

Kaiser Permanente Dual Complete South P1 (HMO D-SNP) offered by Kaiser Foundation Health Plan, Inc. Southern California Region

Annual Notice of Changes for 2025

Introduction

You are currently enrolled as a member of our plan. Next year, there will be some changes to our benefits, coverage, rules, and costs. This *Annual Notice of Changes* tells you about the changes and where to find more information about them. To get more information about costs, benefits, or rules please review the *Member Handbook*, which is located on our website at kp.org/eocscal. Key terms and their definitions appear in alphabetical order in the last chapter of your *Member Handbook*.

Additional resources

- This document is available for free in Arabic, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese.
- You can get this *Annual Notice of Changes* for free in other formats, such as large print, braille, audio file, or data CD. Call 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. This call is free.
- Call 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week, to request the following:
 - Preferred language other than English and/or alternate format.
 - A standing request for future mailings and communications, **and**
 - Change a standing request for preferred language and/or format.

OMB Approval 0938-1444 (Expires June 30, 2026)



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

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A. Disclaimers

- ❖ 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.
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B. Reviewing your Medicare and Medi-Cal coverage for next year

It is important to review your coverage now to make sure it will still meet your needs next year. If it doesn't meet your needs, you may be able to leave our plan. Refer to **Section E** for more information on changes to your benefits for next year.

If you choose to leave our plan, your membership will end on the last day of the month in which your request was made. You will still be in the Medicare and Medi-Cal programs as long as you are eligible.

If you leave our plan, you can get information about your:

- Medicare options in the table in **Section G2**.
- Medi-Cal options and services in **Section G2**.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

B1. Information about our plan

- Kaiser Permanente is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- Coverage under Kaiser Permanente Dual Complete South P1 Plan is qualifying health coverage called “minimum essential coverage.” It satisfies the Patient Protection and Affordable Care Act’s (ACA) individual shared responsibility requirement. Visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information on the individual shared responsibility requirement.
- When this *Annual Notice of Changes* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

B2. Important things to do

- **Check if there are any changes to our benefits and costs that may affect you.**
 - Are there any changes that affect the services you use?
 - Review benefit and cost changes to make sure they will work for you next year.
 - Refer to **Section E1** for information about benefit and cost changes for our plan.
- **Check if there are any changes to our prescription drug coverage that may affect you.**
 - Will your drugs be covered? Are they in a different cost-sharing tier? Can you use the same pharmacies? Will there be any changes such as prior authorization?
 - Review changes to make sure our drug coverage will work for you next year.
 - Refer to **Section E2** for information about changes to our drug coverage.
 - Your drug costs may have risen since last year.
 - Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year.
 - Keep in mind that your plan benefits determine exactly how much your own drug costs may change.
- **Check if your providers and pharmacies will be in our network next year.**
 - Are your doctors, including your specialists, in our network? What about your pharmacy? What about the hospitals or other providers you use?
 - Refer to **Section D** for information about our *Provider and Pharmacy Directory*.
- **Think about your overall costs in the plan.**
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How do the total costs compare to other coverage options?
- **Think about whether you are happy with our plan.**



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

If you decide to stay with Kaiser Permanente Dual Complete South P1:

If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Kaiser Permanente Dual Complete South P1.

If you decide to change plans:

If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month.

C. Changes to our plan name

On January 1, 2025, our plan name changes from Kaiser Permanente Senior Advantage Medicare Medi-Cal South P1 to Kaiser Permanente Dual Complete South P1.

You will receive a new ID card by January 2025.

D. Changes to our network providers and pharmacies

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Our plan has a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our provider and pharmacy networks have changed for 2025.

Please review the 2025 Provider and Pharmacy Directory to find out if your providers or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at kp.org/directory. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

It's important that you know that we may also make changes to our network during the year. If your provider leaves our plan, you have certain rights and protections. For more information, refer to **Chapter 3** of your *Member Handbook*.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

E. Changes to benefits and costs for next year

E1. Changes to benefits and costs for medical services

We're changing our coverage for certain medical services and what you pay for these covered medical services next year. The table below describes these changes.

