

Kaiser Permanente Medicare Advantage High VA (HMO-POS) offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (High VA)

Annual Notice of Change for 2026

You're enrolled as a member of Kaiser Permanente Medicare Advantage High VA.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Kaiser Permanente Medicare Advantage High VA.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your Medicare & You 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at kp.org or call Member Services at 1-888-777-5536 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-888-777-5536 (TTY users call 711.) for more information. 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.

About Kaiser Permanente Medicare Advantage High VA

- Kaiser Permanente is an HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Medicare Advantage High VA (Kaiser Permanente Medicare Advantage).

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Kaiser Permanente Medicare Advantage High VA.** Starting January 1, 2026, you'll get your medical and drug coverage through Kaiser Permanente Medicare Advantage High VA. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$137	\$137
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$5,700	\$5,700
Primary care office visits	\$10 per visit.	\$5 per visit.
Specialist office visits	\$35 per visit.	\$30 per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're	Per admission, \$245 per day for days 1–6 (\$0 for the rest of your stay).	Per admission, \$290 per day for days 1–6 (\$0 for the rest of your stay).

	2025 (this year)	2026 (next year)
discharged is your last inpatient day.		
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$0	\$0
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Preferred cost-sharing during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: \$10 Drug Tier 3: \$42 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 6: \$0 Catastrophic Coverage Stage:	Preferred cost-sharing during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: \$10 Drug Tier 3: \$42 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 29% You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 6: \$0 Catastrophic Coverage Stage:

	2025 (this year)	2026 (next year)
	During this payment stage, you pay nothing for your covered Part D drugs.	During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$137	\$137
Additional premium for optional supplemental benefits (Advantage Plus Option 1) If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$18	\$18
Additional premium for optional supplemental benefits (Advantage Plus Option 2) If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$23	\$23

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be less if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,700	\$5,700 Once you've paid \$5,700 out of pocket for covered Part A and Part B services (and other health services not covered by Medicare), you'll pay nothing for your covered services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* (kp.org/directory) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at kp.org/directory.
- Call Member Services at 1-888-777-5536 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-888-777-5536 (TTY users call 711) for help.

For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* (kp.org/directory) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at kp.org/directory.
- Call Member Services at 1-888-777-5536 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-888-777-5536 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Cardiac Rehabilitation Services	You pay \$35 per visit.	You pay \$30 per visit.
Chiropractic Services	You pay \$10 per visit.	You pay \$5 per visit.
Dental Services – Medicare-covered	You pay \$35 per visit.	You pay \$30 per visit.

	2025 (this year)	2026 (next year)
Dental - Pre-transplant Dental services necessary to ensure the oral cavity is clear of infection prior to being placed on the transplant wait list for allogeneic stem cell/bone marrow, heart, kidney, liver, lung, pancreas, and multiple-organ transplants.	You pay \$35 per visit.	You pay \$30 per visit.
Emergency Department	You pay \$125 per visit.	You pay \$130 per visit.
Eye Exams	You pay \$0 for diabetic retinopathy services, \$10 per optometrist visit, or \$35 per ophthalmologist visit.	You pay \$0 for diabetic retinopathy services, \$5 per optometrist visit, or \$30 per ophthalmologist visit.
Hearing Exams	You pay \$35 per visit.	You pay \$30 per visit.
Inpatient Acute Care	You pay \$245 per day for days 1–6 (\$0 for the rest of your stay).	You pay \$290 per day for days 1–6 (\$0 for the rest of your stay).
Inpatient Mental Health Care	You pay \$245 per day for days 1–6 (\$0 for the rest of your stay).	You pay \$290 per day for days 1–6 (\$0 for the rest of your stay).
Intensive Outpatient Program Services	You pay \$10 per individual therapy visit or \$5 per group therapy visit.	You pay \$5 per day.
Medicare Explorer by Kaiser Permanente (point-of-service supplemental benefit) See the <i>Evidence of Coverage</i> for details.		

	2025 (this year)	2026 (next year)
- Specialty care visits, including Medicare-covered hearing exams, Medicare-covered podiatry exams, Medicare-covered ophthalmologist services, and allergy evaluation and treatment - Physical therapy, speech therapy, and occupational therapy visits - Cardiac rehabilitation and intensive cardiac rehabilitation visits	You pay \$50 per visit.	You pay \$65 per visit.
X-rays, ultrasounds, diagnostic mammograms, and other basic imaging	You pay \$25 per service.	You pay \$50 per service.
MRI, CT, and PET	You pay \$150 per procedure.	You pay \$250 per procedure.
Occupational Therapy Services	You pay \$35 per visit.	You pay \$30 per visit.
Opioid Treatment Program Services	You pay \$35 per visit.	You pay \$30 per visit.
Other Provider Office Visits	You pay \$10 per primary care visit or \$35 per specialty care visit.	You pay \$5 per primary care visit or \$30 per specialty care visit.

