

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

**Additional resources**

- Please contact our Member Services number at **1-800-476-2167** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- 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 Silver North 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 Colorado (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Senior Advantage Silver North Plan (Senior Advantage).

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## Summary of important costs for 2024

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

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Monthly plan premium*</b> *Your premium may be higher or lower than this amount. (See Section 1.1 for details.)	<b>\$33*</b>	<b>\$33*</b>
<b>Maximum out-of-pocket amount</b> 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>\$3,700</b>	<b>\$3,500</b>
<b>Doctor office visits</b>	Primary care visits: <b>\$0</b> per visit.  Specialist visits: <b>\$15</b> per visit.	Primary care visits: <b>\$0</b> per visit.  Specialist visits: <b>\$10</b> per visit.
<b>Inpatient hospital stays</b>	Per admission, <b>\$140</b> per day for days 1–5.	Per admission, <b>\$140</b> per day for days 1–5.
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: <b>\$0</b> Preferred cost-sharing during the <b>Initial Coverage Stage</b> (up to a 30-day supply): Drug Tier 1: <b>\$0</b> Drug Tier 2: <b>\$0</b> Drug Tier 3: <b>\$40</b> You pay <b>\$35</b> per month supply of each covered insulin product on this tier. Drug Tier 4: <b>\$80</b> You pay <b>\$35</b> per month supply of each covered	Deductible: <b>\$0</b> Preferred cost-sharing during the <b>Initial Coverage Stage</b> (up to a 30-day supply): Drug Tier 1: <b>\$0</b> Drug Tier 2: <b>\$0</b> Drug Tier 3: <b>\$40</b> You pay <b>\$35</b> per month supply of each covered insulin product on this tier. Drug Tier 4: <b>\$80</b> You pay <b>\$35</b> per month supply of each covered

Cost	2023 (this year)	2024 (next year)
	<p>insulin product on this tier.</p> <p>Drug Tier 5: <b>33%</b></p> <p>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>insulin product on this tier.</p> <p>Drug Tier 5: <b>33%</b></p> <p>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 whichever of these is larger: a payment equal to <b>5%</b> of the cost of the drug (this is called coinsurance), or a copayment (<b>\$4.15</b> for a generic drug or a drug that is treated like a generic, and <b>\$10.35</b> for all other drugs).</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> (You must also continue to pay your Medicare Part B premium.)	\$33	\$33
<b>Monthly premium with optional supplemental benefits</b> 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.)		
<b>Advantage Plus Option 1</b>	\$72	\$72
<b>Advantage Plus Option 2</b>	\$47	\$47
<b>Both Advantage Plus Options</b>	\$86	\$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> 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>\$3,700</b>	<b>\$3,500</b>  Once you have paid \$3,500 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](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.

Cost	2023 (this year)	2024 (next year)
<b>Ambulance services</b>	You pay <b>\$220</b> per one-way trip.	You pay <b>\$210</b> per one-way trip.
<b>Dental services</b> Preventive and comprehensive dental services  Please see the <b>Evidence of Coverage</b> for a full list of dental services.	You pay <b>\$0</b> for preventive and diagnostic dental care.  You pay <b>30%</b> coinsurance for basic comprehensive dental services and <b>50%</b> coinsurance for major comprehensive dental services from Delta Dental	You pay <b>\$0</b> for preventive and diagnostic dental care.  You pay <b>30%</b> coinsurance for basic comprehensive dental services and <b>50%</b> coinsurance for major comprehensive dental services from Delta Dental

