

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **kp.org/medicare** or call **1-800-805-2739 (TTY 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/coinsurance may change on January 1, 2024.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

Effect on Current Coverage

- ☐ If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Medicare health plans to help you thrive

Your Medicare overview from Kaiser Permanente



Get care and coverage designed to help make your life easier

With Kaiser Permanente, you get quality care and coverage together.

Your doctors and care team coordinate seamlessly to help keep you healthy. Innovative tools connect you to care whenever you need it. And your personalized treatment plan reflects what's best for you and your unique needs.



The right choice for Medicare starts with understanding your options

Whether you’re enrolling in Medicare for the first time or shopping for a new plan to better meet your needs, we can help you make a confident, informed decision.

Here, you’ll find valuable information to help you choose the right Medicare coverage. In this booklet, we’ll explain the different parts of Medicare, how much they could cost, and how you can sign up. You’ll also see how Kaiser Permanente can help you enjoy life to the fullest with care and coverage in one easy-to-use package.

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Medicare: An overview

Understanding Parts A, B, C, and D

Medicare is a federal health insurance program that provides health care coverage to millions of Americans. It's part of Social Security and designed to protect the health and well-being of those who use it.

There are 4 parts to Medicare: A, B, C, and D. Each part covers specific services, from medical care to prescription drugs. In the following section, you can read about each part to better understand what coverage best fits your needs.

Helpful resources

We want you to understand your choices and options. If you have questions, here are some helpful resources:

Medicare

Call **1-800-633-4227**

24 hours a day, 7 days a week

TTY users, call **1-877-486-2048**

Visit **Medicare.gov**¹

Social Security

Call **1-800-772-1213**

8 a.m. to 7 p.m., Monday through Friday

TTY users, call **1-800-325-0778**

Visit **SocialSecurity.gov**¹





Part A

Hospital coverage

Medicare Part A is offered by the federal government to help you pay for your inpatient care (care you get when you stay in a medical facility).

What it covers

Part A covers inpatient care if you meet certain conditions and get the care in Medicare-certified hospitals and other facilities. It includes:

- Inpatient care you get at hospitals and rehabilitation facilities
- Inpatient hospital stays in skilled nursing facilities (not custodial or long-term care)
- Hospice care services
- Home health care services
- Inpatient care in religious, nonmedical health care institutions

How much does it cost?

You typically won't have to pay a premium for Part A, but there are exceptions. If you do have to pay a premium, you may be able to get help from the state to pay for it.

How do I know if I'm eligible for Part A?

If you're 65 or older

You can get Part A without paying a premium if:

- You get retirement benefits from Social Security or the Railroad Retirement Board (RRB)
- You're eligible to get Social Security or RRB benefits but haven't yet filed for them
- You or your spouse worked for at least 10 years and paid Medicare taxes

What to know

Part A provides coverage for hospital services, including skilled nursing and hospice care. If you meet the qualifications, you can get Part A without paying a premium. You must have Parts A and B to get Part C.



If you're younger than 65

You can get Part A without paying a premium if:

- You've had Social Security or RRB disability benefits for 24 months
- You have end-stage renal disease and meet certain requirements

If you don't meet any of those conditions, you may be able to buy Part A if:

- You meet citizenship and residency requirements
- You're 65 or older, and you didn't work or didn't pay enough Medicare taxes while you worked
- You're disabled and have returned to work

If you already get benefits from Social Security or the RRB, your Medicare Part A coverage will automatically start as soon as you qualify. If you aren't getting Social Security benefits (for example, if you're still working), you may need to sign up for Part A, even if you're eligible to get Part A at no cost.

How do I know if I have Part A?

To see if you have Part A coverage, look for "HOSPITAL (PART A)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **[SocialSecurity.gov](https://www.ssa.gov)**.¹

Part B

Medical coverage

Medicare Part B is coverage from the federal government to help you pay for some medical services that aren't covered by Part A.

What it covers

Part B covers a range of outpatient services, including:

- Doctor's office visits
- Specialist visits
- Preventive care, such as flu shots and mammograms
- Lab costs, such as blood work and X-rays
- Medical equipment, such as wheelchairs and walkers
- Physical therapy
- Mental health care
- Ambulance services
- Annual wellness visits

How much does it cost?

Most people pay a monthly premium for Part B, usually deducted from their Social Security checks. Premiums are set each year by the Centers for Medicare & Medicaid Services (CMS). Your yearly income, whether high or low, affects how much you'll have to pay.

2023 Part B premium and deductible:

Average monthly premium = \$164.90

Average yearly deductible = \$226.00

If your yearly income is higher than \$97,000 (\$194,000 per couple), you might have a higher premium.

Note: The above dollar amounts are for 2023 and may change in 2024.

What to know

If you want coverage for outpatient services, like doctor's office visits, and you meet the qualifications, you can sign up for Part B. In most cases, if you sign up for Part A, you must also sign up for Part B when you're first eligible. If you don't, you may have to pay a late enrollment penalty for as long as you have coverage. However, you can take Part A and defer Part B if you continue to work.



How do I know if I'm eligible for Part B?