	2025 (this year)	2026 (next year)
Outpatient Surgery in an Ambulatory Surgical Center	You pay \$155 per procedure.	You pay \$285 per procedure.
Outpatient Hospital Services	You pay \$0 or \$155 per visit, depending on the service.	You pay \$0 or \$285 per visit, depending on the service.
Observation Services	You pay \$0 when transferred for observation from an Emergency Department or following outpatient surgery or \$155 per stay when admitted directly to the hospital for observation as an outpatient.	You pay \$0 when transferred for observation from an Emergency Department or following outpatient surgery or \$285 per stay when admitted directly to the hospital for observation as an outpatient.
Over-the-Counter (OTC)	We cover OTC items listed in our OTC catalog for free home delivery. You may order OTC items up to the \$60 quarterly benefit limit.	You will receive a preloaded healthy extras card with a quarterly benefit limit of \$25 to purchase eligible OTC items online and at participating retail stores. Your card will be reloaded on January 1, April 1, July 1, and October 1 on the 1st of each month. Any unused portion of the quarterly benefit limit doesn't roll over to the next quarter.
Partial Hospitalization	You pay \$10 per day.	You pay \$5 per day.
Physical Therapy and Speech-Language Pathology Services	You pay \$35 per visit.	You pay \$30 per visit.
Podiatry Services	You pay \$35 per visit.	You pay \$30 per visit.

	2025 (this year)	2026 (next year)
Primary Care Office Visits	You pay \$10 per visit.	You pay \$5 per visit.
Radiation Therapy	You pay \$35 per visit.	You pay \$30 per visit.
Skilled Nursing Facility (SNF) Care	Per benefit period, you pay \$0 for days 1–20, \$160 per day for days 21–100.	Per benefit period, you pay \$0 for days 1–20, \$218 per day for days 21–100.
Specialist Office Visits	You pay \$35 per visit.	You pay \$30 per visit.
Urgent Care Office Visits	You pay \$35 per visit.	You pay \$30 per visit.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

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

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the 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 calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-888-777-5536 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-888-777-5536 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 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 no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been 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 don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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 the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 – Preferred generic drugs: 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 the Drug List.	Standard cost-sharing: You pay \$10 per prescription. Preferred cost-sharing: You pay \$0 per prescription.	Standard cost-sharing: You pay \$10 per prescription. Preferred cost-sharing: You pay \$0 per prescription.
Tier 2 – Generic drugs: 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 the Drug List.	Standard cost-sharing: You pay \$20 per prescription. Preferred cost-sharing: You pay \$10 per prescription.	Standard cost-sharing: You pay \$20 per prescription. Preferred cost-sharing: You pay \$10 per prescription.

	2025 (this year)	2026 (next year)
Tier 3 – Preferred brand-name drugs: 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 the Drug List.	Standard cost-sharing: You pay \$47 per prescription. Preferred cost-sharing: You pay \$42 per prescription.	Standard cost-sharing: You pay \$47 per prescription. Preferred cost-sharing: You pay \$42 per prescription.
Tier 4 – Nonpreferred drugs: 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 the Drug List.	You pay \$100 per prescription.	You pay \$100 per prescription.
Tier 5 – Specialty-tier drugs: 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 the Drug List.	You pay 33% of the total cost. Your cost for a one-month mail-order prescription is 33% of the total cost.	You pay 29% of the total cost. Your cost for a one-month mail-order prescription is 29% of the total cost.
Tier 6 – Injectable Part D vaccines: 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 the Drug List.	You pay \$0 per prescription.	You pay \$0 per prescription.

Changes to the Catastrophic Coverage Stage

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

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Formulary exception for brand name drugs A type of coverage decision that, if approved, allows you to get a drug that is not on our formulary (a formulary exception). If we agree to cover a Part D drug not on our Drug List, you will need to pay the cost-sharing amount specified on the right. For more information about how to file a formulary exception, please see the <i>Evidence of Coverage</i>.	If you request and we agree to cover a Part D brand-name drug not on our Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4 for nonpreferred drugs.	If you request and we agree to cover a Part D brand-name drug not on our Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 5 specialty tier drugs.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-888-777-5536 (TTY

	2025 (this year)	2026 (next year)
		users call 711) or visit www.Medicare.gov .

SECTION 3 How to Change Plans

To stay in Kaiser Permanente Medicare Advantage High VA, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Kaiser Permanente Medicare Advantage High VA.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Kaiser Permanente Medicare Advantage High VA.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Kaiser Permanente Medicare Advantage High VA.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-888-777-5536 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans,** visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Kaiser Permanente offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug

coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Virginia has a program called Virginia Medication Assistance Program (VA MAP) 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 (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Virginia VA MAP. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the Virginia VA MAP at 1-855-362-0658. 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 payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **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 the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-888-777-5536 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Kaiser Permanente Medicare Advantage High VA

- **Call Member Services at 1-888-777-5536. (TTY users call 711.)**

We're available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Kaiser Permanente

Medicare Advantage High VA. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at kp.org/eocmasma or call Member Services at 1-888-777-5536 (TTY users call 711) to ask us to mail you a copy.

- **Visit kp.org**

Our website has the most up-to-date information about our provider network (Provider Directory/Pharmacy Directory) and our List of Covered Drugs (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Virginia, the SHIP is called Virginia Insurance Counseling and Assistance Program.

Call the Virginia Insurance Counseling and Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call the Virginia Insurance Counseling and Assistance Program at 1-804-662-9333 or toll free at 1-800-552-3402 (TTY 711). You can learn more about the Virginia Insurance Counseling and Assistance Program by visiting their website (www.vda.virginia.gov).

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Kaiser Permanente Medicare Advantage Member Services

Method	Member Services	Contact Information
Call	1-888-777-5536	Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-888-777-5536 (TTY users call 711) also has free language interpreter services available for non-English speakers.
TTY	711	Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.
Write	Kaiser Permanente Member Services Nine Piedmont Center 3495 Piedmont Road, NE Atlanta, GA 30305-1736	
Website	kp.org	