

**Kaiser Permanente Senior Advantage Bronze DM (HMO-POS) Offered by Kaiser Foundation Health Plan of Colorado (Bronze DM)**

## Annual Notice of Changes for 2025

You are currently enrolled as a member of Kaiser Permanente Senior Advantage Bronze DM. 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 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](http://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.**

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### 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 coverage restrictions and cost sharing.
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
  - Check the changes in our 2025 “Drug List” to make sure the drugs you currently take are still covered.
  - Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization for 2025.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for “Extra Help” from Medicare.
- 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](http://www.medicare.gov/plan-compare) website or review the list in the back of your

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*Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

- Once you narrow your choice to a preferred plan, confirm your costs and coverage on our plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in Kaiser Permanente Senior Advantage Bronze DM.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Kaiser Permanente Senior Advantage Bronze DM.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### **Additional Resources**

- This document is available for free in Spanish. 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.
- Este documento está disponible de manera gratuita en español. Si desea información adicional, llame al número de nuestro Servicio a los Miembros al 1-800-476-2167. (Los usuarios de TTY deben llamar al 711). El horario de atención es de 8 a. m. a 8 p. m., los 7 días de la semana. Esta llamada es gratuita.
- This document is available in braille, large print, audio file, or data 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 Bronze DM**

- 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 Bronze DM (Senior Advantage).

## *Annual Notice of Changes for 2025*

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### Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Kaiser Permanente Senior Advantage Bronze DM in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium*</b> * Your premium may be higher than this amount. See Section 1.1 for details.	<b>\$0</b>	<b>\$0</b>
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	<b>\$4,100</b>	<b>\$5,900</b>
<b>Doctor office visits</b>	Primary care visits: <b>\$0</b>  Specialist visits: <b>\$35 per visit.</b>	Primary care visits: <b>\$0</b>  Specialist visits: <b>\$35 per visit.</b>
<b>Inpatient hospital stays</b>	Per admission, <b>\$250</b> per day for days <b>1–5</b> (\$0 for the rest of your stay).	Per admission, <b>\$250</b> per day for days <b>1–5</b> (\$0 for the rest of your stay).
<b>Part D prescription drug coverage</b> (See Section 1.5 for details.)	Deductible: <b>\$0</b>  Preferred cost-sharing during the Initial Coverage Stage (up to a 30-day supply):  Drug Tier 1: <b>\$0</b> Drug Tier 2: <b>\$5</b> Drug Tier 3: <b>\$40</b>	Deductible: <b>\$0</b>  Preferred cost-sharing during the Initial Coverage Stage (up to a 30-day supply):  Drug Tier 1: <b>\$0</b> Drug Tier 2: <b>\$3</b> Drug Tier 3: <b>\$45</b>

Cost	2024 (this year)	2025 (next year)
	<p>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p>	<p>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p>
	<p><b>Drug Tier 4: \$80</b></p>	<p><b>Drug Tier 4: \$90</b></p>
	<p>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p>	<p>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p>
	<p><b>Drug Tier 5: 33%</b></p>	<p><b>Drug Tier 5: 33%</b></p>
	<p>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p>	<p>You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p>
	<p><b>Drug Tier 6: \$0</b></p>	<p><b>Drug Tier 6: \$0</b></p>
	<p><b>Catastrophic Coverage:</b></p>	<p><b>Catastrophic Coverage:</b></p>
	<p>During this payment stage, our plan pays the full cost for your covered Part D drugs. You pay nothing.</p>	<p>During this payment stage, you pay nothing for your covered Part D drugs.</p>

**SECTION 1 Changes to Benefits and Costs for Next Year****Section 1.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium without optional supplemental benefits</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<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>	\$39	\$44
<b>Advantage Plus Option 2</b>	\$14	\$14
<b>Both Advantage Plus Options</b>	\$53	\$58

- 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.

## 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	2024 (this year)	2025 (next year)
<b>Maximum out-of-pocket amount</b>	<b>\$4,100</b>	<b>\$5,900</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.		Once you have paid \$5,900 out-of-pocket for covered Part A and Part B services (and certain health care services not covered by Medicare), you will pay nothing for these covered services for the rest of the calendar year.

## Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

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 2025 *Provider Directory* ([kp.org/directory](http://kp.org/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 2025 *Pharmacy Directory* ([kp.org/directory](http://kp.org/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 mid-year 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	2024 (this year)	2025 (next year)
<b>Ambulance Services</b>	You pay <b>\$200</b> per one-way trip.	You pay <b>\$350</b> per one-way trip.
<b>Dental Services – Comprehensive – Implants</b>	<b>Not covered.</b>	You pay <b>50%</b> coinsurance for implant services when provided by either Delta Dental Medicare Advantage Premier® or Delta Dental Medicare Advantage PPO™ dentists (see <i>Evidence of Coverage</i> for details).
<b>Diabetic therapeutic shoes not covered by Medicare</b>	<b>Not covered.</b>	You pay <b>20%</b> coinsurance for diabetic therapeutic shoes for peripheral neuropathy and peripheral vascular disease.
<b>Emergency Department</b>	You pay <b>\$120</b> per visit.	You pay <b>\$125</b> per visit.
<b>Eyewear Allowance</b>	You receive a <b>\$350</b> allowance every calendar year. If the eyewear you purchase costs more than the \$350 allowance, you pay the difference.	You receive a <b>\$550</b> allowance every calendar year. If the eyewear you purchase costs more than the \$550 allowance, you pay the difference.
<b>Fitness Benefit</b>	You pay <b>\$0</b> for the SilverSneakers fitness program that includes a basic gym membership, online	You pay <b>\$0</b> for the One Pass™ fitness program that includes access to in-network gyms, online fitness classes and resources, home fitness



Cost	2024 (this year)	2025 (next year)
	fitness classes and resources, and home fitness kits.	kits, and an online brain health program.  <b>Beginning January 1st</b> , you may visit <a href="http://www.YourOnePass.com">www.YourOnePass.com</a> or call 1-877-614-0618 (TTY 711), Monday through Friday, 7 a.m. to 8 p.m.: <ul style="list-style-type: none"> <li>• To obtain an access code to provide to your gym or fitness facility.</li> <li>• For information about participating gyms and fitness locations, the program’s benefits, or to set up your online account.</li> </ul>
<b>Fitness Benefit (fitness allowance)</b>	<b>Not covered.</b>	You receive an annual (one calendar year) allowance of up to <b>\$500</b> to spend on covered health-related services such as personal training fees, fitness class fees, fitness location fees, and racquet club memberships. You’ll be reimbursed for covered expenses after submitting a reimbursement request form. See the <i>Evidence of Coverage</i> for more information.
<b>Hearing Aids - Prescription</b>	You receive a <b>\$500</b> hearing aid allowance per ear every 2 years. If the hearing aid(s) you purchase costs more than \$500, you pay the difference.	You receive a <b>\$700</b> hearing aid allowance per ear every 2 years. If the hearing aid(s) you purchase costs more than \$700 allowance, you pay the difference.

Cost	2024 (this year)	2025 (next year)
<p><b>Home medical care not covered by Medicare (advanced care at home)</b>                      Medical care in your home that is not otherwise covered by Medicare when found medically appropriate by a physician based on your health status, to provide you with an alternative to receiving acute care in a hospital, including the following services and items <b>in accord with your home treatment plan:</b></p> <ul style="list-style-type: none"> <li>• Communication devices to allow for member contact with our network provider's command center 24 hours a day, 7 days a week.</li> <li>• Certain equipment to ensure appropriate member monitoring in the home.</li> <li>• Certain safety items.</li> <li>• Meals while receiving acute care in the home.</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Certain Medicare-covered services and items prescribed as part of your home treatment plan, including, but not limited to, acute care, emergency department visits, home visits by certain healthcare professionals, imaging and tests such as X-rays and EKGs, and medical supplies.</li> </ul>	<p><b>Not covered.</b></p> <p>You pay the applicable cost-sharing described in your 2024 <i>Evidence of Coverage</i>, Chapter 4, Medical Benefits Chart.</p>	<p>You pay <b>\$0</b> when prescribed as part of your home treatment plan, otherwise not covered (see the <i>Evidence of Coverage</i> for details).</p> <p>You pay <b>\$0</b> when prescribed as part of your home treatment plan, otherwise you pay the applicable cost share (see the 2025 <i>Evidence of Coverage</i>, Chapter 4, Medical Benefits Chart, for details).</p>