If you're 65 or older, you can buy Part B coverage from the federal government. If you already get benefits from Social Security or the RRB, you may be automatically enrolled in Part B. You may also be eligible for Part B if you have certain disabilities, including end-stage renal disease. In most cases, if you get Part A coverage, you must also sign up for Part B coverage during your initial enrollment period or your special enrollment period. If you don't, you may have to pay a late enrollment penalty for as long as you have coverage. This could mean an increase of your monthly premium.

How do I know if I have Part B?

To see if you have Part B coverage, look for "MEDICAL (PART B)" printed on your red, white, and blue Medicare card.

How do I enroll?

To learn more and enroll, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **[SocialSecurity.gov](https://www.ssa.gov)**.¹

Part C

Medicare Advantage

Original Medicare (Parts A and B) doesn't cover all medical costs. You can buy more coverage through private health plans to help cover extra costs.

These Medicare-approved private health plans – called Part C or Medicare Advantage plans – include both Part A and Part B coverage, plus additional benefits. Medicare pays an amount for your coverage each month to these private health plans.

What it covers

In addition to services covered by Parts A and B, Medicare Advantage plans may also cover:

- Emergency and urgent care
- Vision services
- Hearing services
- Dental services
- Health and wellness programs
- Medicare Part D prescription drug coverage

Medicare Advantage HMO plans:

As with Original Medicare, with Medicare Advantage HMO plans, you'll usually use network providers for your care. By getting care in a coordinated network, you'll likely have predictable copays and out-of-pocket expenses. If you go to a non-network provider, you'll probably have to cover the cost.²

What to know

If you want coverage that includes more than what's in Parts A and B, like vision or dental services or prescription drugs, consider Medicare Advantage (Part C).



How much does it cost?

What you pay for coverage depends on:

- If the plan charges a monthly premium in addition to your Part B premium
- If the plan pays any of your monthly Part B premium
- If you have a Part D late enrollment penalty
- Your yearly deductible
- Your copays and coinsurance
- If you have a Part B late enrollment penalty
- The types of services you need
- Whether the plan includes a limit on out-of-pocket costs

How do I know if I'm eligible for Part C (Medicare Advantage)?

In most cases, you can join a Medicare Advantage plan if:

- You have Original Medicare (Parts A and B)
- You live in the plan's service area
- You enroll when the plan is accepting new members

How do I enroll?

Sign up directly with the plan of your choice. For information on Kaiser Permanente Medicare health plans, visit kp.org/medicare.

Medicare Supplement Insurance plans

If you choose Original Medicare, you can purchase Medicare Supplement Insurance plans – also called Medigap plans – to help you pay for care not covered by Parts A and B. Unlike Medicare Advantage, these plans offer limited coverage and don't include prescription drug coverage. You'd pay the Part B premium, a monthly health plan premium, and any coinsurance and deductibles for out-of-network care. Plus, you will need to find a Part D plan and may pay a premium for that too.

Part D

Prescription drug coverage

Part D is an optional plan offered by Medicare-approved private companies and covers some of the costs for prescription drugs. You can sign up for a Part D plan if you have Part A, Part B, or both.

What it covers

Medications covered by your Part D plan vary based on the plan's formulary. A formulary is a list of medications covered by a plan and approved by CMS.

You may be able to request coverage for a Part D drug that's not covered on the plan's formulary.

All Part D prescription drug plans, including Medicare Advantage plans that offer Part D, must provide coverage that's equal to or better than the standard Part D benefits.

These plans can enhance coverage by:

- Lowering deductibles
- Offering a different but equal share of the cost as the standard benefit, or improving your share of the cost
- Covering certain drugs that fall into the coverage gap

How much does it cost?

Your Part D costs depend on which plan you choose.

Standard Part D costs include:

- **Monthly premium** – The amount you pay for your Part D coverage. This varies by plan.
- **Yearly deductible** – The amount you pay for your prescriptions before your plan starts to pay its share. Once you reach your deductible, you'll pay only your copay or coinsurance. Not all Part D plans have a deductible.
- **Copays and coinsurance** – The amount you pay for covered drugs after your plan pays its share. This varies depending on your plan benefits.

What to know

If you have Medicare Parts A and B through Original Medicare and want prescription drug coverage, consider Part D or a Medicare Advantage plan with Part D coverage. Like Part B, Part D has a late enrollment penalty.



Your costs depend on the coverage stage you're in

When you meet certain dollar limits on Part D drug expenses, you'll move through the Part D coverage stages and pay different copays and coinsurance.

- **Initial coverage stage** – You pay the copays and coinsurance set by your plan after your plan pays its share. Once you reach a certain dollar limit, you move to the coverage gap stage.
- **Coverage gap stage**³ – You pay more for your drugs. Most Medicare health plans with Part D coverage have a coverage gap. This means that after you and your plan have spent a certain amount in drug costs, then you have to pay more for your drugs while you are “in the gap.” The amount you must pay varies by plan. Once you reach a certain dollar limit, you move to the catastrophic coverage stage.
- **Catastrophic coverage stage** – You usually pay a smaller share of the cost, which applies for the rest of the year. Most people never reach this stage.



