Kaiser Permanente Medicare Advantage Essential Snohomish (HMO) offered by Kaiser Foundation Health Plan of Washington (Essential Snohomish)

Annual Notice of Change for 2027

You're enrolled as a member of Kaiser Permanente Medicare Advantage Essential Snohomish.

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, 2026, you'll stay in Kaiser Permanente Medicare Advantage Essential Snohomish.
- To change to a **different plan**, visit Medicare.gov or review the list in the back of your *Medicare & You 2027* 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 1-888-901-4600 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-888-901-4600 (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 file if you need it by calling Member Services.

About Kaiser Permanente Medicare Advantage Essential Snohomish

- Kaiser Permanente is an HMO 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 Washington (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Medicare Advantage Essential Snohomish (Kaiser Permanente Medicare Advantage).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Kaiser Permanente Medicare Advantage Essential Snohomish**. Starting January 1, 2027, you'll get your medical and drug coverage through Kaiser Permanente Medicare

Advantage Essential Snohomish. 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 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	$69	**$82**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$4,950	**$4,950**
Primary care office visits	$0	**$0**
Specialist office visits	$35 per visit.	**$35 per visit.**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Per admission, $350 per day for days 1–5 ($0 for the rest of your stay).	**Per admission, $350 per day for days 1–5 ($0 for the rest of your stay).**

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible $0 Preferred cost-sharing during the Initial Coverage Stage: Drug Tier 1: $2 Drug Tier 2: $10 Drug Tier 3: $47 You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 4: $99 You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 31% You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 6: $0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	**Part D drug coverage deductible** **$0** **Preferred cost-sharing during the Initial Coverage Stage:** **Drug Tier 1: $2** **Drug Tier 2: $10** **Drug Tier 3: $47** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: $99** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 31%** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 6: $0** **Catastrophic Coverage Stage:** **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

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	$69	**$82**
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.)	$67	**$60**
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.)	$22	**$26**

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 Part D or 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.

	2026 (this year)	2027 (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.	$4,950	**$4,950** **Once you've paid $4,950 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 2027 *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 1-888-901-4600 (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 1-888-901-4600 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. 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 2027 *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 1-888-901-4600 (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 1-888-901-4600 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Dental Services – Non-Medicare Through our agreement with Delta Dental of Washington. Please refer to your *Evidence of Coverage* for complete details.		

	2026 (this year)	2027 (next year)
• **Diagnostic Services** ○ Limited oral evaluation – problem focused ○ Detailed and extensive oral evaluation – problem focused, by report ○ Re-evaluation – limited, problem focused ○ Comprehensive periodontal evaluation ○ Intraoral periapical radiographs	Covered for all members. You pay $0.	**Not covered, unless you are enrolled in optional supplemental benefits (Advantage Plus Option 1).**
• **Periodontics** ○ Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation ○ Periodontal maintenance	Covered for all members. You pay $0.	**Not covered, unless you are enrolled in optional supplemental benefits (Advantage Plus Option 1).**
Durable Medical Equipment (DME)	You pay 20% coinsurance.	**You pay 0%-20% coinsurance, depending on the service.**
Hearing Aid Fitting and Evaluation Exam	You pay $0 for 1 exam per calendar year.	**You pay $0 for 2 exams per calendar year.**
Transportation Services – Non-Emergency Routine Transportation not covered by Medicare Rides provided to and from a network provider by taxis,	Not Covered, unless enrolled in optional supplemental benefits (Advantage Plus Option 2).	**You pay $0 for 12 round trips per calendar year.**

	2026 (this year)	2027 (next year)
rideshare services, vans, and medical transport as determined by our designated transportation provider.		
Transportation Services - Non-Emergency Medical Transportation not covered by Medicare – non-routine When ordered by a network provider, we cover medically necessary, non-emergency transportation in a licensed stretcher/gurney van or wheelchair van to home (within 100 miles), a skilled nursing facility (SNF), or another higher level of care immediately following an inpatient hospitalization or certain emergency, urgent care, or outpatient hospital encounters.	Not Covered.	**Covered. You pay $0.**
Urgent Care Office Visits	You pay $30 per visit.	**You pay $35 per visit.**
Optional supplemental benefits (Advantage Plus Option 1) These changes only apply to members who have signed up for optional supplemental benefits, called Advantage Plus Option 1, for an additional monthly premium.		
Dental Services Through our agreement with Delta Dental of Washington. Please refer to your *Evidence of Coverage* for complete details.		