	2024 (this year)	2025 (next year)
Ambulance Services	\$0 if you are eligible for Medicare cost-sharing assistance under Medi-Cal. Otherwise, you pay \$150 per one-way trip.	\$0 if you are eligible for Medicare cost-sharing assistance under Medi-Cal. Otherwise, you pay \$50 per one-way trip.
Dental Services Preventive and comprehensive dental services covered through the DeltaCare® USA Dental HMO Program.	You pay \$0 .	Not covered. You will continue to have dental services covered through your Medi-Cal dental plan.
Fitness benefit	You pay \$0 for the Silver&Fit® Healthy Aging and Exercise Program that includes a basic gym membership, online fitness classes and resources, and home fitness kits (one of which includes an activity tracker).	You pay \$0 for the One Pass™ fitness program that includes access to in-network gyms, online fitness classes and resources, home fitness kits, and an online brain health program.
Over the Counter (OTC) Health and Wellness We cover OTC items listed in our OTC catalog for free home delivery.	You may order OTC items up to the \$250 quarterly benefit limit.	You may order OTC items up to the \$200 quarterly benefit limit.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. For more information, visit kp.org/medicare.

E2. Changes to prescription drug coverage

Changes to our *Drug List*

An updated *List of Covered Drugs* is located on our website at kp.org/seniorrx. You may also call Member Services at the numbers at the bottom of the page for updated drug information or to ask us to mail you a *List of Covered Drugs*.

We made changes to our *Drug List*, which could include removing or adding drugs, changing drugs we cover and changes to the restrictions that apply to our coverage for certain drugs or if your drug has been moved to a different cost-sharing tier.

Review the *Drug List* to **make sure your drugs will be covered next year** and to find out if there are 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 are allowed by Medicare and/or the state 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 a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage, we encourage you to:

- Work with your doctor (or other prescriber) to find a different drug that we cover.
 - You can call Member Services at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
 - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
 - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.
 - This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
 - When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.
 - All currently approved formulary exceptions expire at the end of each calendar year and must be resubmitted for approval at the beginning of the new year.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

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 rules as the brand name drug it replaces. Also, when adding a new generic drug, 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 rules 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 *Member Handbook*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Refer to the FDA website: www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services at the number at the bottom of the page or ask your health care provider, prescriber, or pharmacist for more information.


Changes to prescription drug costs

There are two payment stages for your Medicare Part D prescription drug coverage under our plan. How much you pay depends on which stage you are in when you get a prescription filled or refilled. These are the two stages:

<p style="text-align: center;">Stage 1 Initial Coverage Stage</p>	<p style="text-align: center;">Stage 2 Catastrophic Coverage Stage</p>
<p>During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.</p> <p>You begin this stage when you fill your first prescription of the year.</p>	<p>During this stage, the plan pays all of the costs of your drugs through December 31, 2025.</p> <p>You begin this stage after you pay a certain amount of out-of-pocket costs.</p>

The Initial Coverage Stage ends when your total out-of-pocket costs for prescription drugs reaches **\$2,000**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you will pay for prescription drugs.

Beginning in 2025, under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage.

 **If you have questions**, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

Discounts paid by manufacturers under the Manufacturer Discount program do not count toward out-of-pocket costs.

E3. Stage 1: “Initial Coverage Stage”

During the Initial Coverage Stage, our plan pays a share of the cost of your covered prescription drugs, and you pay your share. Your share is called the copay. The copay depends on what cost-sharing tier the drug is in and where you get it. You pay a copay each time you fill a prescription. If your covered drug costs less than the copay, you pay the lower price.

For information about the costs for a long-term supply look in **Chapter 6, Section D** of your *Member Handbook*.

We moved some of the drugs on our Drug List to a lower or higher drug tier. If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*. Most adult Part D vaccines are covered at no cost to you.

The following table shows your costs for drugs in each of our five drug tiers. These amounts apply **only** during the time when you’re in the Initial Coverage Stage.