Generic drugs can save you money

As you look at formularies, you'll often see listings for generic and costlier brand-name prescription drugs.

Generic drugs are required by the Food and Drug Administration to match brand-name drugs in:

- **Ingredients**
- **Quality**
- **Safety**
- **Strength**
- **Performance**

You can keep your costs down by asking your doctor to prescribe you generic medications.

And keep an eye on your formulary – new generic drugs are regularly added.

Getting financial help

If you're on a limited income, you may qualify for Extra Help, which could help you pay part or all of the costs of Part D premiums, deductibles, and your share of prescription drug costs. If you think you might qualify, contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), 8 a.m. to 7 p.m., Monday through Friday, or visit **SocialSecurity.gov**.¹

How do I know if I'm eligible for Part D?

You're eligible for Part D if you have Medicare Part A or Part B. If you decide not to sign up during your first enrollment period, you may have to pay a late enrollment penalty, which is 1% of your monthly premium for every month you delayed your enrollment.



How do I enroll?

There are 2 ways to get Medicare Part D prescription drug coverage: Join a Part C plan (a Medicare Advantage or Medicare Cost plan) or a Medicare prescription drug plan.

You can sign up directly with a plan of your choice, or contact Medicare at **1-800-633-4227** (TTY **1-877-486-2048**), 24 hours a day, 7 days a week, or visit **Medicare.gov**.¹

Before you join, please note:

- You can only join, change, or drop Part D plans during certain times of the year or under certain special circumstances
- You can only have one Part D plan at a time
- If you have a Medicare Advantage plan with Part D coverage, joining a Medicare prescription drug plan could make you lose your Medicare Advantage plan



Get more with a Kaiser Permanente HMO Medicare health plan

Our Medicare health plan is here to help you thrive

Why choose Kaiser Permanente?

The high-quality care you deserve. The predictable costs you need. The doctor choice you want. With a Kaiser Permanente Medicare health plan, you'll get benefits that support your goals and help you thrive. Plus, many of our plans include prescription drug coverage, so you can enjoy the convenience of all-in-one coverage in a single plan.⁴

Learn more about the better benefits we offer to help you get care that best fits your life.

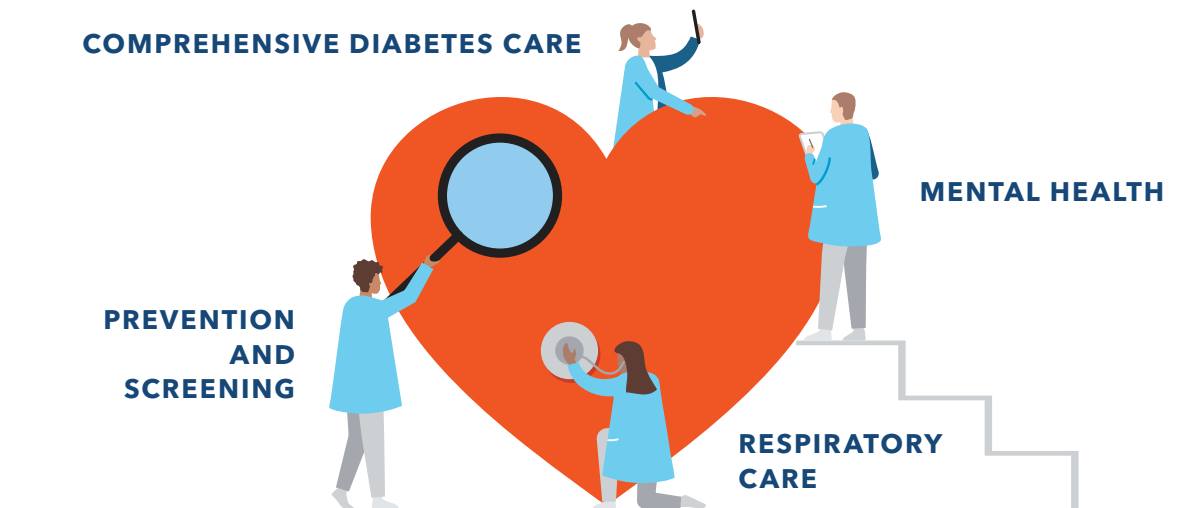
For more information on our Kaiser Permanente Medicare health plans, visit [**kp.org/medicare**](https://kp.org/medicare).



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our industry-leading specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.⁵



Specialty care when you need it

No matter your needs – mental health, cancer care, heart health, or another specialty – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A comprehensive approach to care

With one of the largest multispecialty medical groups in the country, we can connect you with the right specialist who will create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you're automatically enrolled in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

Convenient ways to get care

Same-day, next-day, and weekend care is available at most locations, and by phone and video.⁶



Visit us in person
at a location near you.



Talk to a health care professional
by phone or video.⁶



24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.⁶
- Get 24/7 virtual care (by phone or video), no appointment necessary.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.

