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PBP #: 006

**Kaiser Permanente Dual Complete South P6 (HMO D-SNP) offered by Kaiser Foundation Health Plan, Inc. Southern California Region**

# *Annual Notice of Change* for 2027

## Introduction

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

## Additional resources

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

OMB Approval 0938-1444 (Expires 05/31/2029)

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

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

## ARABIC

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

## ARMENIAN

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

## CHINESE

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

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

**HINDI**
ध्यान दें: अगर आपको अपनी भाषा संबंधी कोई सहायता चाहिए, तो 1-800-443-0815 (TTY 711) पर कॉल करें। विकलांग व्यक्तियों के लिए सहायताएँ और सेवाएँ, जैसे कि ब्रेल और बड़े प्रिंट में दस्तावेज़, भी उपलब्ध हैं। 1-800-443-0815 (TTY 711) पर कॉल करें। ये सेवाएँ मुफ़्त दी जाती हैं।

**HMONG**
CEEB TOOM: Yog koj xav tau kev pab ua koj yam lus, hu rau 1-800-443-0815 (TTY 711). Kuj muaj cov kev pab cuam rau cov neeg uas muaj kev xiam oob qhab, xws li cov ntawv xuas rau cov dig muag thiab cov ntawv luam loj. Hu 1-800-443-0815 (TTY 711). Cov kev pab cuam no yog muab pab dawb.

## JAPANESE

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

## KOREAN

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

## LAOTIAN

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

## MIEN

CAU FIM JANGX OC: Beiv hnangv meih qiemx zuqc longc mienh faan benx meih nyei waac bun muangx, mborqv finx lorz 1-800-443-0815 (TTY 711). Maaih jaa-sic tengx aengx caux tengx nzie weih bun wuaaic fangx mienh, liepc duqv maaih nzangc-pokc bun hluo aengx caux aamx cuotv domh zeiv daan bun longc. mborqv finx lorz 1-800-443-0815 (TTY 711). Wangv henh tengx naaiv deix gong mv zuqc ndortv nyaanh cingv oc.

## CAMBODIAN

យកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមហៅទូរសព្ទទៅលេខ 1-800-443-0815 (TTY 711)។ ជំនួយ និងសេវាកម្មសម្រាប់ជនពិការ ដូចជាឯកសារជាអក្សរស្ទាប និងអក្សរធំៗក៏មានផងដែរ។ ហៅទូរសព្ទទៅលេខ 1-800-443-0815 (TTY 711)។ សេវាកម្មទាំងនេះគឺមិនគិតថ្លៃទេ។

## FARSI

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

## RUSSIAN

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

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

## SPANISH

ATENCIÓN: Si necesita ayuda en su idioma, llame al 1-800-443-0815 (TTY 711). Se encuentran disponibles ayudas y servicios para personas con discapacidad, como documentos en braille y letra grande. Llame al 1-800-443-0815 (TTY 711). Estos servicios son gratuitos.

## TAGALOG

PAUNAWA: Kung kailangan ninyo ng tulong na nasa inyong wika, tumawag sa 1-800-443-0815 (TTY 711). Ang mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento na nasa braille at malalaking letra, ay available rin. Tumawag sa 1-800-443-0815 (TTY 711). Ang mga serbisyong ito ay walang bayad.

## THAI

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

## UKRAINIAN

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

## VIETNAMESE

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

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## A. Disclaimers

- ❖ Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the Medi-Cal program. Enrollment in Kaiser Permanente depends on contract renewal.

- ❖ The healthy food benefit is part of a special supplemental program for the chronically ill. Not all members qualify. Members must have specific chronic conditions, like diabetes, obesity, cardiovascular disorders, osteoarthritis, or chronic kidney disease, to be eligible. There are other conditions that may qualify you for the benefit. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us.

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

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

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

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

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

## B1. Information about our plan

- Kaiser Permanente Dual Complete South P6 plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to members.
- When this *Annual Notice of Change* says “we,” “us,” “our,” or “our plan,” it means the Medicare Medi-Cal Plan.