	2024 (this year)	2025 (next year)
<p>Drugs in Tiers 1-2 (includes generic drugs) Cost for a one-month supply of a drug in Tiers 1 and 2 that are filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day supply) is \$0-\$4.50 per prescription, depending on your level of “Extra Help.”</p>	<p>Your copay for a one-month (30-day supply) is \$0-\$4.90 per prescription, depending on your level of “Extra Help.”</p>
<p>Drugs in Tiers 3-5 (includes brand-name and specialty drugs) Cost for a one-month supply of a drug in Tiers 3 through 5 that are filled at a network pharmacy</p>	<p>Your copay for a one-month (30-day supply) is \$0-\$11.20 per prescription, depending on your level of “Extra Help.”</p>	<p>Your copay for a one-month (30-day supply) is \$0-\$12.15 per prescription, depending on your level of “Extra Help.”</p>

The Initial Coverage Stage ends when your total out-of-pocket costs reach **\$2,000**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for prescription drugs.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

E4. Stage 2: “Catastrophic Coverage 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.

When you reach the out-of-pocket limit **\$2,000** for your prescription drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

For more information about your costs in the Catastrophic Coverage stage, refer to **Chapter 6** of your *Member Handbook*.

F. Administrative changes

In addition, there is an administrative change next year. The table below describes the change.

	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. To learn more about this program, please contact us at the number at the bottom of the page or visit www.medicare.gov .

G. Choosing a plan

G1. Staying in our plan

We hope to keep you as a plan member. You do not have to do anything to stay in our plan. If you do **not** change to another Medicare plan, or change to Original Medicare, you automatically stay enrolled as a member of our plan for 2025.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

G2. Changing plans

Most people with Medicare can end their membership during certain times of the year. Because you have Medi-Cal, you can end your membership in our plan any month of the year.

In addition, you may end your membership in our plan during the following periods:

- The **Annual Enrollment Period**, which lasts from October 15 to December 7. If you choose a new plan during this period, your membership in our plan ends on December 31 and your membership in the new plan starts on January 1.
- The **Medicare Advantage (MA) Open Enrollment Period**, which lasts from January 1 to March 31. If you choose a new plan during this period, your membership in the new plan starts the first day of the next month.

There may be other situations when you are eligible to make a change to your enrollment. For example, when:

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or are currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can change plans or change to Original Medicare for two full months after the month you move out.

Your Medicare services

You have three options for getting your Medicare services listed below any month of the year. You have an additional option listed below during certain times of the year including the **Annual Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G2**. By choosing one of these options, you automatically end your membership in our plan.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

1. You can change to:

A Medicare Medi-Cal Plan (Medi-Medi Plan) is a type of Medicare Advantage plan. It is for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services.

Note: The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California.

Here is what to do:

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

For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit [www.aging.ca.gov/Programs and Services/Medicare Counseling/](http://www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/).

OR

Enroll in a new Medi-Medi Plan.

You will automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

<p>2. You can change to:</p> <p>Original Medicare with a separate Medicare prescription drug plan</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. <p>OR</p> <p>Enroll in a new Medicare prescription drug plan.</p> <p>You will automatically be disenrolled from our plan when your Original Medicare coverage begins.</p> <p>Your Medi-Cal plan will not change unless you request a change.</p>
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If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

3. You can change to:

Original Medicare without a separate Medicare prescription drug plan

NOTE: 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 tell Medicare you don't want to join.

You should only drop prescription drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

Here is what to do:

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

If you need help or more information:

- Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

You will automatically be disenrolled from our plan when your Original Medicare coverage begins.