Cost	2023 (this year)	2024 (next year)
	<p>PPO dentists until the plan has paid a comprehensive limit of <b>\$1,250 (annual benefit limit)</b>, or <b>50%</b> coinsurance for services when provided by Delta Dental Premier dentists, until the plan has paid <b>\$500 (annual benefit limit)</b>. The annual benefit limit only applies to comprehensive services.</p> <p>When you reach the <b>\$1,250</b> annual benefit limit for comprehensive dental care provided by Delta Dental PPO and/or Dental Premier dentists, you pay <b>100%</b> for the rest of the year. Note: The maximum benefit limit for Delta Dental Premier dentists may not exceed <b>\$500</b>.</p>	<p>PPO dentists until the plan has paid <b>\$1,650 (combined annual benefit limit)</b> for both preventive and comprehensive services, or <b>50%</b> coinsurance for comprehensive dental services from Delta Dental Premier dentists until the plan has paid <b>\$500 (combined annual benefit limit)</b> for both preventive and comprehensive services.</p> <p>When you reach the <b>\$1,650 combined annual benefit limit</b> for preventive and comprehensive dental care provided by Delta Dental PPO dentists and/or Dental Premier dentists, you pay 100% for the rest of the year. <b>Note:</b> The maximum benefit limit for Delta Dental Premier dentists may not exceed <b>\$500</b>.</p>
<b>Emergency Department</b>	You pay <b>\$110</b> per visit.	You pay <b>\$120</b> per visit.
<b>Eyewear</b>	<p>You receive a <b>\$250</b> eyewear allowance every year.</p> <p>If the eyewear you purchase costs more than <b>\$250</b>, you <b>pay the difference</b>.</p>	<p>You receive a <b>\$350</b> eyewear allowance every year.</p> <p>If the eyewear you purchase costs more than <b>\$350</b>, you <b>pay the difference</b>.</p>
<b>Hearing aids</b>	You receive a <b>\$500</b> hearing aid allowance per ear <b>every two years</b> . If the hearing aid(s) you purchase cost more than <b>\$500</b> , you pay the difference.	You receive a <b>\$750</b> hearing aid allowance for per ear <b>every two years</b> . If the hearing aid(s) you purchase cost more than <b>\$750</b> , you pay the difference.
<b>Outpatient diagnostic tests and imaging</b>		
<ul style="list-style-type: none"> <li>• Radiation treatment.</li> </ul>	You pay <b>\$15</b> per visit.	You pay <b>\$10</b> per visit.

<b>Cost</b>	<b>2023 (this year)</b>	<b>2024 (next year)</b>
<b>Over-the-counter (OTC) items</b>	You pay <b>\$0</b> up to the <b>\$80</b> quarterly benefit limit.	You pay <b>\$0</b> up to the <b>\$100</b> quarterly benefit limit.
<b>Skilled nursing facility (SNF) care</b>	Per benefit period, you pay <b>\$0</b> per day for days <b>1–20</b> , <b>\$196</b> per day for days <b>21–39</b> , and <b>\$0</b> for days <b>40–100</b> .	Per benefit period, you pay <b>\$0</b> per day for days <b>1–20</b> , <b>\$203</b> per day for days <b>21–39</b> , and <b>\$0</b> for days <b>40–100</b> .
<b>Specialist office visits</b> Includes specialty care visits for cardiac rehabilitation services, kidney disease education services, opioid treatment program services, and podiatry services. This includes specialist office visits covered under the "Medicare Explorer by Kaiser Permanente" point-of-service supplemental benefit. Please see the <b>EOC</b> for details.	You pay <b>\$15</b> per visit.	You pay <b>\$10</b> per visit.
<b>Supervised exercise therapy (SET)</b>	You pay <b>\$30</b> per visit.	You pay <b>\$25</b> per visit.
<b>Transportation services</b> See the <b>EOC</b> for details.	You pay <b>\$0</b> for up to <b>12</b> one-way trips per calendar year.	You pay <b>\$0</b> for up to <b>16</b> one-way trips per calendar year.
<b>Urgent care visits</b> Services received in a network urgent care department or facility, at home, and covered out-of-network urgent care.	You pay <b>\$20</b> per visit.	You pay <b>\$25</b> per visit.

