

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 Medicare Medi-Cal. Next year, there will be changes to our plan's costs and benefits. **Please see page 4 for a summary of important costs, including premium.**

This document tells you about the changes to your plan. To get more information about costs, benefits, or rules, please review the **Evidence of Coverage**, which is located on our website at **kp.org**. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

What to do now

1. **Ask:** Which changes apply to you?

- Check the changes to our benefits and costs to see if they affect you.
 - ◆ Review the changes to medical care costs (doctor, hospital).
 - ◆ Review the changes to our drug coverage, including authorization requirements and costs.
 - ◆ Think about how much you will spend on premiums, deductibles, and cost-sharing.
- Check the changes in 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.

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3. **Choose:** Decide whether you want to change your plan.

- If you don't join another plan by December 7, 2023, you will stay in Senior Advantage Medicare Medi-Cal South P5 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 Medicare Medi-Cal South P5 plan.
- Look in Section 4, page 11, to learn more about your choices.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional resources

- 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 for more information.

About Kaiser Permanente Senior Advantage Medicare Medi-Cal South P5 plan

- Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the Medi-Cal program. Enrollment in Kaiser Permanente depends on contract renewal.
- When this document says "we," "us," or "our," it means Kaiser Foundation Health Plan, Inc., Southern California Region (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Senior Advantage Medicare Medi-Cal South P5 Plan (Senior Advantage Medicare Medi-Cal).

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 Medicare Medi-Cal South P5 plan in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
<p>Monthly plan premium* *Your premium may be higher or lower than this amount. (See Section 2.1 for details.)</p>	<p>\$29.00 if you do not qualify for "Extra Help."* If you qualify for "Extra Help" you pay \$0.</p>	<p>\$35.30 if you do not qualify for "Extra Help."* If you qualify for "Extra Help" you pay \$0.</p>
<p>Doctor office visits</p>	<p>Primary care visits: \$0</p> <p>Specialist visits: \$0</p>	<p>Primary care visits: \$0</p> <p>Specialist visits: \$0</p>
<p>Inpatient hospital stays</p>	<p>\$0</p>	<p>\$0</p>
<p>Part D prescription drug coverage (See Section 2.5 for details.)</p>	<p>Deductible: \$505 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage, if you do not qualify for "Extra Help": 25%. You pay \$35 per month supply of each covered insulin product.</p>	<p>Deductible: \$545 except for covered insulin products and most adult Part D vaccines.</p> <p>Coinsurance during the Initial Coverage Stage, if you do not qualify for "Extra Help": 25%. You pay \$35 per month supply of each covered insulin product.</p>
	<p>Catastrophic Coverage:</p> <p>During this payment stage, our plan pays most of the cost for your covered drugs.</p>	<p>Catastrophic Coverage:</p> <p>During this payment stage, our plan pays the full cost for your covered Part D</p>

Cost	2023 (this year)	2024 (next year)
	For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs).	drugs. You pay nothing.
<p>Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)</p>	<p>\$3,400 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>	<p>\$3,400 If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</p>

Section 1 — Unless you choose another plan, you will be automatically enrolled in Senior Advantage Medicare Medi-Cal South P5 in 2024

On January 1, 2024, Kaiser Permanente will be combining our Senior Advantage Medicare Medi-Cal plan with one of our plans, Senior Advantage Medicare Medi-Cal South P5 plan. The information in this document tells you about the differences between your current benefits in Senior Advantage Medicare Medi-Cal plan and the benefits you will have on January 1, 2024 as a member of Senior Advantage Medicare Medi-Cal South P5 plan.

If you do nothing in 2023, we will automatically enroll you in our Senior Advantage Medicare Medi-Cal South P5 plan. This means starting January 1, 2024, you will be getting your medical and prescription drug coverage through Senior Advantage Medicare

Medi-Cal South P5. If you want to change plans or switch to Original Medicare and get your prescription drug coverage through a Prescription Drug Plan, you must do so between October 15 and December 7. The change will take effect on January 1, 2024.

Section 2 — Changes to benefits and costs for next year

Section 2.1 – Changes to the monthly premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medi-Cal (Medicaid).)	\$29.00 if you do not qualify for "Extra Help." If you qualify for "Extra Help" you pay \$0.	\$35.30 if you do not qualify for "Extra Help." If you qualify for "Extra Help" you pay \$0.

Section 2.2 – Changes to your maximum out-of-pocket amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services (and other health care services not covered by Medicare as described in Chapter 4 of the **Evidence of Coverage**) for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Because our members also get assistance from Medi-Cal (Medicaid), very few members ever reach this out-of-pocket maximum. If you are eligible for Medi-Cal (Medicaid) assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium	\$3,400	\$3,400 Once you have paid \$3,400 out-of-pocket for covered Part A and Part B services (and certain health care services not covered by Medicare), you will pay nothing for these covered services for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.		

Section 2.3 – Changes to the provider and pharmacy networks

Updated directories are located on our website at kp.org/directory. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are a part of your plan during the year. If a midyear change in our providers affects you, please contact Member Services so we may assist.

Section 2.4 – Changes to benefits and costs for medical services

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

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Ambulance services	You pay \$200 per one-way trip. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.	You pay \$120 per one-way trip. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay \$0.
Home-delivered meals 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.	Not covered.