Cost	2024 (this year)	2025 (next year)
<p><b>Medicare Explorer by Kaiser Permanente (point-of-service supplemental benefit)</b> See the <i>Evidence of Coverage</i> for details.</p>		
<ul style="list-style-type: none"> <li>• Ultrasounds.</li> </ul>	You pay <b>\$40</b> per ultrasound.	You pay <b>\$50</b> per ultrasound.
<p><b>Medicare Part B Generic Drugs</b> Up to a 30-day supply from a network preferred pharmacy.</p>		
<p><b>Medicare Part B Brand Drugs</b> Up to a 30-day supply from a network preferred pharmacy.</p>	You pay <b>\$5</b> per prescription.	You pay <b>\$3</b> per prescription.
<p><b>Medicare Part B Brand Drugs</b> Up to a 30-day supply from a network preferred pharmacy.</p>	You pay <b>\$40</b> per prescription, except you pay \$35 for Part B insulin drugs furnished through an item of DME.	You pay <b>\$45</b> per prescription, except you pay \$35 for Part B insulin drugs furnished through an item of DME.
<p><b>Outpatient Hospital Services</b></p>		
<p><b>Prior authorization from our plan</b> Prior authorization must be obtained from our plan by your provider before you receive the following services:</p>	You pay <b>\$225</b> per visit.	You pay <b>\$250</b> per visit.
<p>Diabetic Therapeutic Shoes and Inserts</p>	Prior authorization is not required.	Prior authorization is required.
<p><b>Referrals from your PCP</b> Referrals are needed from your PCP before you can get care for the following Medicare-covered services:</p>		
<ul style="list-style-type: none"> <li>• Specialist Office Visit</li> </ul>	Referral not required.	Referral required for allergy, dermatology, and urology specialists.
<ul style="list-style-type: none"> <li>• Routine Foot Care Visit</li> </ul>	Referral required.	Referral not required.

Cost	2024 (this year)	2025 (next year)
<b>Skilled Nursing Facility (SNF) Care</b>	Per benefit period, you pay <b>\$0</b> for days <b>1-20</b> , <b>\$203</b> per day for days <b>21-45</b> , and <b>\$0</b> for days <b>46-100</b> .	Per benefit period, you pay <b>\$0</b> for days <b>1-20</b> , <b>\$203</b> per day for days <b>21-41</b> , and <b>\$0</b> for days <b>42-100</b> .
<b>Transportation Services</b> See the <i>Evidence of Coverage</i> for more information.	You pay <b>\$0</b> for up to <b>8</b> one-way trips per calendar year (limited to <b>55</b> miles one-way).	You pay <b>\$0</b> for up to <b>18</b> one-way trips per calendar year (limited to <b>65</b> miles one-way).
<b>Ultrasounds</b>	You pay <b>\$40</b> per procedure, per body part studied.	You pay <b>\$50</b> per procedure, per body part studied.
<p><b>Advantage Plus Option 1 (optional supplemental benefits)</b></p> <p>This change only applies to members who have signed up for optional supplemental benefits, called Advantage Plus Option 1, for an additional monthly premium.</p>		
<ul style="list-style-type: none"> <li>In-Home Support.</li> </ul>	<b>Covered.</b>	<b>Not covered</b> as part of our Advantage Plus Option 1 package. However, you receive this benefit if you enroll in Advantage Plus Option 2.

Cost	2024 (this year)	2025 (next year)
<b>Advantage Plus Option 2 (optional supplemental benefits)</b>		
<ul style="list-style-type: none"> <li>In-Home Support.</li> </ul>	You receive 8 hours of non-medical, in-home support services per month to address assistance with ADLs and IADLs within the home. Each visit must be at least 2 hours.	You receive 60 hours of non-medical, in-home support services per year to address assistance with ADLs and IADLs within the home. Each visit must be at least 3 hours and there is a maximum of 8 hours per shift.

## 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 the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

### Changes to Prescription Drug Benefits and 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, 2024, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

**Changes to the Deductible Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 1: Yearly Deductible Stage</b></p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>	<p>Because we have no deductible, this payment stage does not apply to you.</p>

**Changes to Your Cost-Sharing in the Initial Coverage Stage**

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>During this stage, our plan pays its share of the cost of your drugs, and <b>you pay your share of the cost.</b></p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on our “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1 – Preferred Generic drugs:</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> <p>Tier 2 – Generic drugs:</p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$5</b> per prescription. You pay <b>\$5</b> per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is <b>\$0</b>.</li> <li>• Standard cost-sharing: You pay <b>\$20</b> per prescription.</li> </ul> <p>Tier 3 – Preferred Brand drugs:</p>	<p>Your cost for a one-month supply is:</p> <p>Tier 1 – Preferred Generic drugs:</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> <p>Tier 2 – Generic drugs:</p> <ul style="list-style-type: none"> <li>• Preferred cost-sharing: You pay <b>\$3</b> per prescription. You pay <b>\$3</b> per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is <b>\$0</b>.</li> <li>• Standard cost-sharing: You pay <b>\$20</b> per prescription.</li> </ul> <p>Tier 3 – Preferred Brand drugs:</p>

Stage	2024 (this year)	2025 (next year)
	<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. Your cost for a one-month mail-order prescription is <b>\$40</b>.</li> <li>Standard cost-sharing: You pay <b>\$47</b> per prescription.</li> </ul> <p>Tier 4 – Non-Preferred drugs:</p>	<ul style="list-style-type: none"> <li>Preferred cost-sharing: You pay <b>\$45</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is <b>\$45</b>.</li> <li>Standard cost-sharing: You pay <b>\$47</b> per prescription.</li> </ul> <p>Tier 4 – Non-Preferred drugs:</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. Your cost for a one-month mail-order prescription is <b>\$80</b>.</li> <li>Standard cost-sharing: You pay <b>\$100</b> per prescription.</li> </ul> <p>Tier 5 – Specialty Tier drugs:</p> <ul style="list-style-type: none"> <li>You pay <b>33%</b> of the total cost.</li> </ul>	<ul style="list-style-type: none"> <li>Preferred cost-sharing: You pay <b>\$90</b> per prescription. You pay <b>\$35</b> per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is <b>\$90</b>.</li> <li>Standard cost-sharing: You pay <b>\$100</b> per prescription.</li> </ul> <p>Tier 5 – Specialty Tier drugs:</p> <ul style="list-style-type: none"> <li>You pay <b>33%</b> of the total cost.</li> </ul>
	<p>Tier 6 – Injectable Part D vaccines:</p> <ul style="list-style-type: none"> <li>You pay <b>\$0</b> per prescription.</li> </ul> <p>Once your total drug costs have reached <b>\$5,030</b>, you</p>	<p>Tier 6 – Injectable Part D vaccines:</p> <ul style="list-style-type: none"> <li>You pay <b>\$0</b> per prescription.</li> </ul> <p>Once you have paid <b>\$2,000</b> out of pocket for Part D</p>



Stage	2024 (this year)	2025 (next year)
	will move to the next stage (the Coverage Gap Stage).	drugs, you will move to the next stage (the Catastrophic Coverage Stage).

### Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across <b>monthly payments that vary throughout the year</b> (January - December). To learn more about this payment option, please contact us at 1-800-476-2167 or visit <a href="http://www.medicare.gov">www.medicare.gov</a>.</p>

## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in Kaiser Permanente Senior Advantage Bronze DM

**To stay in our plan, you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Kaiser Permanente Senior Advantage Bronze DM.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change plans for 2025 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 2025* 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 Kaiser Permanente Senior Advantage Bronze DM.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Kaiser Permanente Senior Advantage Bronze DM.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.

- – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

## **SECTION 4 Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

### **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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## **SECTION 5 Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In 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 6 Programs That Help Pay for Prescription Drugs

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

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **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. To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured 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, how to enroll in the program, or if you are currently enrolled, how to continue receiving assistance, call **Bridging the Gap Colorado** at 1-303-692-2716. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn’t save you money or lower your drug costs.**

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All

members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-476-2167 or visit [www.medicare.gov](http://www.medicare.gov).

## **SECTION 7 Questions?**

### **Section 7.1 – Getting Help from Our Plan**

Questions? We're here to help. Please call Member Services at 1-800-476-2167. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

#### **Read your 2025 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 2025. For details, look in the *2025 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/eocco](http://kp.org/eocco). 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](http://kp.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs (Formulary/Drug List)*.

### **Section 7.2 – Getting Help from Medicare**

To get information directly from Medicare:

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

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

#### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://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](http://www.medicare.gov/plan-compare).

#### **Read Medicare & You 2025**

Read the *Medicare & You 2025* 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

Method	Member Services – contact information
<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>	<a href="http://kp.org">kp.org</a>