

**Kaiser Permanente Dual Complete Pueblo (HMO D-SNP) Offered by Kaiser Foundation Health Plan of Colorado (Dual Complete Pueblo)**

## **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Kaiser Permanente Senior Advantage Medicare Medicaid Pueblo. Next year, there will be changes to our plan's costs and benefits. ***Please see page 5 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*.

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

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

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

- If you don't join another plan by December 7, 2024, you will stay in Kaiser Permanente Dual Complete Pueblo.
- 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 Dual Complete Pueblo.
- Look in Section 5, page 18, to learn more about your choices.
- 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**

- Please contact our Member Services number at 1-800-476-2167 for additional information. (TTY users should call 711) Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This document is available in braille, large print, 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 Dual Complete Pueblo**

- Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal.
- Kaiser Permanente's pharmacy network includes limited lower-cost, preferred pharmacies in El Paso, Fremont, Pueblo and Teller counties in Colorado. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-476-2167 (TTY 711), 7 days a week, 8 a.m. to 8 p.m., or consult the online pharmacy directory at [kp.org/directory](http://kp.org/directory).

- 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 Dual Complete Pueblo.

***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 Dual Complete Pueblo in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly plan premium*</b></p> <p>* Your premium may be higher than this amount. (See Section 2.1 for details.)</p>	<p><b>\$43.00</b> if you do not qualify for “Extra Help.”</p>	<p><b>\$0</b></p>
<p><b>Doctor office visits</b></p>	<p>Primary care visits: <b>\$0</b></p> <p>Specialist visits: <b>\$0</b></p>	<p>Primary care visits: <b>\$0</b></p> <p>Specialist visits: <b>\$0</b></p>
<p><b>Inpatient hospital stays</b></p>	<p>Per admission, <b>\$0</b> or <b>\$195</b> per day for days 1–5 (<b>\$0</b> for the rest of your stay). If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay <b>\$0</b> per visit.</p>	<p><b>\$0</b></p>
<p><b>Part D prescription drug coverage</b></p> <p>(See Section 2.5 for details.)</p>	<p>The deductible is <b>\$545</b>, except for covered insulin products and most adult Part D vaccines.</p> <p>Cost-sharing during the Initial Coverage Stage (up to a 30-day supply) if you do not qualify for “Extra Help”: <b>25%</b></p> <p>You pay <b>\$35</b> per month supply of each covered insulin product.</p> <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> <li>During this payment stage, our plan pays the full cost for your</li> </ul>	<p>The deductible is <b>\$590</b> (Tiers 1, 2, 3, 4, and 5), except for covered insulin products and most adult Part D vaccines.</p> <p>Cost-sharing during the Initial Coverage Stage (up to a 30-day supply) if you do not qualify for “Extra Help”:</p> <p>Drug Tier 1: <b>22%</b></p> <p>You pay <b>\$34</b> per month supply of each covered insulin product on this tier.</p>

Cost	2024 (this year)	2025 (next year)
	<p>covered Part D drugs. You pay nothing.</p>	<p>Drug Tier 2: <b>23%</b> You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 3: <b>24%</b> You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 4: <b>25%</b> You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 5: <b>25%</b> You pay <b>\$35</b> per month supply of each covered insulin product on this tier.</p> <p>Drug Tier 6: <b>\$0</b></p> <p>Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.</p>
<p><b>Maximum out-of-pocket amount</b> 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><b>\$4,200</b> 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><b>\$9,350</b> 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 We Are Changing Our Plan’s Name**

On January 1, 2025, our plan name will change from Kaiser Permanente Senior Advantage Medicare Medicaid Pueblo to Kaiser Permanente Dual Complete Pueblo.

You will receive a new membership ID card by January 2025.