When connecting to care virtually, you may save money as well as time. Telehealth is covered at no cost with most plans.⁷



Prescription delivery

Fill most prescriptions online or with the Kaiser Permanente app.⁸

- Have most delivered directly to your front door.
- Order them for same-day pickup.
- Get same-day or next-day delivery for an additional fee.⁹



Kaiser Permanente app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.¹⁰

Care away from home

You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. And your care team is connected to your electronic health record, which makes it easy to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Offer phone interpretation services in more than 150 languages
- Helped improve health outcomes among our diverse member populations for conditions like high blood pressure, diabetes, and colon cancer¹¹

Get seamless care with the help of your electronic health record



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Prescription drug coverage

Benefit

With most of our plans, you'll also get the Kaiser Permanente Medicare prescription drug benefit, which is our Medicare Part D prescription drug coverage. Plus, with our Employer Sponsored Group Medicare plans, there is no coverage gap.³

What's covered

Our plans that include Part D prescription drug coverage have an approved list of drugs (the formulary) to make sure you get the most effective and safe prescription medications available. The formulary is carefully chosen with a team of our health care providers to help manage your prescription drug costs.

Plans don't cover:

- Drugs for cosmetic uses
- Drugs for weight loss or sexual dysfunction
- Drugs that Medicare won't cover

Ordering prescriptions

As a member, you can review your medications and request most refills online or on our mobile app. Then choose whether you want to have it ready for pickup at an in-network pharmacy or have your refill mailed to you at no extra charge. If you choose mail order, you can track your order online.



Save time and money with mail order

Get your prescriptions delivered to your front door. For most drugs, you can get a 3-month supply for just 2 copays when you use our mail-order pharmacy.¹²

Manage your prescriptions online

On our member website, you'll also be able to see your prescription and claim history, and you'll find a link to look up pricing information and find pharmacies in your network.

For drug costs, please check your summary of benefits or *Evidence of Coverage*.

Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.¹³ Many of these resources are available at no additional cost.



Acupuncture, massage therapy, chiropractic care

Enjoy reduced rates on services to help you stay healthy.



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

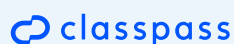
Extras for your total health



Members can use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Members can set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.



Text one-on-one with an emotional support coach anytime, anywhere.

Convenient locations nationwide

You can find Kaiser Permanente medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country:



California



Hawaii



Virginia



Colorado



Maryland



Washington



Georgia



Oregon



Washington,
D.C.

We're here to help

To learn more about the advantages of enrolling in a Kaiser Permanente Medicare health plan, call a Kaiser Permanente Medicare specialist at **1-866-680-1523** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. For our Group members who are enrolled in an employer-sponsored plan, contact your employer's or union's benefits administrator.



We're part of your community

Our members enjoy a coordinated approach to care and coverage, combined with the convenience of treatment close to home. Kaiser Permanente has medical facilities, doctors' offices, labs, pharmacies, and other health care services throughout the country.

**Kaiser Foundation
Health Plan, Inc.**

393 E. Walnut St.
Pasadena, CA 91188-8514

**Kaiser Foundation
Health Plan of Colorado**

10350 E. Dakota Ave.
Denver, CO 80247

**Kaiser Foundation
Health Plan of Georgia, Inc.**

Nine Piedmont Center
3495 Piedmont Rd. NE
Atlanta, GA 30305

**Kaiser Foundation
Health Plan, Inc.**

711 Kapiolani Blvd.
Honolulu, HI 96813

**Kaiser Foundation
Health Plan of the
Mid-Atlantic States, Inc.**

2101 East Jefferson St.
Rockville, MD 20852

**Kaiser Foundation
Health Plan of the Northwest**

500 NE Multnomah St.
Suite 100
Portland, OR 97232

**Kaiser Foundation
Health Plan of Washington**

1300 SW 27th Street
Renton, WA 98057



1. Kaiser Permanente is not responsible for the content or policies of external sites. 2. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. 3. Most Medicare Advantage Group Plans, offered by your employer or union, do not include a coverage gap stage. Please review your *Evidence of Coverage* for your Part D copay structure. 4. All-in-one coverage includes Medicare Parts A, B, and D in a single plan. 5. Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. 6. When appropriate and available. If you travel out of state, phone appointments, video visits, and e-visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. 7. High deductible health plans may require a copay or coinsurance for phone appointments and video visits. 8. Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. 9. Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medi-Cal and Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. 10. These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. 11. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. 12. For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3-5 days. If not, please call: Northern California: **1-888-218-6245 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.; Southern California: **1-866-206-2983 (TTY 711)**, Monday through Friday, 7 a.m. to 7 p.m.; Colorado: **1-866-523-6059 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m.; Georgia: **770-434-2008** or toll-free **1-800-733-6345 (TTY 711)**, 7 days a week, 24 hours; Hawaii: **808-643-7979 (TTY 711)**, Monday through Friday, 8:00 a.m. to 5 p.m.; Maryland, Virginia, and the District of Columbia: toll-free **1-800-733-6345 (TTY 711)**, Monday through Friday, 8 a.m. to 7 p.m.; Washington and Oregon: **1-800-548-9809 (TTY 711)**, Monday through Friday, 8 a.m. to 5:30 p.m. 13. Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice.