### B2. Important things to do

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

| If you decide to stay with Kaiser Permanente Dual Complete South P6: | If you decide to change plans: |
|---|---|
| If you want to stay with us next year, it's easy – you don't need to do anything. If you don't make a change, you automatically stay enrolled in Kaiser Permanente Dual Complete South P6. | If you decide other coverage will better meet your needs, you may be able to switch plans (refer to **Section G2** for more information). If you enroll in a new plan, or change to Original Medicare, your new coverage will begin on the first day of the following month. |

## C. Changes to your plan name

On January 1, 2027, your plan name changes from Kaiser Permanente Dual Complete South P1 to Kaiser Permanente Dual Complete South P6. Be sure to refer to your new plan name when reviewing member plan information.

You'll receive a new ID card by January 2027.

## D. Changes to our network providers and pharmacies

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

Our provider and pharmacy networks have changed for 2027.

**Please review the 2027 *Provider and Pharmacy Directory*** to find out if your providers (primary care provider, specialists, hospitals, etc.) or pharmacy are in our network. An updated *Provider and Pharmacy Directory* is located on our website at kp.org/directory. You may also call Member Services at the numbers at the bottom of the page for updated provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

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

## E. Changes to benefits and costs for next year

### E1. Changes to benefits and costs for medical services

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

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Ambulance Services** | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$400** per one-way trip. | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$630** per one-way trip. |
| **Eyewear Allowance** | You receive a **$350** allowance every 12 months. If the eyewear you purchase costs more than your allowance, you pay the difference. | You receive a **$400** allowance every 12 months. If the eyewear you purchase costs more than your allowance, you pay the difference. |
| **Inpatient Acute Care** | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$475** per day for days **1–5** (**$0** for the rest of your stay) per admission. | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$420** per day for days **1–5** (**$0** for the rest of your stay) per admission. |
| **Inpatient Mental Health Care** | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$405** per day for days **1–5** (**$0** for the rest of your stay) per admission. | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$400** per day for days **1–5** (**$0** for the rest of your stay) per admission. |
| **Medicare Part B Drugs**<br><br>Up to a 30-day supply from a network pharmacy. | You pay **$0**. | You pay **$0.** If you lose full-scope Medi-Cal coverage, you pay **0%** or **20%** of the total cost, except you pay **$0** for Part B insulin drugs furnished through an item of Durable Medical Equipment (DME). Refer to **Chapter 12** in the *Member Handbook* for a definition of “Durable medical equipment (DME).” |
| **MRI, CT, and PET** | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$500** per procedure. | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$375** per procedure. |