Your Medi-Cal plan will not change unless you request a change.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

<p>4. You can change to:</p> <p>Any Medicare health plan during certain times of the year including the Annual Enrollment Period and the Medicare Advantage Open Enrollment Period or other situations described in Section A.</p>	<p>Here is what to do:</p> <p>Call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.</p> <p>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).</p> <p>If you need help or more information:</p> <ul style="list-style-type: none">• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8:00 a.m. to 5:00 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs and Services/Medicare Counseling/. <p>OR</p> <p>Enroll in a new Medicare plan.</p> <p>You are automatically disenrolled from our Medicare plan when your new plan's coverage begins.</p> <p>Your Medi-Cal plan may change.</p>
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Your Medi-Cal services

For questions about how to choose a Medi-Cal plan or get your Medi-Cal services after you leave our plan, contact Health Care Options at 1-800-430-4263, Monday – Friday, from 8:00 a.m. to 6:00 p.m. TTY users should call 1-800-430-7077. Ask how joining another plan or returning to Original Medicare affects how you get your Medi-Cal coverage.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

H. Getting help

H1. Our plan

We're here to help if you have any questions. Call Member Services at the numbers at the bottom of the page during the days and hours of operation listed. These calls are toll-free.

Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2025. It explains your rights and the rules to follow to get services and prescription drugs we cover.

The *Member Handbook* for 2025 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at kp.org/eocscal. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2025.

Our website

You can visit our website at kp.org. As a reminder, our website has the most up-to-date information about our provider and pharmacy network (*Provider and Pharmacy Directory*) and our *Drug List (List of Covered Drugs)*.

H2. Health Insurance Counseling and Advocacy Program (HICAP)

You can also call the State Health Insurance Assistance Program (SHIP). In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP). HICAP counselors can help you understand your plan choices and answer questions about switching plans. HICAP is not connected with us or with any insurance company or health plan. HICAP has trained counselors in every county, and services are free. HICAP's phone number is 1-800-434-0222. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.

H3. Ombuds Program

The Medicare Medi-Cal Ombuds Program can help you if you have a problem with our plan. The ombudsman's services are free and available in all languages. The Medicare Medi-Cal Ombuds Program:

- works as an advocate on your behalf. They can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

- is not connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombuds Program is 1-855-501-3077.

H4. Medicare

To get information directly from Medicare, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Medicare's Website

You can visit the Medicare website (www.medicare.gov). If you choose to disenroll from our plan and enroll in another Medicare plan, the Medicare website has information about costs, coverage, and quality ratings to help you compare plans.

You can find information about Medicare plans available in your area by using Medicare Plan Finder on Medicare's website. (For information about plans, refer to www.medicare.gov and click on "Find plans.")

Medicare & You 2025

You can read the *Medicare & You 2025* handbook. Every year in the fall, this booklet 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. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (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.

H5. California Department of Managed Health Care

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-443-0815** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a **toll-free telephone number (1-888-466-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's internet website www.dmhca.gov has complaint forms, IMR application forms and instructions online. Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan may help you manage your drug costs by spreading them out during the year as monthly payments. This program does not lower your total out-of-pocket costs. “Extra Help” from Medicare and help from your state’s pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan alone. All enrollees are eligible to participate in this program, regardless of income level. To learn more about this program please contact us at the phone number at the bottom of this page or visit [Medicare.gov](https://www.Medicare.gov).



If you have questions, please call Member Services at 1-800-443-0815 (TTY 711), 8 a.m. to 8 p.m., 7 days a week. The call is free. **For more information**, visit kp.org/medicare.

Nondiscrimination Notice

Discrimination is against the law. Kaiser Permanente¹ 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, 24 hours a day, 7 days a week (closed holidays). The call is free:

- Medi-Cal: **1-855-839-7613** (TTY 711)
- All others: **1-800-464-4000** (TTY 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. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Medi-Cal members may call **1-855-839-7613** (TTY 711). All other members may call **1-800-464-4000** (TTY 711). Help is available 24 hours a day, 7 days a week (closed holidays)
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.

¹ Kaiser Permanente is inclusive of Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, and the Southern California Medical Group

- **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 Coordinator 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:

<https://www.hhs.gov/ocr/complaints/index.html>

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

Notice of Availability

ATTENTION: If you need help in your language, call **1-800-443-0815** (TTY 711). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call **1-800-443-0815** (TTY 711). These services are free.