	2026 (this year)	2027 (next year)
• **Diagnostic Services** ○ Limited oral evaluation – problem focused ○ Detailed and extensive oral evaluation – problem focused, by report ○ Re-evaluation – limited, problem focused ○ Comprehensive periodontal evaluation ○ Intraoral periapical radiographs	Not covered under optional supplemental benefits (Advantage Plus Option 1).	**Covered. You pay $0.**
• **Periodontics** ○ Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation ○ Periodontal maintenance	Not covered under optional supplemental benefits (Advantage Plus Option 1).	**Covered. You pay $0.**
Optional supplemental benefits (Advantage Plus Option 2) These changes only apply to members who have signed up for optional supplemental benefits, called Advantage Plus Option 2, for an additional monthly premium.		
• **Acupuncture, Alternative Therapy (naturopathy), and**	You pay $15 per visit up to a total of 15 visits per calendar year for Acupuncture and	**You pay $15 per visit up to a total of 25 visits per calendar year for**

	2026 (this year)	2027 (next year)
Chiropractic Care not covered by Medicare	Chiropractic Care services combined when provided by network providers. Alternative Therapy (naturopathy) is not covered as part of our Advantage Plus Option 2 package.	**Acupuncture, Alternative Therapy (naturopathy), and Chiropractic Care services combined when provided by network providers.**
• **Hearing Aids - Prescription**	You receive a $4,000 hearing aid allowance for both ears combined every 24 months. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference. Note: This hearing aid benefit may not be available next year.	**You receive a $3,000 hearing aid allowance for both ears combined every 36 months. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference.** **Note: This hearing aid benefit may not be available next year.**
• **Transportation Services – Non-Emergency Routine Transportation**	You pay $0 for 20 round trips per calendar year.	**Not covered as part of our Advantage Plus Option 2 package. Covered for all members as described in "Transportation Services – Non-Emergency Routine Transportation not covered by Medicare" above.**

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 posted online 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 1-888-901-4600 (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, 2026, call Member Services at 1-888-901-4600 (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.

- ***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 $2,400.

- ***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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (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 costs 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 $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (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	Standard cost-sharing: You pay $15 per prescription. Preferred cost-sharing: You pay $2 per prescription.	**Standard cost-sharing: You pay $15 per prescription.** **Preferred cost-sharing: You pay $2 per prescription.**

	2026 (this year)	2027 (next year)
a different tier, look them up on the Drug List.		
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.**
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.	You pay $47 per prescription.	**You pay $47 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 $99 per prescription.	**You pay $99 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 31% of the total cost.	**You pay 31% of the total cost.**

	2026 (this year)	2027 (next year)
Tier 6 – Part D vaccines:	You pay $0.	**You pay $0.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Eyewear not covered by Medicare	You can get covered eyewear to correct vision from in-network or from out-of-network providers within the United States and its territories.	**You can get covered eyewear to correct vision only from in-network providers.**
Long-term supply of a covered Part D drug For some drugs, you can get a long-term supply (also called an extended supply).	A long-term supply is up to a 90-day supply.	**A long-term supply is up to a 100-day supply.**

SECTION 3 How to Change Plans

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

If you want to change plans for 2027, 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 Essential Snohomish. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.

- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you'll automatically be disenrolled from Kaiser Permanente Medicare Advantage Essential Snohomish.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-888-901-4600 (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 Medicare.gov, check the *Medicare & You 2027* 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, 2027, 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, 2027.

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.
- **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 Washington Early Intervention Program. 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 Early Intervention Program at 1-877-376-9316. 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. 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 2027; you do not need to submit a new election request to continue

participating in 2027. **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 ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-888-901-4600 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Kaiser Permanente Medicare Advantage Essential Snohomish

- **Call Member Services at 1-888-901-4600. (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 2027 *Evidence of Coverage***.

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for *2027*. For details, go to the *2027 Evidence of Coverage* for Kaiser Permanente Medicare Advantage Essential Snohomish. 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/eocwa or call Member Services at 1-888-901-4600 (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 Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIBA at 1-800-562-6900 (TTY users should call 1-360-586-0241). Learn more about SHIBA by visiting (www.insurance.wa.gov/shiba).

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** Medicare.gov

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

- **Write to Medicare**

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

- **Visit** 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 2027***

  The *Medicare & You 2027* 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 Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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Kaiser Permanente Medicare Advantage Member Services

Method	Member Services – Contact Information
Call	**1-888-901-4600** Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-888-901-4600 (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 P.O. Box 34590 Seattle, WA 98124
Website	kp.org

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.

Kaiser Permanente now offers new ways to securely share your health information. Visit ***kp.org/datasharing*** *to learn about the Payer-to-Payer Application Programming Interface (API) and Provider Access API, including how they work and how to opt in.*

Kaiser Permanente Provider Directories

If you need help finding a network provider or pharmacy, please visit **kp.org/directory** to search our online directory (Note: the 2027 directories are available online starting 10/15/2026 in accord with Medicare requirements).

To get a directory mailed to you, you can call us at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

To get a **Dental Provider Directory** (if applicable) mailed to you, you can call Delta Dental of Washington at **1-877-719-4006** (TTY **711**), Monday through Friday, 7 a.m. to 5 p.m.

Kaiser Permanente Medicare Part D Comprehensive Formulary (List of Covered Drugs)

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 2027 formulary is available online starting 10/15/2026 in accord with Medicare requirements).

To get our **List of Covered Drugs** mailed to you, you can call us at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Kaiser Permanente Evidence of Coverage (EOC)

Your **EOC** explains how to get medical health and drugs covered through our 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/eocwa** to view your **EOC** online (Note: the 2027 **EOC** is available online starting 10/15/2026 in accord with Medicare requirements).

To get an **EOC** mailed to you, you can call us at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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August 2026

KAISER PERMANENTE®

Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente does not exclude people or treat them less favorably because of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity. We also:

- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio, accessible electronic formats, other formats)
- Provide free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Member Services at **1-888-901-4636** (TTY **711**).

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, sex, sex characteristics (including intersex traits), pregnancy (or related conditions), sex stereotypes, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator at P.O. Box 35191, Mail Stop: RCR-A1N-22, Seattle, WA 98124-5191 or by calling **1-888-901-4636** (TTY **711**). You can file a grievance in person or by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F HHH Building, Washington, DC 20201; **1-800-368-1019, 800-537-7697** (TDD). Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status**, or by phone at **800-562-6900, 360-586-0241** (TDD). Complaint forms are available at **https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx**

Multi-language Interpreter Services

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-901-4636** (TTY **711**).

Español (Spanish): ATENCIÓN: Si habla español, tiene disponibles servicios de ayuda con el idioma sin cargo. Llame al **1-888-901-4636** (TTY **711**).

中文 (Chinese)：注意：如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636** (TTY **711**)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí của chúng tôi. Xin gọi số **1-888-901-4636** (TTY **711**).

한국어 (Korean): 참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해 드립니다. **1-888-901-4636**(TTY **711**)번으로 문의하십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по номеру **1-888-901-4636** (TTY **711**).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636** (TTY **711**).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладу. Телефонуйте за номером **1-888-901-4636** (TTY **711**).

ភាសាខ្មែរ (Khmer)៖ សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636** (TTY **711**)។

日本語 (Japanese): 注意事項：無料の日本語での言語サポートをご利用いただけます。**1-888-901-4636** (TTY **711**) まで、お電話にてご連絡ください。

አማርኛ (Amharic)፥ ማሳሰቢያ፥ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፣ በነጻ ለእርስዎ ይቀርባሉ፡ ወደ **1-888-901-4636** (TTY **711**) ይደውሉ።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta’e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636** (TTY **711**) irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। **1-888-901-4636** (TTY **711**) ‘ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): انتباه:إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً.
اتصل بالرقم **1-888-901-4636** (TTY **711**)

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636** (TTY **711**).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ,
ການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636** (TTY **711**).

International Symbol for ASL (American Sign Language):