Cost	2023 (this year)	2024 (next year)
<p>Inpatient mental health care stays Covered services include mental health care services that require a hospital stay.</p>	<ul style="list-style-type: none"> • We cover up to 190 days per lifetime for inpatient stays in a Medicare-certified psychiatric hospital. • 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. 	<p>We cover unlimited stays.</p>
<p>Over-the-Counter (OTC) Health and Wellness We cover OTC items listed in our OTC catalog for free home delivery.</p>	<p>You may order OTC items up to the \$100 quarterly benefit limit.</p>	<p>You may order OTC items up to the \$250 quarterly benefit limit.</p>

Section 2.5 – Changes to Part D prescription drug coverage

Changes to our "Drug List"

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

We made changes to our "Drug List," which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs. **Review our "Drug List" to make sure your drugs will be covered next year and to see if there will be any restrictions.**

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

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

Changes to prescription drug costs

If you receive "Extra Help" to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost-sharing for Part D drugs. Some of the information described in this section may not apply to you. **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)
<p>Stage 1: Yearly Deductible Stage During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.</p>	<p>The deductible is \$505, if you do not qualify for "Extra Help."</p>	<p>The deductible is \$545, if you do not qualify for "Extra Help."</p>

Changes to your cost-sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</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 Evidence of Coverage.</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, if you do not qualify for "Extra Help":</p> <ul style="list-style-type: none"> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product. <p>Once your total drug costs have reached \$4,660, 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, if you do not qualify for "Extra Help":</p> <ul style="list-style-type: none"> You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product. <p>Once your total drug costs have reached \$5,030, 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 drugs.

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

Section 3 — Administrative changes

Description	2023 (this year)	2024 (next year)
Contract and Plan Benefit Package (PBP) numbers	Your current plan, Kaiser Permanente Senior Advantage Medicare Medi Cal plan, is also known as H0524 PBP #030.	Your new plan, Kaiser Permanente Senior Advantage Medicare Medi Cal South P5 plan, is also known as H8794 PBP #005. You will receive a new membership ID card by January 2024.

Section 4 — Deciding which plan to choose

Section 4.1 – If you want to stay in Senior Advantage Medicare Medi-Cal South P5 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 Medicare Medi-Cal South P5 plan.

Section 4.2 – 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.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the **Medicare & You 2024** handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 Medicare Medi-Cal South P5 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 Medicare Medi-Cal South P5 plan.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - ◆ Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
 - ◆ Or contact **Medicare at 1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

Section 5 — 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.

Because you have Medi-Cal (Medicaid), you may be able to end your membership in our plan or switch to a different plan one time during each of the following **Special Enrollment Periods**:

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

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 6 — Programs that offer free counseling about Medicare and Medi-Cal (Medicaid)

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/).

For questions about your Medi-Cal (Medicaid) benefits, contact Medi-Cal (California's Medicaid program) at **1-800-952-5253**. You can use Medi-Cal's automated telephone services to get recorded information and conduct some business 24 hours a day. TTY users should call **1-800-952-8349**. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal (Medicaid) coverage.

Section 7 — Programs that help pay for prescription drugs

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

- **"Extra Help" from Medicare.** Because you have Medi-Cal (Medicaid), you are already enrolled in "Extra Help," also called the Low Income Subsidy. "Extra Help" pays some of your prescription drug premiums, annual deductibles, and coinsurance. Because you qualify, you do not have a coverage gap or late enrollment penalty. If you have questions about "Extra Help," call:
 - ◆ **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;
 - ◆ The Social Security office at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call **1-800-325-0778**; or
 - ◆ Your state 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 8 — Questions?

Section 8.1 – 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/eocscal. 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 8.2 – Getting help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Visit the Medicare website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality star ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read Medicare & You 2024

Read the **Medicare & You 2024** handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Section 8.3 – Getting help from Medi-Cal (Medicaid)

To get information from Medi-Cal (Medicaid), you can call Medi-Cal (California's Medicaid program) at **1-800-952-5253**. TTY users should call **1-800-952-8349**.



Kaiser Permanente Senior Advantage Medicare Medi-Cal Member Services

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

Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters.
 - Information written in other languages.

If you need these services, call Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **1-800-537-7697** (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Nondiscrimination Notice

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

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

Kaiser Permanente provides the following services:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
 - ◆ Qualified sign language interpreters
 - ◆ Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, call our Member Service Contact Center at **1-800-464-4000 (TTY 711)**, 24 hours a day, 7 days a week (except closed holidays). If you cannot hear or speak well, please call **711**.

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

How to file a grievance with Kaiser Permanente

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

You may submit a discrimination grievance in the following ways:

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

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

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

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

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

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

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

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

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

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

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

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

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

Complaint forms are available at:

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

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

Multi-Language Insert

Multi-language Interpreter Services

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

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

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

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

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o 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。

Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Plan Information

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.

Provider Directories

If you need help finding a network provider or pharmacy, please visit 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.

Medicare Part D Prescription Drug Formulary

Our formulary lists the Medicare Part D drugs we cover. The formulary may change at any time. You'll be notified when necessary. If you have a question about covered drugs, see our online formulary at kp.org/seniorrx (Note: the 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.

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/eocscal to view your **EOC** online (Note: the 2024 **EOC** for Southern 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.