ARABIC

تنبيه: إذا كنت بحاجة إلى المساعدة بلغتك، فاتصل على الرقم **1-800-443-0815** (TTY 711). وتتوفر لدينا أيضًا مساعدات وخدمات للأشخاص الذين يعانون إعاقات، مثل مستندات بلغة برايل والطباعة بخط كبير. اتصل بالرقم **1-800-443-0815** (TTY 711). هذه الخدمات مجانية.

ARMENIAN

ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե ձեր լեզվով օգնության կարիք ունեք, զանգահարեք **1-800-443-0815** (TTY` 711): Հասանելի են նաև աջակցություն և ծառայություններ հաշմանդամություն ունեցող անձանց համար, ինչպես օրինակ՝ բրեյլով փաստաթղթեր կամ մեծ տառատեսակով: Զանգահարեք **1-800-443-0815** (TTY` 711): Այս ծառայություններն անվճար են:

CHINESE

請注意：如果您需要語言協助，請致電**1-800-443-0815** (TTY 711)。身障人士亦有提供協助和服務，例如點字和大字體的文件。請致電**1-800-443-0815** (TTY 711)。以上服務為免費提供。

HINDI

ध्यान दें: यदि आपको अपनी भाषा में सहायता चाहिए, तो

1-800-443-0815 (TTY 711) पर कॉल करें। विकलांग व्यक्तियों के लिए सहायताएँ और सेवाएँ, जैसे कि ब्रेल और बड़े प्रिंट में दस्तावेज़, भी उपलब्ध हैं। **1-800-443-0815 (TTY 711)** पर कॉल करें। ये सेवाएँ मुफ्त हैं।

HMONG

CEEB TOOM: Yog koj xav tau kev pab ua koj yam lus, hu rau **1-800-443-0815 (TTY 711)**. Kuj muaj cov kev pab cuam rau cov neeg uas muaj kev xiam oob qhab, xws li cov ntawv xuas rau cov dig muag thiab cov ntawv luam loj. Hu

1-800-443-0815 (TTY 711). Cov kev pab cuam no yog muab pab dawb.

JAPANESE

注意：言語でのサポートをご希望の場合は、**1-800-443-0815 (TTY 711)**までご連絡ください。点字を用いた資料や大きな文字で書かれた資料など、障害を持つお客様向けの支援とサービスをご利用いただけます。**1-800-443-0815 (TTY 711)**までご連絡ください。これらのサービスは、無料をご利用いただけます。

KOREAN

주의: 귀하의 언어로 도움이 필요하시면 **1-800-443-0815 (TTY 711)**번으로 전화하십시오. 점자 및 큰 활자로 된 문서 등 장애인을 위한 지원 및 서비스도 제공됩니다. **1-800-443-0815 (TTY 711)** 번으로 전화하십시오. 이러한 서비스는 무료입니다.

LAOTIAN

ໝາຍເຫດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານ, ກະລຸນາໂທຫາ **1-800-443-0815 (TTY 711)**. ການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການແມ່ນມີໃຫ້ສໍາລັບຄົນທີ່ມີຄວາມພິການນໍາ ເຊັ່ນ: ເອກະສານເປັນຕົວໜັງສືນູນ ແລະ ຕົວໜັງສືໃຫຍ່. ກະລຸນາໂທຫາ **1-800-443-0815 (TTY 711)**. ການບໍລິການເຫຼົ່ານີ້ແມ່ນບໍ່ມີຄ່າໃຊ້ຈ່າຍ.

MIEN

Tov Doqc Mv Deix Jienv Nyei Waac Tengx Meih Mbuo Oc: Hnaangv meih aqv zuqc longc tengx yiem meih haaih gorngv nyei waac nor, heuc **1-800-443-0815 (TTY 711)**. Meih nyei sin zaangc yaac maaih baengc zoux aaqc bun meih, aeqv meih aqv zuqc longc dieh nyungc ga'naaiv tengx nor heuc **1-800-443-0815 (TTY 711)**. Yie mbuo yaac maaih camv-nyungc tengx nyei jauv nyei. Hnaangv beiv taux meih zing mbuov aqv zuqc longc zing mbuov mienh nyei sou, faai sou maaih nzangc-maac hlo nyei bun mienh duqv buaatc njang deix. Naaiv tengx nyei jauv naaic mv zuqc cuotv nyaanh oc.