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

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Outpatient Hospital Services** | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$0–$475** per visit, depending on the service. | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$0–$420** per visit, depending on the service. |
| **Outpatient Surgery in an Ambulatory Surgical Center** | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$475** per procedure. | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$420** per procedure. |
| **Over the Counter (OTC) Items** | You receive a quarterly allowance of **$100** on a **preloaded healthy extras card** to purchase eligible OTC items both online and at participating retail stores, including at Kaiser Permanente retail pharmacies. | You receive a quarterly allowance of **$100** on a **preloaded healthy extras card** to purchase eligible OTC items both online and at participating retail stores, including at Kaiser Permanente retail pharmacies.<br>**If you qualify for SSBCI** (see the “Special Supplemental Benefits for the Chronically Ill” row), you can also use your allowance to purchase healthy foods.<br>Your card will be reloaded on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly allowance will not roll over to the next quarter. Note: The allowance cannot be used for tips or fees (such as delivery or shipping fees). |
| **Residential Substance Use Disorder and Mental Health Treatment** | **Covered under your Dual Complete plan as a Medicare benefit.** You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$100** per admission. | **Isn’t covered under your Dual Complete plan as a Medicare benefit.**<br>**Residential Substance Use Disorder and Mental Health Treatment is covered under** |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| | | **your Dual Complete plan as a Medi-Cal benefit** provided by your County Behavioral Health Agency. |
| **Skilled Nursing Facility (SNF) Care** | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$0** for days **1–20**, **$214** per day for days **21–100** per benefit period. | You pay **$0**. If you lose full-scope Medi-Cal coverage, you pay **$0** for days **1–20**, **$221** per day for days **21–100** per benefit period. |
| **Special Supplemental Benefits for the Chronically Ill (SSBCI) – healthy food**<br>The healthy food benefit is part of a special supplemental program for the chronically ill. Not all members qualify. Members must have specific chronic conditions, like diabetes, obesity, cardiovascular disorders, osteoarthritis, or chronic kidney disease, to be eligible. There are other conditions that may qualify you for the benefit. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. For details, please contact us. | **Isn't** covered. | **Covered, if you qualify for SSBCI.**<br>Plan-identified members who meet the criteria for this benefit can use the **preloaded healthy extras card** described in the OTC row to buy healthy food, such as produce, in addition to OTC items, both online and at participating retail stores.<br>Your card will be reloaded on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly allowance will not roll over to the next quarter. Note: The allowance cannot be used for tips or fees (such as delivery or shipping fees).<br>Please see your *Member Handbook* for more details. |
| **Transportation Services - Non-Emergency Medical Transportation not covered by Medicare**<br>When ordered by a network provider, we cover medically | **Isn't** covered. | Covered. You pay **$0**. |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| 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. | | |

## E2. Changes to drug coverage

### Changes to our *Drug List*

Our List of Covered Drugs is also called the 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 drugs we cover, and changes to 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 find out if there are any restrictions or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the *Drug List* are new for the beginning of each year. However, we might make other changes that are allowed by Medicare and/or the state 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 a drug you're taking, we'll send you a notice about the change.

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

- Work with your doctor (or other prescriber) to find a different drug that we cover.
    - You can call Member Services at the numbers at the bottom of the page to ask for a *List of Covered Drugs* that treat the same condition.
    - This list can help your provider find a covered drug that might work for you.
- Ask us to cover a temporary supply of the drug.
    - In some situations, we cover a **temporary** supply of the drug during the first 90 days of the calendar year.

- This temporary supply is for up to 30 days. (To learn more about when you can get a temporary supply and how to ask for one, refer to **Chapter 5** of your *Member Handbook*.)
- When you get a temporary supply of a drug, talk with your doctor about what to do when your temporary supply runs out. You can either switch to a different drug our plan covers or ask us to make an exception for you and cover your current drug.
- All currently approved formulary exceptions expire at the end of each calendar year and must be resubmitted for approval at the beginning of the new year.

**Changes to drug costs**

Because you're eligible for Medi-Cal, you get Extra Help from Medicare to help pay for your Medicare Part D drugs. We sent you a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also known as the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug coverage. If you don't have this insert, please call Member Services and ask for the "LIS Rider."

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

| **Stage 1**<br>**Initial Coverage Stage** | **Stage 2**<br>**Catastrophic Coverage Stage** |
|---|---|
| During this stage, our plan pays part of the costs of your drugs, and you pay your share. Your share is called the copay.<br><br>You begin this stage when you fill your first prescription of the year. | During this stage, the plan pays all of the costs of your drugs through December 31, 2027.<br><br>You begin this stage after you pay a certain amount of out-of-pocket costs. |

The Initial Coverage Stage ends when your total out-of-pocket costs for drugs reaches **$2,400**. At that point, the Catastrophic Coverage Stage begins. Our plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information on how much you'll pay for drugs.

### E3. Stage 1: "Initial Coverage Stage"

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

**We moved some of the drugs on our *Drug List* to a lower or higher drug tier.** If your drugs move from tier to tier, this could affect your copay. To find out if your drugs are in a different tier, look them up in our *Drug List*.

The following table shows your costs for a one-month supply filled at a network pharmacy with standard copays in each of our six drug tiers. These amounts apply **only** during the time when you're in the Initial Coverage Stage.