**SECTION 2 Changes to Benefits and Costs for Next Year**

**Section 2.1 – Changes to the Monthly Premium**

Cost	2024 (this year)	2025 (next year)
<p><b>Monthly premium</b>                      (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)</p>	<p><b>\$43.00</b> if you do not qualify for “Extra Help.”</p>	<p><b>\$0</b></p>

**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	2024 (this year)	2025 (next year)
<p><b>Maximum out-of-pocket amount</b>  <b>Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.</b>                      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 copays) count</p>	<p><b>\$4,200</b></p>	<p><b>\$9,350</b>                      Once you have paid \$9,350 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.</p>

Cost	2024 (this year)	2025 (next year)
toward your maximum out-of-pocket amount. 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

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.

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 a 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 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	2024 (this year)	2025 (next year)
<b>Dental Services – Preventive and Comprehensive – Benefit Limit</b> <ul style="list-style-type: none"> <li>Preventive and comprehensive dental</li> </ul>	You pay <b>\$0</b> for preventive and comprehensive dental services until the plan has paid <b>\$2,500 (combined annual benefit limit)</b> for both preventive and	You pay <b>\$0</b> for preventive and comprehensive dental services until the plan has paid <b>\$3,500 (combined annual benefit limit)</b> for both preventive and



Cost	2024 (this year)	2025 (next year)
<p>services combined annual benefit limit</p> <p>Please see the <i>Evidence of Coverage</i> for a full list of dental services.</p>	<p>comprehensive services when provided by Delta Dental Medicare Advantage PPO™ dentists (see the <i>Provider Directory</i> for network dentists). When you reach the <b>\$2,500</b> limit, you pay 100% for the rest of the year.</p>	<p>comprehensive services when provided by Delta Dental Medicare Advantage PPO™ dentists (see the <i>Provider Directory</i> for network dentists). When you reach the <b>\$3,000</b> limit, you pay 100% for the rest of the year.</p>
<p><b>Diabetic therapeutic shoes not covered by Medicare</b></p>	<p><b>Not covered.</b></p>	<p>You pay <b>20%</b> coinsurance for diabetic therapeutic shoes for peripheral neuropathy and peripheral vascular disease.</p>
<p><b>Emergency Department</b></p>	<p>You pay <b>\$0</b> or <b>\$120</b> per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay <b>\$0</b>.</p>	<p>You pay <b>\$0</b>.</p>
<p><b>Eyewear</b></p>	<p>We provide a <b>\$475</b> allowance every 12 months to purchase eyewear. If the eyewear you purchase costs more than \$475, you pay the difference.</p>	<p>We provide a <b>\$600</b> allowance every 12 months to purchase eyewear. If the eyewear you purchase costs more than \$600, you pay the difference.</p>
<p><b>Fitness Benefit</b></p>	<p>You pay <b>\$0</b> for the SilverSneakers fitness program that includes a basic gym membership, online fitness classes and resources, and home fitness kits.</p>	<p>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 kits, and an online brain health program.</p> <p><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.:</p>

Cost	2024 (this year)	2025 (next year)
		<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>Hearing Aids - Prescription</b>	You receive a <b>\$1,500</b> hearing aid allowance per ear every two years. If the hearing aid(s) you purchase costs more than <b>\$1,500</b> , you pay the difference.	You receive a <b>\$4,000</b> hearing aid allowance per ear every two years. If the hearing aid(s) you purchase costs more than <b>\$4,000</b> , you pay the difference.
<b>In-Home Support</b>	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.
<b>Inpatient Acute Care</b>	You pay <b>\$0</b> or <b>\$195</b> per day for days <b>1-5</b> ( <b>\$0</b> for the rest of your stay). If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay <b>\$0</b> .	You pay <b>\$0</b> .
<b>Inpatient Mental Health Care</b>	You pay <b>\$0</b> or <b>\$195</b> per day for days <b>1-5</b> ( <b>\$0</b> for the rest of your stay). If you are eligible for Medicare cost-sharing	You pay <b>\$0</b> .

