KAISER PERMANENTE®

Your 2027 Annual Notice of Changes is Here

Hello!

Thank you for trusting Kaiser Permanente for your health care needs. We appreciate your membership and look forward to continuing to provide you with high quality care.

Next year, there will be changes to your plan's costs and benefits. Please review the document included with this letter to make sure your health plan meets your needs.

If you want to keep your current coverage, you don't need to take any action. However, if you'd like to make a change, you can do so between October 15 and December 7, for coverage to start on January 1, 2027. Call us at **1-855-412-8700** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m., with any questions.

Be sure to get the most from your Kaiser Permanente Medicare health plan benefits. Get care where and when it works for you and take advantage of all the healthy extras available, like 24/7 virtual care options. Plus, get most prescriptions delivered right to your door with our mail-order service.

We value your membership and hope to continue to serve you next year.

In good health,

Kaiser Permanente

Review your options by **December 7, 2026.**

Your new coverage starts **January 1, 2027.**

Kaiser Permanente Senior Advantage Value Lane (HMO-POS) offered by Kaiser Foundation Health Plan of the Northwest (Value Lane)

Annual Notice of Change for 2027

You're enrolled as a member of Kaiser Permanente Senior Advantage Value Lane.

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 Senior Advantage Value Lane.
- 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 1-877-221-8221 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-877-221-8221 (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 Senior Advantage Value Lane

- Kaiser Permanente is an HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- Kaiser Permanente's pharmacy network includes limited lower-cost, preferred pharmacies in Lane County in Oregon. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-877-221-8221 (TTY 711), seven days a week, 8 a.m. to 8 p.m., or consult the online pharmacy directory at kp.org/directory.

- When this material says “we,” “us,” or “our,” it means Kaiser Foundation Health Plan of the Northwest (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Senior Advantage Value Lane (Senior Advantage).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Kaiser Permanente Senior Advantage Value Lane**. Starting January 1, 2027, you’ll get your medical and drug coverage through Kaiser Permanente Senior Advantage Value Lane. 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 than this amount. Go to Section 1.1 for details.	$0	**$0**
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.)	$4,200	**$4,450**
Primary care office visits	$5 per visit.	**$0**
Specialist office visits	$30 per visit.	**$55 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, $450 per day for days 1–4 ($0 for the rest of your stay).	**Per admission, $550 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 $160 (Tiers 3, 4, and 5), except for covered insulin products and most adult Part D vaccines. Preferred cost-sharing during the Initial Coverage Stage: Drug Tier 1: $0 Drug Tier 2: $10 Drug Tier 3: $40 You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 4: $93 You pay no more than $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 29% 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: $0** **Drug Tier 2: $5** **Drug Tier 3: $40** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 4: $93** **You pay no more than $35 per month supply of each covered insulin product on this tier.** **Drug Tier 5: 29%** **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.)	$0	**$0**
Part B premium Reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	$5	**Not Applicable**
Additional premium for optional supplemental benefits (Advantage Plus) 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.)	$49	**$54**

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.

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. Your costs for prescription drugs **don't count** toward your maximum out-of-pocket amount.	$4,200	**$4,450** **Once you've paid $4,450 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 1-877-221-8221 (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 1-877-221-8221 (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 1-877-221-8221 (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 1-877-221-8221 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Ambulance Services	You pay $350 per one-way trip.	**You pay $400 per one-way trip.**
Cardiac Rehabilitation Services	You pay $35 per visit.	**You pay $55 per visit.**
Dental Services – Medicare-Covered	You pay $30 per visit.	**You pay $55 per visit.**
Diagnostic Procedures and Tests	You pay $30 per visit, except you pay $10 for EKG, EEG, sleep studies, and holter monitoring.	**You pay $55 per visit, except you pay $30 for EKG, EEG, sleep studies, and holter monitoring.**
EKG following welcome visit	You pay $10 per visit.	**You pay $30 per visit.**

	2026 (this year)	2027 (next year)
Eye Exams – Medicare-Covered	You pay $0 for diabetic retinopathy services or $30 per visit.	**You pay $0 for diabetic retinopathy services or $35 per visit.**
Eye Exams-Routine - not covered by Medicare	You pay $30 per visit.	**You pay $35 per visit.**
Glaucoma screening	You pay $30 per visit.	**You pay $55 per visit.**
Hearing Exams – Medicare-Covered	You pay $30 per visit.	**You pay $55 per visit.**
Hearing Exams - not covered by Medicare	You pay $30 per visit.	**You pay $55 per visit.**
Inpatient Acute Care	Per admission, you pay $450 per day for days 1–4 ($0 for the rest of your stay).	**Per admission, you pay $550 per day for days 1–5 ($0 for the rest of your stay).**
Inpatient Mental Health Care	Per admission, you pay $450 per day for days 1–4 ($0 for the rest of your stay).	**Per admission, you pay $520 per day for days 1–5 ($0 for the rest of your stay).**
Medicare Part B Drugs Up to a 30-day supply from a network pharmacy	You pay $10 for generic drugs and $47 for brand-name drugs per prescription.	**You pay 0%–20% coinsurance, depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.**
Medicare Part B Insulin Drugs Up to a 30-day supply from a network pharmacy	You pay $10 for generic drugs and $35 for brand-name drugs per prescription.	**You pay $35 per prescription.**
Occupational Therapy Services	You pay $35 per visit.	**You pay $50 per visit.**

	2026 (this year)	2027 (next year)
Opioid Treatment Program Services	You pay $30 per visit.	**You pay $55 per visit.**
Other Health Care Professional Services	You pay $5 per primary care visit or $30 per specialty care visit.	**You pay $0 per primary care visit or $55 per specialty care visit.**
Outpatient Hospital Services	You pay $0–$300 per visit, depending on the service.	**You pay $0–$550 per visit, depending on the service.**
Outpatient Mental Health Care (Group Therapy)	You pay $2 per visit.	**You pay $0.**
Outpatient Mental Health Care (Individual Therapy)	You pay $5 per visit.	**You pay $0.**
Outpatient Substance Abuse Services (Group Therapy)	You pay $2 per visit.	**You pay $0.**
Outpatient Substance Abuse Services (Individual Therapy)	You pay $5 per visit.	**You pay $0.**
Outpatient Surgery in an Ambulatory Surgical Center	You pay $300 per visit.	**You pay $550 per visit.**
Partial hospitalization	You pay $5 per day.	**You pay $0.**
Physical Therapy and Speech-Language Pathology Services	You pay $35 per visit.	**You pay $50 per visit.**
Podiatry Services	You pay $30 per visit.	**You pay $55 per visit.**
Primary Care Office Visits	You pay $5 per visit.	**You pay $0.**
Psychiatric Services (Group Therapy)	You pay $2 per visit.	**You pay $0.**
Psychiatric Services (Individual Therapy)	You pay $5 per visit.	**You pay $0.**

	2026 (this year)	2027 (next year)
Pulmonary Rehabilitation Services	You pay $20 per visit.	**You pay $40 per visit.**
Radiation Therapy	You pay $30 per visit.	**You pay $45 per visit.**
Residential Substance Use Disorder and Mental Health Treatment	You pay $225 per day for days 1–4 ($0 for the rest of your stay).	**You pay $260 per day for days 1–5 ($0 for the rest of your stay).**
Skilled Nursing Facility (SNF) Care Up to 100 days per benefit period.	Per benefit period, you pay $0 for days 1–20, $196 per day for days 21–100.	**Per benefit period, you pay $0 for days 1–20, $221 per day for days 21–100.**
Specialist Office Visits	You pay $30 per visit.	**You pay $55 per visit.**
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.**
Ultrasounds	You pay $10 per visit.	**You pay $30 per visit.**
X-Rays	You pay $10 per visit.	**You pay $30 per visit.**

	2026 (this year)	2027 (next year)
Optional supplemental benefits (Advantage Plus) This change only applies to members who have signed up for optional supplemental benefits, called Advantage Plus, for an additional monthly premium.		
• **Dental Services - Preventive and Comprehensive Annual Benefit Limit**	Once you reach the annual dental benefit maximum of $1,250, you pay 100% for dental care for the rest of the year.	**Once you reach the annual dental benefit maximum of $1,500, you pay 100% for dental care for the rest of the year.**

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 1-877-221-8221 (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 1-877-221-8221 (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	$160 During this stage, you pay $0 for Tier 1 (Preferred generic) drugs, filled at a network pharmacy with preferred cost-sharing. $19 for Tier 1 (Preferred generic) drugs, filled at a network pharmacy with Standard cost-sharing. $10 for Tier 2 (Generic) drugs, filled at a network pharmacy with preferred cost-sharing. $20 for Tier 2 (Generic) drugs, filled at a network pharmacy with Standard cost-sharing. $0 for drugs on Tier 6 (Part D vaccines) You pay the full cost of drugs in Tier 3 (Preferred brand-name), Tier 4 (Nonpreferred), and Tier 5 (Specialty-tier) drugs until you've reached the yearly deductible.	**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 a different tier, look them up on the Drug List.	Standard cost-sharing: You pay $19 per prescription. Preferred cost-sharing: You pay $0.	**Standard cost-sharing: You pay $19 per prescription.** **Preferred cost-sharing: You pay $0.**
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. You pay $10 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is $10.	**Standard cost-sharing: You pay $20 per prescription.** **Preferred cost-sharing: You pay $5 per prescription.** **You pay $5 per month supply of each covered insulin product on this tier.** **Your cost for a one-month mail-order prescription is $5.**
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	Standard cost-sharing: You pay $47 per prescription. Preferred cost-sharing: You pay $40 per prescription.	**Standard cost-sharing: You pay $47 per prescription.** **Preferred cost-sharing: You pay $40 per prescription.**

	2026 (this year)	2027 (next year)
a different tier, look them up on the Drug List.		
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.	Standard cost-sharing: You pay $100 per prescription. Preferred cost-sharing: You pay $93 per prescription.	**Standard cost-sharing: You pay $100 per prescription. Preferred cost-sharing: You pay $93 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 29% of the total cost.	**You pay 29% of the total cost.**
Tier 6 – Part D vaccines:	You pay $0.	**You pay $0.**

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
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.**
Optional supplemental benefits (Advantage Plus)	If you enroll in our optional supplemental benefits	**If you enroll in our optional supplemental benefits**

	2026 (this year)	2027 (next year)
prior authorization for covered dental services	(Advantage Plus), for covered dental services, your provider must obtain prior authorization from our plan for dental services for which the charges are $500 or more per procedure, or when the procedure is periodontal treatment with procedure code D4341 or D4342. See your *Evidence of Coverage* for details.	**(Advantage Plus), for covered dental services, your provider must obtain prior authorization from our plan for certain dental services. To view a list of dental services that require prior authorization, visit kp.org/dental/nw/ppo. See your *Evidence of Coverage* for details.**

SECTION 3 How to Change Plans

To stay in Kaiser Permanente Senior Advantage Value Lane, 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 Senior Advantage Value Lane.

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 Senior Advantage Value Lane. 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 Senior Advantage Value Lane.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-877-221-8221 (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 CAREAssist for Oregon residents and the Early Intervention Program for Washington residents. 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 CAREAssist at 1-800-805-2313 for Oregon residents and the Early Intervention Program at 1-877-376-9316 for Washington residents. 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 1-877-221-8221 (TTY users call 711) or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Kaiser Permanente Senior Advantage Value Lane

- **Call Member Services at 1-877-221-8221. (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 Senior Advantage Value Lane. 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/eocnw or call Member Services at 1-877-221-8221 (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 Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA) and in Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

Call SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Oregon SHIBA at 1-800-722-4134 (TTY users call 711) and Washington SHIBA at 1-800-562-6900 (TTY 1-360-586-0241). Learn more about Oregon SHIBA by visiting www.shiba.oregon.gov. Learn more about Washington 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.

KAISER PERMANENTE®

Kaiser Permanente Senior Advantage Member Services

Method	Member Services – Contact Information
Call	**1-877-221-8221** Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-877-221-8221 (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 500 NE Multnomah St., Suite 100 Portland, OR 97232-2099
Website	kp.org

NONDISCRIMINATION STATEMENT AND NOTICE OF LANGUAGE ASSISTANCE

Nondiscrimination Notice

Kaiser Foundation Health Plan of the Northwest (Kaiser Health Plan) complies with applicable federal and state civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, such as large print, audio, braille, and accessible electronic formats
- Provides 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 Member Services at **1-800-813-2000** (TTY: **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with our Civil Rights Coordinator, by mail, phone, or fax. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You may contact our Civil Rights Coordinator at:

Member Relations Department
Attention: Kaiser Civil Rights Coordinator
500 NE Multnomah St., Suite 100
Portland, OR 97232-2099
Fax: **1-855-347-7239**

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
Phone: **1-800-368-1019**
TDD: **1-800-537-7697**

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

This notice is available at **https://healthy.kaiserpermanente.org/oregon-washington/language-assistance/nondiscrimination-notice**.

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For Washington Members:
You can also file a complaint with 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 **1-800-562-6900**, or **360-586-0241** (TDD). Complaint forms are available at **https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx**.

Help in Your Language

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-813-2000** (TTY: **711**).

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-813-2000** ይደውሉ (TTY: **711**)።

العربية(Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-813-2000** (TTY: **711**).

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電**1-800-813-2000**（TTY：**711**）。

فارسی(Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با**1-800-813-2000** تماس بگیرید (TTY (تلفن متنی): **711**).

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-813-2000** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-813-2000** an (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-813-2000**までお電話ください（TTY: **711**）。

ខ្មែរ (Khmer) យកចិត្តទុកដាក់៖ បើអ្នកនិយាយខ្មែរ សេវាជំនួយភាសា រួមទាំងជំនួយនិងសេវាសមស្រប ដោយឥតគិតថ្លៃ មានចំពោះអ្នក។ ហៅ **1-800-813-2000** (TTY: **711**).

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-813-2000**로 전화해 주세요(TTY: **711**).

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-813-2000** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-813-2000** irratti bilbilaa (TTY:- **711**)

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਉਪਲਬਧ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਜਿਨ੍ਹਾਂ ਵਿੱਚ ਯੋਗ ਸਹਾਇਕ ਸਹਾਇਤਾਵਾਂ ਅਤੇ ਸੇਵਾਵਾਂ ਸ਼ਾਮਲ ਹਨ। ਕਾਲ ਕਰੋ **1-800-813-2000** (TTY:- **711**).

Română (Romanian) ATENȚIE: Dacă vorbiți română, vă sunt disponibile gratuit servicii de asistență lingvistică, inclusiv ajutoare și servicii auxiliare adecvate. Sunați la **1-800-813-2000** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-813-2000** (TTY: **711**).

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Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-813-2000** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-813-2000** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-813-2000** (TTY: **711**).

Українська (Ukrainian) УВАГА! Якщо ви володієте українською мовою, вам доступні безкоштовні послуги з мовної допомоги, включно із відповідною додатковою допомогою та послугами. Зателефонуйте за номером **1-800-813-2000** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-813-2000** (TTY: **711**).

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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 10/01/2026 in accord with Medicare requirements).

To get a directory mailed to you, you can call us at **1-877-221-8221** (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 10/01/2026 in accord with Medicare requirements).

To get our **List of Covered Drugs** mailed to you, you can call us at **1-877-221-8221** (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/eocnw** 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-**877-221-8221** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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