Most adult Part D vaccines are covered at no cost to you. For information about the costs for a long-term supply go to **Chapter 6, Section D** of your *Member Handbook.*

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Drugs in Tiers 1–2** (includes generic drugs)<br><br>Cost for a one-month supply of a drug in Tiers 1 and 2 that's filled at a network or mail-order pharmacy | Your copay for a one-month (30-day) supply is **$0–$5.10 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) supply of each covered insulin product is **$0–$5.10 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) mail-order prescription is **$0–$5.10 per prescription**, depending on your level of "Extra Help." | Your copay for a one-month (30-day) supply is **$0–$5.80 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) supply of each covered insulin product is **$0–$5.80 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) mail-order prescription is **$0–$5.80 per prescription**, depending on your level of "Extra Help." |

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Drugs in Tiers 3–5** (includes brand-name and specialty drugs)<br><br>Cost for a one-month supply of a drug in Tiers 3 through 5 that's filled at a network or mail-order pharmacy | Your copay for a one-month (30-day) supply is **$0–$12.65 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) supply of each covered insulin product is **$0–$12.65 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) mail-order prescription is **$0–$12.65 per prescription**, depending on your level of "Extra Help." | Your copay for a one-month (30-day) supply is **$0–$14.40 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) supply of each covered insulin product is **$0–$14.40 per prescription**, depending on your level of "Extra Help."<br><br>Your copay for a one-month (30-day) mail-order prescription is **$0–$14.40 per prescription**, depending on your level of "Extra Help." |
| **Drugs in Tier 6**<br><br>(includes Part D vaccines) | You pay **$0**. | You pay **$0**. |

The Initial Coverage Stage ends when your total out-of-pocket costs reach **$2,400**. At that point the Catastrophic Coverage Stage begins. The plan covers all of your drug costs from then until the end of the year. Refer to **Chapter 6** of your *Member Handbook* for more information about how much you pay for drugs.

### E4. Stage 2: "Catastrophic Coverage Stage"

When you reach the out-of-pocket limit **$2,400** for your drugs, the Catastrophic Coverage Stage begins and you pay nothing for your covered drugs. You stay in the Catastrophic Coverage Stage until the end of the calendar year.

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

## F. Administrative changes

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

| | 2026 (this year) | 2027 (next year) |
|---|---|---|
| **Plan Benefit Package (PBP) number** | Your current plan, Kaiser Permanente Dual Complete South P1 (HMO D-SNP) Plan, is also known as PBP #001. | Your new plan, Kaiser Permanente Dual Complete South P6 (HMO D-SNP) Plan, is also known as PBP #006. |

## G. Choosing a plan

### G1. Staying in our plan

We hope to keep you as a plan member. You don't have to do anything to stay in our plan. Unless you sign up for a different Medicare plan or change to Original Medicare, you'll automatically stay enrolled as a member of our plan for 2027.

### G2. Changing plans

Most people with Medicare can end their membership during certain times of the year.

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

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

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

- you moved out of our service area,
- your eligibility for Medi-Cal or Extra Help changed, **or**
- you recently moved into or currently receiving care in an institution (like a skilled nursing facility or a long-term care hospital). If you recently moved out of an institution, you can

change plans or change to Original Medicare for two full months after the month you move out.

**Your Medicare services**

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

| **1. You can change to:** | **Here is what to do:** |
|---|---|
| **A Medi-Medi Plan is a type of Medicare Advantage plan. It's for people who have both Medicare and Medi-Cal, and combines Medicare and Medi-Cal benefits into one plan. Medi-Medi Plans coordinate all benefits and services across both programs, including all Medicare and Medi-Cal covered services or a Program of All-inclusive Care for the Elderly (PACE) plan, if you qualify.**<br>**Note:** The term Medi-Medi Plan is the name for integrated dual eligible special needs plans (D-SNPs) in California. | Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.<br><br>For Program of All-inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).<br><br>If you need help or more information:<br><br>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.<br><br>**OR**<br><br>Enroll in a new Medi-Medi Plan.<br><br>You'll automatically be disenrolled from our plan when your new plan's coverage begins. Your Medi-Cal plan will change to match your Medi-Medi Plan. |