Cost	2024 (this year)	2025 (next year)
	assistance under Medicaid, you pay <b>\$0</b> .	
<b>OTC Items</b> We cover OTC Items listed in our OTC catalog for free home delivery.	You may order OTC items up to the <b>\$100</b> quarterly benefit limit.	You may order OTC items up to the <b>\$150</b> quarterly benefit limit.
<b>Outpatient Hospital Services</b>	You pay <b>\$0</b> or <b>\$200</b> per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay <b>\$0</b> .	You pay <b>\$0</b> .
<b>Outpatient Surgery in an Ambulatory Surgical Center</b>	You pay <b>\$0</b> or <b>\$125</b> per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay <b>\$0</b> .	You pay <b>\$0</b> .
<b>Prior authorization from our plan</b>		
Prior authorization must be obtained from our plan by your provider before you receive the following services:		
Diabetic Therapeutic Shoes and Inserts	Prior authorization is not required.	Prior authorization is required.
<b>Referrals from your PCP</b>		
Referrals are needed from your PCP before you can get care for the following services:		
<ul style="list-style-type: none"> <li>Specialty Care Office Visit</li> </ul>	Referral not required.	Referral required for allergy, dermatology, and urology specialists.
<b>Skilled Nursing Facility (SNF) Care</b>	You pay <b>\$0</b> per day for days <b>1-20</b> , <b>\$0</b> or <b>\$203</b> per day for days <b>21-41</b> , and <b>\$0</b> per day for	You pay <b>\$0</b> .

Cost	2024 (this year)	2025 (next year)
	days <b>42-100</b> . If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay <b>\$0</b> .	
<b>Transportation Services</b>	You pay <b>\$0</b> for an unlimited number of one-way trips (limited to <b>55 miles</b> one-way).	You pay <b>\$0</b> for an unlimited number of one-way trips (limited to <b>65 miles</b> one-way).

## 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](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

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, 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 the 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>During this stage, <b>you pay the full cost</b> of your <b>Tier 1</b> (preferred generic), <b>Tier 2</b> (generic), <b>Tier 3</b> (preferred brand), <b>Tier 4</b> (non-preferred), and <b>Tier 5</b> (specialty) 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 <b>\$545</b>, if you do not qualify for "Extra Help."</p>	<p>The deductible is <b>\$590</b>, if you do not qualify for "Extra Help."</p> <p>During this stage, you pay the following cost-sharing for up to a 30-day supply:</p> <p><b>\$0</b> for drugs on <b>Tier 6</b>.</p> <p>You pay the full cost of drugs in <b>Tier 1</b> (preferred generic), <b>Tier 2</b> (generic), <b>Tier 3</b> (preferred brand), <b>Tier 4</b> (non-preferred), and <b>Tier 5</b> (specialty tier) drugs until you have reached the yearly deductible.</p>

### Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 6 – Injectable Part D vaccines, your cost sharing in the Initial Coverage Stage is changing from coinsurance to a copayment. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
<p><b>Stage 2: Initial Coverage Stage</b></p> <p>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</p>	<p>Your cost for a one-month supply, if you do not qualify for "Extra Help" is:</p> <ul style="list-style-type: none"> <li>You pay <b>25%</b> of the total cost. You pay <b>\$35</b> per month supply of each covered insulin product.</li> </ul>	<p>Your cost for a one-month supply, if you do not qualify for "Extra Help" is:</p> <ul style="list-style-type: none"> <li>Tier 1 – Preferred Generic drugs: You pay <b>22%</b> of the total cost. You pay <b>\$34</b> per month supply of each covered</li> </ul>

drugs, and **you pay your share of the cost.**

For 2024 you paid 25% coinsurance for drugs on Tier 6 – Injectable Part D vaccines, if you do not qualify for “Extra Help.” For 2025 you will pay a \$0 copayment for drugs on this tier.

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.”

Most adult Part D vaccines are covered at no cost to you.

Once your total drug costs have reached **\$5,030**, you will move to the next stage (the Coverage Gap Stage).

insulin product on this tier. Your cost for a one-month mail-order prescription is **22%** of the total cost.

- Tier 2 – Generic drugs: You pay **23%** of the total cost. You pay **\$35** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **23%** of the total cost.
- Tier 3 – Preferred Brand drugs: You pay **24%** of the total cost. You pay **\$35** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **24%** of the total cost.
- Tier 4 – Non-Preferred drugs: You pay **25%** of the total cost.
- Tier 5 – Specialty Tier drugs: You pay **25%** of the total cost.
- Tier 6 – Injectable Part D vaccines: You pay **\$0** per prescription.

Once you have paid **\$2,000** out of pocket for

Stage	2024 (this year)	2025 (next year)
		Part D 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 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
<b>Medicare Prescription Payment Plan</b>	Not applicable	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> .



## SECTION 4 Deciding Which Plan to Choose

### Section 4.1 – If you want to stay in Kaiser Permanente Dual Complete Pueblo

**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 Dual Complete Pueblo.

### 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 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.

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 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 Kaiser Permanente Dual Complete Pueblo.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Kaiser Permanente Dual Complete Pueblo.
- 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 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.

Because you have Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan,
- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can also 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 6 Programs That Offer Free Counseling about Medicare and Medicaid**

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)).

For questions about your Medicaid benefits, contact Health First Colorado (Colorado's Medicaid program) at 1-800-221-3943, Monday through Friday, 7:30 a.m. to 5:15 p.m., except 10 a.m. to 11 a.m. on Fridays. TTY users should call 711. Ask how joining another plan or returning to Original Medicare affects how you get your 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 Medicaid, you are already enrolled in “Extra Help,” also called the Low Income Subsidy. “Extra Help” pays some of your prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a 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 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 8 Questions?

### Section 8.1 – 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)*.

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## Section 8.2 – Getting Help from Medicare

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To get information directly from Medicare:

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

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

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](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.

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## Section 8.3 – Getting Help from Medicaid

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To get information from Medicaid, you can call Health First Colorado (Colorado's Medicaid program) toll-free at 1-800-221-3943, Monday through Friday, 8 a.m. to 4:30 p.m., except for state holidays. TTY users should call 711.



## Kaiser Permanente Dual Complete Pueblo 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>

# Notice of Nondiscrimination

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

We also:

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

If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity or gender expression, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at **[hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html)**.

## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-476-2167 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-476-2167 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-476-2167 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-476-2167 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-476-2167 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-476-2167 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-476-2167 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-476-2167 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.



**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-476-2167 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-476-2167 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-476-2167 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे या दवा की योजना के बारे में आपके किसी भी के जवाब देने के लिए हमारे पास मु दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया करने के लिए, बस हम **1-800-476-2167 (TTY 711)** पर फोन कर. कोई जो हिंदी बोलता है आपकी मदद कर सकता है. यह एक मु सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-476-2167 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-476-2167 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-476-2167 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-476-2167 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-476-2167 (TTY 711)**. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

# Plan Information

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

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## Provider Directories

If you need help finding a network provider or pharmacy, please visit [kp.org/directory](https://kp.org/directory) to search our online directory (Note: the 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 **1-800-476-2167** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

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## Medicare Part D Prescription Drug Formulary

Our formulary lists the Medicare Part D drugs we cover. The formulary may change at any time. You'll be notified when necessary. If you have a question about covered drugs, see our online formulary at [kp.org/seniorrx](https://kp.org/seniorrx) (Note: the 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 **1-800-476-2167** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

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## Evidence of Coverage (EOC)

Your **EOC** explains how to get medical care and prescription drugs covered through your plan. It explains your rights and responsibilities, what's covered, and what you pay as a Kaiser Permanente member. If you have a question about your coverage, visit [kp.org/eocsoco](https://kp.org/eocsoco) to view your **EOC** online (Note: the 2025 **EOC** for Southern Colorado 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 **1-800-476-2167** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.