MON-KHMER/CAMBODIAN

យកចិត្តទុកដាក់: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមហៅទូរសព្ទទៅលេខ **1-800-443-0815 (TTY 711)**។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្នាប និងអក្សរធំៗក៏មានផងដែរ។ ហៅទូរសព្ទទៅលេខ **1-800-443-0815 (TTY 711)**។ សេវាកម្មទាំងនេះមិនគិតថ្លៃទេ។

PERSIAN/FARSI

توجه: در صورت نیاز به کمک به زبان خود، با شماره **1-800-443-0815** (TTY 711) تماس بگیرید. کمک‌ها و خدمات برای افراد دچار معلولیت، مانند اسناد با خط بریل و چاپ بزرگ نیز در دسترس است. با شماره **1-800-443-0815** (TTY 711) تماس بگیرید. این خدمات رایگان است.

PUNJABI

ਧਿਆਨ ਦਿਓ: ਜੇਕਰ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ **1-800-443-0815** (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਵਿਕਲਾਂਗ ਵਿਅਕਤੀਆਂ ਲਈ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਵੀ ਉਪਲਬਧ ਹਨ। **1-800-443-0815** (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

RUSSIAN

ВНИМАНИЕ! Если вам нужна помощь на вашем языке, позвоните на номер **1-800-443-0815** (TTY 711). Также доступны вспомогательные средства и услуги для людей с инвалидностью, такие как документы, напечатанные шрифтом Брайля и крупным шрифтом. Звоните на номер **1-800-443-0815** (TTY 711). Эти услуги бесплатны.

SPANISH

ATENCIÓN: Si necesita ayuda en su idioma, llame al **1-800-443-0815** (TTY 711). Se encuentran disponibles ayudas y servicios para personas con discapacidad, como documentos en braille y letra grande. Llame al **1-800-443-0815** (TTY 711). Estos servicios no tienen costo.

TAGALOG

PAUNAWA: Kung kinakailangan mo ng tulong sa iyong wika, tumawag sa **1-800-443-0815** (TTY **711**). Available din ang mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumento sa braille at malaking letra. Tumawag sa **1-800-443-0815** (TTY **711**). Libre ang mga serbisyong ito

THAI

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาติดต่อที่หมายเลข **1-800-443-0815** (TTY **711**) นอกจากนี้ยังมีการให้ความช่วยเหลือและบริการแก่คนพิการ เช่น เอกสารอักษรเบรลล์และตัวพิมพ์ขนาดใหญ่อีกด้วย ติดต่อที่หมายเลข **1-800-443-0815** (TTY **711**) บริการเหล่านี้ไม่มีค่าใช้จ่าย

UKRAINIAN

УВАГА! Якщо вам потрібна допомога вашою мовою, телефонуйте за номером **1-800-443-0815** (TTY **711**). Також доступні допоміжні засоби й послуги для людей з інвалідністю, наприклад документи, надруковані шрифтом Брайля чи великим шрифтом. Телефонуйте за номером **1-800-443-0815** (TTY **711**). Ці послуги безкоштовні.

VIETNAMESE

CHÚ Ý: Nếu quý vị cần sự trợ giúp bằng ngôn ngữ của mình, hãy gọi **1-800-443-0815** (TTY **711**). Phương tiện trợ giúp và dịch vụ dành cho người khuyết tật, ví dụ như văn bản bằng chữ nổi Braille hoặc chữ cỡ lớn cũng được cung cấp. Xin gọi **1-800-443-0815** (TTY **711**). Những dịch vụ này được cung cấp miễn phí.

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 2025 directories are available online starting 10/15/2024 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 2025 formulary is available online starting 10/15/2024 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/eocncal or kp.org/eocscal to view your **EOC** online (Note: the 2025 **EOC** is available online starting 10/15/2024 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.