| **2. You can change to:** | **Here is what to do:** |
|---|---|
| **Original Medicare with a separate Medicare drug plan** | Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.<br><br>If you need help or more information:<br><br>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.<br><br>**OR**<br><br>Enroll in a new Medicare prescription drug plan.<br><br>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.<br><br>Your Medi-Cal plan won't change unless you request a change. |

| **3. You can change to:** | **Here is what to do:** |
|---|---|
| **Original Medicare without a separate Medicare drug plan if you have a valid disenrollment reason**<br><br>**NOTE**: If you switch to Original Medicare and don't enroll in a separate Medicare drug plan, Medicare may enroll you in a drug plan, unless you tell Medicare you don't want to join.<br><br>You should only drop drug coverage if you have drug coverage from another source, such as an employer or union. If you have questions about whether you need drug coverage, call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/. | Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.<br><br>If you need help or more information:<br><br>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.<br><br>You'll automatically be disenrolled from our plan when your Original Medicare coverage begins.<br><br>Your Medi-Cal plan won't change unless you request a change. |

| **4. You can change to:** | **Here is what to do:** |
|---|---|
| **Any Medicare health plan** during certain times of the year including the **Open Enrollment Period** and the **Medicare Advantage Open Enrollment Period** or other situations described in **Section G**. | Call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.<br><br>For Program of All-Inclusive Care for the Elderly (PACE) inquiries, call 1-855-921-PACE (7223).<br><br>If you need help or more information:<br><br>• Call the California Health Insurance Counseling and Advocacy Program (HICAP) at 1-800-434-0222, Monday through Friday from 8 a.m. to 5 p.m. (TTY 711). For more information or to find a local HICAP office in your area, please visit www.aging.ca.gov/Programs_and_Services/Medicare_Counseling/.<br><br>**OR**<br><br>Enroll in a new Medicare plan.<br><br>You're automatically disenrolled from our Medicare plan when your new plan's coverage begins.<br><br>Your Medi-Cal plan may change. |

**Your Medi-Cal services**

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

# H. Getting help

## H1. Our plan

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

### Read your *Member Handbook*

Your *Member Handbook* is a legal, detailed description of our plan's benefits. It has details about benefits and costs for 2027. It explains your rights and the rules to follow to get services and drugs we cover.

The *Member Handbook* for 2027 will be available by October 15. An up-to-date copy of the *Member Handbook* is available on our website at kp.org/eocscal. You may also call Member Services at the numbers at the bottom of the page to ask us to mail you a *Member Handbook* for 2027.

### Our website

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

## H2. Health Insurance Counseling and Advocacy Program (HICAP)

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

## H3. Ombudsman Program

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

- can answer questions if you have a problem or complaint and can help you understand what to do.
- makes sure you have information related to your rights and protections and how you can get your concerns resolved.
- isn't connected with us or with any insurance company or health plan. The phone number for the Medicare Medi-Cal Ombudsman Program is 1-855-501-3077.

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

## H4. Medicare

To get information directly from Medicare:

- call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.
- chat live at www.Medicare.gov/talk-to-someone
- write to Medicare at PO Box 1270, Lawrence, KS 66044.

### Medicare's Website

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

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

### *Medicare & You 2027*

You can read the *Medicare & You 2027* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. This handbook is also available in Spanish, Chinese, and Vietnamese.

If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

## H5. California Department of Managed Health Care

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

speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

Refer to **Chapter 9, Section F4** of your *Member Handbook* for more information.

### H6. The Medicare Prescription Payment Plan

The Medicare Prescription Payment Plan is a payment option that may help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December) as monthly payments. 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, you don't need to do anything to continue participating in 2027. This payment option might help you manage your expenses, but it doesn't save you money or lower your total out-of-pocket drug costs.