In California, Hawaii, and Washington, Kaiser Permanente is an HMO plan with a Medicare contract. In Colorado, Oregon, Southwest Washington, Georgia, Maryland, Virginia, and the District of Columbia, Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

kp.org/medicare

2024 Benefits at a Glance

Medicare Health Plan Benefit Highlights Chart

Premiums and Benefits		Kaiser Permanente Senior Advantage Hawaii Island (HMO)
Description	You pay	
Monthly Premium	\$191	
Doctor Office Visits	\$15 Primary/\$35 Specialist (\$0 for virtual visits ¹)	
Preventive Services ²	No charge	
Urgent/Emergency Care	\$50 Urgent/\$120 Emergency	
Lab, X-ray	\$15 lab, \$30 X-ray	
Inpatient Hospitalization	\$400 per day for days 1 through 6 \$70 per day for days 7 through 30 No charge for the remainder of your stay	
Outpatient Surgery in an ambulatory surgical center	\$250	

Part D Prescription Drug Coverage³

Description	You pay
Initial Coverage Stage (for up to a 30-day supply) When the annual total drug costs paid by you and any Part D plan reach \$5,030 , you move into the Coverage Gap.	\$6 preferred generic (Tier 1) \$14 generic (Tier 2) \$47 preferred brand name (Tier 3) \$100 non-preferred drug (Tier 4) 33% specialty (Tier 5) \$0 injectable Part D vaccines (Tier 6)
Our Mail-Order Pharmacy⁴ (Restrictions & limitations may apply.)	\$0 copay for up to a 90-day supply for preferred generic (Tier 1) All other drugs: 2 copays for up to a 90-day supply

For more information about **Part D Prescription Drug Coverage**, please see your **Summary of Benefits**.

To see more benefits, visit kp.org/medichart and type in your zip code.

(Benefits continued on back page)

Premiums and Benefits

Kaiser Permanente Senior Advantage Hawaii Island (HMO)

Description	Benefit
Additional supplemental benefits included in your plan	
Fitness Program Silver&Fit®⁵	\$50 annual member fee for a standard fitness center membership \$10 per calendar year for a home fitness kit to exercise at home
Dental⁶	Preventive and diagnostic dental included in certain KPSA plans; a coinsurance may apply
Acupuncture/Chiropractic	\$20 per visit (20 combined visits per calendar year)
Vision Benefits⁷	\$15 per visit
Routine Hearing Exams⁸	\$15 per visit

Optional Supplemental Package (Advantage Plus)

Description	You pay
Advantage Plus Monthly Premium Comprehensive dental services, ⁶ hearing aids, eyewear	\$44 in addition to your monthly plan premium

To see more benefits, visit kp.org/medichart and type in your zip code.

1. When appropriate and available. If you travel out of state, virtual care could be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **2.** \$0 copay for all preventive services covered under Original Medicare at zero cost sharing. **3.** For insulin – you won't pay more than \$35 for a one-month supply for each insulin product covered by our plan. For vaccines – our plan covers most Part D vaccines at no cost to you. **4.** For certain drugs, you can get prescription refills mailed to you through our Kaiser Permanente mail-order pharmacy. You should receive them within 3–5 days. If not, please call **808-643-7979** (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m. **5.** Silver&Fit® is a federally registered trademark of American Specialty Health, Inc. **6.** For dental care to be covered, services must be provided by Hawaii Dental Service (HDS) Medicare Advantage Network dentists, except in an emergency. While your dentist may be an HDS provider, it's possible they may not be part of the HDS Medicare Advantage Network, and therefore you will need to consider switching to an HDS Medicare Advantage Network dentist for your dental care to be covered. **7.** Your plan provider may need to provide a referral. **8.** Prior authorization may be required.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

January 1–December 31, 2024

2024 Summary of Benefits

Kaiser Permanente Senior Advantage Hawaii Island Plan (HMO)

About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior Advantage. You can use this **Summary of Benefits** to learn more about our plan. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental benefits (Advantage Plus)
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

For more details

This document is a summary. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at **kp.org/eochi** or ask for a copy from Member Services by calling **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Have questions?

- If you're not a member, please call **1-877-408-3494** (TTY **711**).
- If you're a member, please call Member Services at **1-800-805-2739** (TTY **711**).
- 7 days a week, 8 a.m. to 8 p.m.

What's covered and what it costs

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Benefits and premiums	You pay
Monthly plan premium	\$191
Deductible	None
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs	\$5,100
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	<ul style="list-style-type: none"> • \$400 per day for days 1–6 of your stay • \$70 per day for days 7–30 of your stay • \$0 for the rest of your stay
Outpatient hospital services*†	\$0–\$250 per visit
Ambulatory Surgical Center (ASC)*†	\$250 per visit
Doctor's visits	
• Primary care providers	\$15 per visit
• Specialists*†	\$35 per visit
Preventive care*† See the EOC for details.	\$0
Emergency care We cover emergency care anywhere in the world.	\$120 per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	\$50 per visit
Diagnostic services, lab, and imaging*†	
• A1c lab tests for persons with diabetes, LDL lab tests for persons with heart disease, and INR lab tests for persons with liver disease or certain blood disorders	\$0
• All other lab tests	\$15 per day
• X-rays and ultrasounds	\$30 per X-ray or ultrasound
• Diagnostic tests and procedures (like EKGs)	\$30 per test
• MRI, CT, and PET	\$265 per test
Hearing services*†	
• Evaluations to diagnose medical conditions	\$15 per visit
• Routine hearing exams	

Benefits and premiums	You pay
Dental services Covered preventive dental services listed below are provided by Hawaii Dental Service (HDS) Medicare Advantage Network: <ul style="list-style-type: none"> • Two preventive oral exams and teeth cleanings per calendar year • One bite-wing X-ray per calendar year 	\$0
<ul style="list-style-type: none"> • One full-mouth X-ray every five years • Nonroutine dental care: anesthesia, consultation, and minor pain relief*† For the list of HDS Medicare Advantage Network dentists, see the Provider and Pharmacy Directory , visit hawaiidental-service.com , or call HDS customer service at 1-844-379-4325 (Monday through Friday, 7:30 a.m. to 4:30 p.m.). If you sign up for optional benefits, you receive additional dental benefits, see "Advantage Plus (optional benefits)" for details.	30% coinsurance
Vision services <ul style="list-style-type: none"> • Visits to diagnose and treat eye diseases and conditions*† • Routine eye exams*† 	\$15 per visit
<ul style="list-style-type: none"> • Preventive glaucoma screening and diabetic retinopathy services*† 	\$0
<ul style="list-style-type: none"> • Eyeglasses or contact lenses after cataract surgery • Other eyewear isn't covered unless you sign up for optional benefits, see "Advantage Plus (optional benefits)" for details. 	20% coinsurance up to Medicare's limit and you pay any amounts beyond that limit.
Mental health services*† <ul style="list-style-type: none"> • Inpatient mental health 	\$300 per day for days 1–6 (\$0 for the rest of your stay).
<ul style="list-style-type: none"> • Outpatient group therapy 	\$15 per visit
<ul style="list-style-type: none"> • Outpatient individual therapy 	\$35 per visit
Skilled nursing facility*† We cover up to 100 days per benefit period.	Per benefit period: <ul style="list-style-type: none"> • \$0 for days 1–20 • \$190 per day for days 21–40 • \$0 for days 41–100
Physical therapy*†	\$15 per visit
Ambulance	\$200 per one-way trip
Transportation	Not covered

Benefits and premiums	You pay
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the EOC for details. <ul style="list-style-type: none"> Drugs that must be administered by a health care professional 	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.
<ul style="list-style-type: none"> Up to a 30-day supply from a plan pharmacy 	<ul style="list-style-type: none"> \$14 for generic drugs \$47 for brand-name drugs, except you pay \$35 for Part B insulin drugs furnished through an item of DME.

Medicare Part D prescription drug coverage†

The amount you pay for drugs will be different depending on:

- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at **kp.org/seniorrx** or call Member Services to ask for a copy at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- Whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage, coverage gap, or catastrophic coverage stages).

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the cost-sharing below may not apply to you; instead, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

Deductible stage

Because we have no deductible, this payment stage does not apply to you and you start the year in the initial coverage stage.

Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$5,030**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$5,030 limit in 2024, you move on to the coverage gap stage and your coverage changes.

Drug tier	Retail plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 90-day supply
Tier 1 (Preferred generic)	\$6	\$12	\$18
Tier 2 (Generic)	\$14	\$28	\$42
Tier 3* (Preferred brand-name)	\$47	\$94	\$141
Tier 4* (Nonpreferred drugs)	\$100	\$200	\$300
Tier 5* (Specialty)	33%		
Tier 6** (Vaccines)	\$0	N/A	N/A

*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply, **\$70** for a 31- to 60-day supply, and **\$105** for a 61- to 90-day supply, regardless of the tier.

**Our plan covers most Part D vaccines at no cost to you.

Drug tier	Mail-order plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 90-day supply
Tier 1 (Preferred generic)	\$0	\$0	\$0
Tier 2 (Generic)	\$14	\$28	\$28
Tier 3* (Preferred brand-name)	\$47	\$94	\$94
Tier 4* (Nonpreferred drugs)	\$100	\$200	\$200
Tier 5* (Specialty)	33%		

Note: Tier 6 (vaccines) are not available through mail order.

*For each insulin product covered by our plan, you will not pay more than **\$35** for a 30-day supply, **\$70** for a 31- to 60-day supply, or **\$94** for a 61- to 90-day supply of Tier 3 drugs and **\$105** for a 61- to 90-day supply of Tiers 4-5 drugs, regardless of the tier.

Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **\$5,030** on your drugs during 2024. You pay the following copays and coinsurance during the coverage gap stage:

Drug tier	You pay
Tiers 1, 2, and 6	The same copays listed above that you pay during the initial coverage stage
Tiers 3, 4, and 5	25% coinsurance

Catastrophic coverage stage

If you or others on your behalf spend **\$8,000** on your Part D prescription drugs in 2024, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2024.

Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

Advantage Plus (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy a supplemental benefit package called Advantage Plus. Advantage Plus gives you extra coverage for an additional monthly cost that's added to your monthly plan premium. See the **Evidence of Coverage** for details.

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Advantage Plus benefits and premiums	You pay
Additional monthly premium	\$44
Eyewear Allowance every January 1st	\$300 allowance. If your eyewear costs more than \$300, you pay the difference.
Hearing aids *† <ul style="list-style-type: none">• Allowance every 36 months for up to two hearing aids	\$1,500 allowance for both ears. If your hearing aid(s) cost more than \$1,500, you pay the difference.
<ul style="list-style-type: none">• Exams for fitting and evaluation of hearing aids	\$0
Dental services Covered dental services listed below are provided by Hawaii Dental Service (HDS) Medicare Advantage Network: <ul style="list-style-type: none">• Comprehensive dental care that includes fillings, extractions, crowns, endodontics, periodontics, bridges, and dentures. For the list of HDS Medicare Advantage Network dentists, see the Provider and Pharmacy Directory , visit hawaiidental-service.com , or call	0%–50% coinsurance, depending on the service, up to a \$1,000 annual benefit limit. After our plan has paid \$1,000, you pay 100% for the rest of the calendar year. See the Evidence of Coverage for details.

HDS customer service at **1-844-379-4325** (Monday through Friday, 7:30 a.m. to 4:30 p.m.).

Additional benefits

These benefits are available to you as a plan member:	You pay
<p>Fitness benefit — (the Silver&Fit® Healthy Aging and Exercise Program)</p> <p>Includes a standard membership to any of the participating fitness centers in the Silver&Fit program. You can also choose one Home Fitness Kit annually from a selection of kits to help you stay fit at home.</p> <p>The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein. Participating fitness centers and fitness chains may vary by location and are subject to change.</p>	<ul style="list-style-type: none">• \$50 annual member fee for a standard fitness center membership• \$10 per calendar year for a home fitness kit to exercise at home. <p>You also have the option to access the Silver&Fit Premium fitness network (an expanded network of select fitness centers) at additional costs, which may include initiation and nonrefundable membership fees.</p>
<p>Acupuncture and chiropractic care not covered by Medicare</p> <p>We provide 20 visits total per calendar year for acupuncture and chiropractic care not covered by Medicare.</p>	<p>\$20 per visit</p>

Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit greatcall.com/KP or call **1-800-205-6548** (TTY **711**) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Senior Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

Who can enroll

You can sign up for our plan if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You live in this plan's service area, which is the following **ZIP codes in Hawaii County**: 96704, 96710, 96719, 96720, 96721, 96725, 96726, 96727, 96728, 96737, 96738, 96739, 96740, 96743, 96745, 96749, 96750, 96755, 96760, 96764, 96771, 96773, 96774, 96776, 96778, 96780, 96781, 96783, and 96785.

Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider and Pharmacy Directory**. But there are exceptions to this rule. We also cover:
 - Care from plan providers in another Kaiser Permanente Region
 - Emergency care
 - Out-of-area dialysis care
 - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
 - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (exclusions), see the **Evidence of Coverage**.

Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. You aren't restricted to a particular plan facility or pharmacy, and we encourage you to use the plan facility or pharmacy that will be most convenient for you. To find our provider locations, see our **Provider and Pharmacy Directory** at kp.org/directory or ask us to mail you a copy by calling Member Services at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services or at kp.org/finddoctors.

Help managing conditions

If you have more than one ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Kaiser Foundation Health Plan

Kaiser Foundation Health Plan Inc., Hawaii Region is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Senior Advantage. We offer several Senior Advantage plans in our Hawaii Region's service area, which includes Honolulu County, most of Hawaii County (Big Island), and the Island of Maui.

Each plan has different benefits, copays, coinsurance, premiums, and plan service areas. But you can get care from plan providers anywhere in our Hawaii Region.

If you move from your plan's service area to another service area in our Hawaii Region, you'll have to enroll in a Senior Advantage plan in your new service area.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** on kp.org/privacy to learn more.

Helpful definitions (glossary)

Allowance

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

Benefit period

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

Calendar year

The year that starts on January 1 and ends on December 31.

Coinsurance

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

Copay

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

Deductible

It's the amount you must pay for Medicare Part D drugs before you will enter the initial coverage stage.

Evidence of Coverage

A document that explains in detail your plan benefits and how your plan works.

Maximum out-of-pocket responsibility

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

Medically necessary

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

Non-plan provider

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

Plan

Kaiser Permanente Senior Advantage.

Plan premium

The amount you pay for your Senior Advantage health care and prescription drug coverage.

Plan provider

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

Prior authorization

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

Region

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

Retail plan pharmacy

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

Service area

The geographic area where we offer Senior Advantage plans. To enroll and remain a member of our plan, you must live in one of our Senior Advantage plan's service area.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your "**Medicare & You**" handbook. You can view it online at **medicare.gov** or get a copy by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

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

If you need these services, call Member Services at **1-800-805-2739 (TTY 711)**, 8 a.m. to 8 p.m., seven days a week.