## 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</p>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Tier 1 – Preferred generic drugs:</b></p> <ul style="list-style-type: none"> <li>Preferred cost-sharing: You pay <b>\$0</b> per prescription.</li> <li>Standard cost-sharing: You pay <b>\$19</b> per prescription.</li> </ul>	<p>Your cost for a one-month supply filled at a network pharmacy:</p> <p><b>Tier 1 – Preferred generic drugs:</b></p> <ul style="list-style-type: none"> <li>Preferred cost-sharing: You pay <b>\$0</b> per prescription.</li> <li>Standard cost-sharing: You pay <b>\$15</b> per prescription.</li> </ul>

Stage	2023 (this year)	2024 (next year)
<p>pharmacy. 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><b>Tier 2 – Generic drugs:</b></p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$0</b> per prescription.</li> <li>• Standard cost-sharing: You pay <b>\$20</b> per prescription.</li> </ul> <p><b>Tier 3 – Preferred brand-name drugs:</b></p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$40</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Standard cost-sharing: You pay <b>\$47</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Tier 4 – Nonpreferred brand-name drugs:</b></p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$80</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Standard cost-sharing: You pay <b>\$100</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Tier 5 – Specialty-tier drugs:</b></p> <ul style="list-style-type: none"> <li>• 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> </ul> <p><b>Tier 6 – Injectable Part D vaccines:</b></p> <ul style="list-style-type: none"> <li>• You pay <b>\$0</b> per prescription.</li> </ul>	<p><b>Tier 2 – Generic drugs:</b></p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$0</b> per prescription.</li> <li>• Standard cost-sharing: You pay <b>\$20</b> per prescription.</li> </ul> <p><b>Tier 3 – Preferred brand-name drugs:</b></p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$40</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Standard cost-sharing: You pay <b>\$47</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Tier 4 – Nonpreferred drugs:</b></p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$80</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> <li>• Standard cost-sharing: You pay <b>\$100</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</li> </ul> <p><b>Tier 5 – Specialty-tier drugs:</b></p> <ul style="list-style-type: none"> <li>• 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> </ul> <p><b>Tier 6 – Injectable Part D vaccines:</b></p> <ul style="list-style-type: none"> <li>• You pay <b>\$0</b> per prescription.</li> </ul>

Stage	2023 (this year)	2024 (next year)
	Once your total drug costs have reached <b>\$4,660</b> , you will move to the next stage (the Coverage Gap Stage).	Once your total drug costs have reached <b>\$5,030</b> , 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 — Deciding which plan to choose

### Section 2.1 – If you want to stay in Senior Advantage Silver North 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 Silver North 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 Silver North 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 Silver North 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 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](http://www.colorado.gov/pacific/dora/senior-healthcare-medicare)).

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

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

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
  - ◆ **1-800-MEDICARE (1-800-633-4227).** TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;
  - ◆ The Social Security office at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call **1-800-325-0778**; or
  - ◆ Your state Medicaid office (applications).
- **Help from your state's pharmaceutical assistance program.** 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 6 — Questions?

### Section 6.1 – 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 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



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

### **Visit our website**

You can also visit our website at [kp.org](https://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](https://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](https://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>1-800-476-2167</b> 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.
<b>TTY</b>	<b>711</b> Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.
<b>WRITE</b>	Kaiser Permanente P.O. Box 378066 Denver, CO 80237-8066
<b>WEBSITE</b>	<b>kp.org</b>

# Notice of Nondiscrimination

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and Colorado state civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, gender expression, or any other basis protected by applicable federal or state laws.

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 **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**). 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**, (TTY **1-800-537-7697**). Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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、**1-800-476-2167 (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 **1-800-476-2167 (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 **1-800-476-2167 (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/eocnoco](https://kp.org/eocnoco) to view your **EOC** online (Note: the 2024 **EOC** for Northern Colorado 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 **1-800-476-2167 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.