"Extra Help" from Medicare and help from your state's pharmaceutical assistance program (SPAP) and the AIDS Drug Assistance Program (ADAP), for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this program, please contact us at the phone number at the bottom of this page or visit www.medicare.gov.

***PRA Disclosure Statement*** *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1444. If you have comments or suggestions for improving this form, write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850*

# Plan Information

*As a 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 **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 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 a formulary mailed to you, you can call us at **1-800-443-0815** (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/eocncal** or **kp.org/eocscal** 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 **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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KAISER PERMANENTE®

# Nondiscrimination Notice

In this document, “we”, “us”, or “our” means Kaiser Permanente (Kaiser Foundation Health Plan, Inc, Kaiser Foundation Hospitals, The Permanente Medical Group, Inc., and the Southern California Medical Group). This notice is available on our website at **kp.org**.

Discrimination is against the law. We follow state and federal civil rights laws.

We do not discriminate, exclude people, or treat them differently because of age, race, ethnic group identification, color, national origin, cultural background, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, medical condition, source of payment, genetic information, citizenship, primary language, or immigration status.

Kaiser Permanente provides the following services in a timely manner:

- No-cost aids and services to people with disabilities to help them communicate better with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (braille, large print, audio, accessible electronic formats, and other formats)
- No-cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call our Member Services department at the numbers below. The call is free. Member services is closed on major holidays.

- Medicare, including D-SNP: **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.
- Medi-Cal: **1-855-839-7613** (TTY **711**), 24 hours a day, 7 days a week.
- All others: **1-800-464-4000** (TTY **711**), 24 hours a day, 7 days a week.

Upon request, this document can be made available to you in braille, large print, audio, or electronic formats. To obtain a copy in one of these alternative formats, or another format, call our Member Services department and ask for the format you need.

**How to file a grievance with Kaiser Permanente**

You can file a discrimination grievance with us if you believe we have failed to provide these services or unlawfully discriminated in another way. You can file a grievance by phone, by mail, in person, or online. Please refer to your *Evidence of Coverage or Certificate of Insurance* for details. You can call Member Services for more information on the options that apply to you, or for help filing a grievance. You may file a discrimination grievance in the following ways:

- **By phone:** Call our Member Services department. Phone numbers are listed above.
- **By mail:** Download a form at **kp.org** or call Member Services and ask them to send you a form that you can send back.
- **In person:** Fill out a Complaint or Benefit Claim/Request form at a member services office located at a Plan Facility (go to your provider directory at **kp.org/facilities** for addresses)

- **Online:** Use the online form on our website at **kp.org**

You may also contact the Kaiser Permanente Civil Rights Coordinator directly at the addresses below:

**Attn: Kaiser Permanente Civil Rights Coordinator**
Member Relations Grievance Operations
P.O. Box 939001
San Diego CA 92193

**How to file a grievance with the California Department of Health Care Services Office for Civil Rights** *(For Medi-Cal Beneficiaries Only)*

You can also file a civil rights complaint with the California Department of Health Care Services Office for Civil Rights in writing, by phone or by email:

- **By phone:** Call DHCS Office of Civil Rights at **916-440-7370** (TTY **711**)
- **By mail:** Fill out a complaint form or send a letter to:

  Office of Civil Rights
  Department of Health Care Services
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413

  **California Department of Health Care Services Office for Civil Rights Complaint forms are available at: http://www.dhcs.ca.gov/Pages/Language_Access.aspx**

- **Online:** Send an email to CivilRights@dhcs.ca.gov

**How to file a grievance with the U.S. Department of Health and Human Services Office for Civil Rights**

You can file a discrimination complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You can file your complaint in writing, by phone, or online:

- **By phone:** Call **1-800-368-1019** (TTY **711** or **1-800-537-7697**)
- **By mail:** Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  **U.S. Department of Health and Human Services Office for Civil Rights Complaint forms are available at: https://www.hhs.gov/ocr/office/file/index.html**

- **Online:** Visit the **Office for Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf**