pay <b>\$35</b> for Part B insulin drugs furnished through an item of DME.</p> |
| <p><b>Outpatient mental health care and substance abuse visits</b></p>   | <p>You pay <b>\$0</b>.</p>   | <p>You pay <b>\$2</b> per group therapy visit and <b>\$5</b> per individual therapy visit.</p>                                     |
| <p><b>Outpatient observation</b></p>   | <p>You pay <b>\$110</b> per stay when admitted directly to the hospital for observation as an outpatient.</p>                      | <p>You pay <b>\$120</b> per stay when admitted directly to the hospital for observation as an outpatient.</p>                      |
| <p><b>Primary care office visits</b><br/>Includes visits for acupuncture, cardiac rehabilitation primary care visits, chiropractic services, eye exams provided by an optometrist, kidney disease education individual visits, health education individual visits, nutritional/dietary counseling individual visits, pulmonary rehabilitation, supervised exercise therapy (SET), and urgent care.</p> | <p>You pay <b>\$0</b>.</p>   | <p>You pay <b>\$5</b> per visit.</p>   |

|   |  |   |
|---|--|---|
| <p><b>Optional supplemental benefits (Advantage Plus)</b></p> <p>This change only applies to members who have signed up for optional supplemental benefits, called Advantage Plus.</p> <ul style="list-style-type: none"> <li>• Eyewear.</li> </ul> | <p>You receive an additional <b>\$290</b> eyewear allowance added to your standard allowance every 24 months, which results in a combined allowance of \$440.</p> <p>If the eyewear you purchase costs more than \$440, <b>you pay the difference.</b></p> | <p>You receive a <b>\$300</b> eyewear allowance every 24 months.</p> <p>If the eyewear you purchase costs more than \$300, <b>you pay the difference.</b></p>   |
| <ul style="list-style-type: none"> <li>• Fitness benefit (the Silver&amp;Fit® Healthy Aging and Exercise Program).</li> </ul>   | <p><b>Not covered</b> as part of our Advantage Plus package.</p>   | <p><b>Covered</b> as part of our Advantage Plus package. You pay <b>\$0</b> and receive the following:</p> <ul style="list-style-type: none"> <li>• A standard fitness center membership.</li> <li>• One home fitness kit per calendar year to exercise at home (you can also choose a kit that includes an activity tracker).</li> </ul> |
| <ul style="list-style-type: none"> <li>• Evaluation and fitting for hearing aids.</li> </ul>  | <p><b>Not covered</b> as part of our Advantage Plus package.</p>   | <p><b>Covered</b> as part of our Advantage Plus package. You pay <b>\$0</b>.</p>  |
| <ul style="list-style-type: none"> <li>• Hearing aids.</li> </ul>   | <p><b>Not covered</b> as part of our Advantage Plus package.</p>   | <p><b>Covered</b> as part of our Advantage Plus package. You receive a <b>\$800</b> hearing aid allowance per ear, per aid, every 36 months.</p> <p>If the hearing aid(s) you purchase costs more than \$800, <b>you pay the difference.</b></p>  |

## 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](http://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)   |
|---|--|--|
| <b>Stage 1: Yearly Deductible Stage</b> | 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)  |
|--|--|---|
| <p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b></p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network 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 <b>Evidence of Coverage.</b></p> <p>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."</p> <p>Most adult Part D vaccines are covered at no cost to you.</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generic drugs: You pay <b>\$0</b> per prescription.</li> <li>• Tier 2 – Generic drugs: You pay <b>\$5</b> per prescription.</li> <li>• Tier 3 – Preferred brand-name drugs: You pay <b>\$45</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Tier 4 – Nonpreferred brand-name drugs: You pay <b>\$100</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Tier 5 – Specialty-tier drugs: You pay <b>33%</b> of the total cost. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Tier 6 – Injectable Part D vaccines: You pay <b>\$0</b> per prescription.</li> </ul> <p>Once your total drug costs have reached <b>\$4,660</b>, you will move to the next stage (the Coverage Gap Stage).</p> | <p>Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:</p> <ul style="list-style-type: none"> <li>• Tier 1 – Preferred generic drugs: You pay <b>\$0</b> per prescription.</li> <li>• Tier 2 – Generic drugs: You pay <b>\$5</b> per prescription.</li> <li>• Tier 3 – Preferred brand-name drugs: You pay <b>\$47</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Tier 4 – Nonpreferred drugs: You pay <b>\$100</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Tier 5 – Specialty-tier drugs: You pay <b>33%</b> of the total cost. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Tier 6 – Injectable Part D vaccines: You pay <b>\$0</b> per prescription.</li> </ul> <p>Once your total drug costs have reached <b>\$5,030</b>, you will move to the next stage (the Coverage Gap Stage).</p> |



## 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 — Deciding which plan to choose

### Section 2.1 – If you want to stay in Senior Advantage Santa Cruz County 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 Senior Advantage Santa Cruz County plan.

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change 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](http://www.medicare.gov/plan-compare)), read the **Medicare & You 2024** handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

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

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

### Section 3 — Deadline for changing plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 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 4 — Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP).

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. The Health Insurance Counseling and Advocacy 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 Health Insurance Counseling and Advocacy Program at **1-800-434-0222** (TTY users should call **711**).

You can learn more about the Health Insurance Counseling and Advocacy Program by visiting their website ([www.aging.ca.gov/HICAP/](http://www.aging.ca.gov/HICAP/)).

## Section 5 — Programs that help pay for prescription drugs

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

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

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP call center at **1-844-421-7050** between 8 a.m. and 5 p.m., Monday through Friday (excluding holidays).

## Section 6 — Questions?

### Section 6.1 – Getting help from our plan

Questions? We're here to help. Please call Member Services at **1-800-443-0815**. (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/eocncal](http://kp.org/eocncal). 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 6.2 – Getting help from Medicare**

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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**.

**Kaiser Permanente Senior Advantage Member Services**

| <b>METHOD</b>  | <b>Member Services – contact information</b>   |
|----------------|--|
| <b>CALL</b>    | <b>1-800-443-0815</b><br>Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.<br>Member Services also has free language interpreter services available for non-English speakers. |
| <b>TTY</b>     | <b>711</b><br>Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.   |
| <b>WRITE</b>   | Your local Member Services office (see the <b>Provider Directory</b> for locations).   |
| <b>WEBSITE</b> | <b>kp.org</b>  |

# 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>.



## 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 panggamot. 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 على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-443-0815 (TTY 711)**. سيقوم شخص ما يتحدث العربية 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.

**Portuguese:** 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。



# Plan Information

*As member of this plan, we may occasionally contact you to inform you of other Kaiser Permanente plans or products that may be available to you. If you wish to opt-out of these types of calls, please contact Member Services at the phone number on the back of your member ID card.*

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## Provider Directories

If you need help finding a network provider or pharmacy, please visit [kp.org/directory](https://kp.org/directory) to search our online directory (Note: the 2024 directories are available online starting 10/15/2023 in accord with Medicare requirements).

To get a **Provider Directory**, **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.

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## 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](https://kp.org/seniorrx) (Note: the 2024 formulary is available online starting 10/15/2023 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.

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## 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](https://kp.org/eocncal) to view your **EOC** online (Note: the 2024 **EOC** for Northern California is available online starting 10/15/2023 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.