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, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. 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>**.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-805-2739 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-805-2739 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-805-2739 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-805-2739 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-805-2739 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-805-2739 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-805-2739 (TTY 711)**, sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-805-2739 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-805-2739 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-805-2739 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-805-2739 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-805-2739 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-805-2739 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-805-2739 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-805-2739 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-805-2739 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-805-2739 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Tongan: 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739 (TTY 711)**. 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

Ilocano: Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739 (TTY 711)**. Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

Pohnpeian: Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739 (TTY 711)**. Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

Samoaan: E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'ó lou valaau mai lava ia matou i le **1-800-805-2739 (TTY 711)**. O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ **1-800-805-2739 (TTY 711)**. ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ເປັນບໍລິການພຣີ.

Bisayan: Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739 (TTY 711)**. Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

Marshallese: Ewor ad jerbal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāñ in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-1-800-805-2739 (TTY 711)**. Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jerbal in.

Hawaiian: Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739 (TTY 711)**. no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

Chuukese: Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunōu emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739 (TTY 711)**. Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

kp.org/medicare

Kaiser Foundation Health Plan, Inc.
711 Kapiolani Blvd.
Honolulu, HI 96813

Kaiser Foundation Health Plan, Inc., Hawaii Region. A nonprofit corporation and Health Maintenance Organization (HMO)

Advantage Plus

For a healthier, more vibrant you



Add comprehensive dental, hearing aid, and eyewear benefits* for an affordable monthly premium

Enhance your health and well-being

Combine the affordable benefits of Advantage Plus with your Senior Advantage (HMO) plan.*



More benefits, more value

Advantage Plus: Only \$44 a month gets you comprehensive dental, hearing aid, and eyewear benefits along with your Senior Advantage plan.*

Best of all, you'll get your care from Kaiser Permanente and our health care partners.



The convenience of one simple bill

The monthly premium for Advantage Plus will be added to your Senior Advantage bill, so it's easy to pay.



How to enroll

Go online today! To learn more and enroll online, visit kp.org/advantageplus.

We're here to help. If you're ready to enroll or have questions, call us at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.



When to enroll

There's a limited time to enroll in Advantage Plus. It depends on when you enroll in Senior Advantage.

If you are not currently enrolled in Kaiser Permanente Senior Advantage:

- Go to kp.org/medicare to fill out the online Senior Advantage enrollment form and choose the Advantage Plus option.
- Or sign up for Senior Advantage with Advantage Plus over the phone with one of our Kaiser Permanente Medicare specialists.

If you are a new Senior Advantage member or you have moved to a different Kaiser Permanente service area:

- You can add Advantage Plus within 30 days of your Senior Advantage effective date.

If you are an existing Senior Advantage member:

- You can sign up for Advantage Plus from October 15, 2023, until March 31, 2024. (Your enrollment form must be received in our office by this date.)

ADVANTAGE PLUS (optional supplemental package) premium and benefits	BENEFIT DETAILS
Monthly premium in addition to monthly Senior Advantage individual plan premium and monthly Medicare premium(s)	You pay: \$44
Comprehensive dental services* Fillings, crowns, root canal therapy, gum treatment, implants, bridges and dentures, oral surgery Plan maximum per person per calendar year: \$1,000 The most Hawaii Dental Service (HDS) will pay for each person for all covered dental services performed during the calendar year. Certain preventive and diagnostic services are not subject to the benefit limit.	Payable at 30% to 50% coinsurance, depending on the benefit
Hearing aids	\$1,500 allowance for 1 or 2 hearing aids every 3 years
Eyeglasses and contact lenses	\$300 eyewear allowance every year

Note: Preventive dental services are included in the Kaiser Permanente Senior Advantage individual plan (not available under the Medicare Medicaid (D-SNP plans). See your *Evidence of Coverage* for details.

*You must be a Kaiser Permanente Senior Advantage (HMO) Individual Plan member to enroll in the Advantage Plus option. (If your Senior Advantage Plan is provided to you by an employer group or trust fund, you are not eligible to enroll in the Advantage Plus option.) The Advantage Plus option is not available under the Medicare Medicaid D-SNP plan. For dental care to be covered, services must be provided by Hawaii Dental Service (HDS) Medicare Advantage Network dentists, except in an emergency. While your dentist may be an HDS provider, it's possible they may not be part of the HDS Medicare Advantage Network, and therefore you will need to consider switching to an HDS Medicare Advantage Network dentist for your dental care to be covered.

Remember, to enroll in the Advantage Plus optional benefits package, you must first be enrolled in a Kaiser Permanente Senior Advantage individual plan.

You must be a Kaiser Permanente Senior Advantage individual plan member to apply. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll. Call Member Services at **1-800-805-2739** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m., for more information.

The **Silver&Fit**® Healthy Aging and Exercise Program

2024 | Personalized fitness plans to keep you healthy



Join the **Silver&Fit®** Healthy Aging and Exercise Program

You don't have to be a lifelong athlete to be active as an older adult. The Silver&Fit® Healthy Aging and Exercise Program makes it easier for you to get fit and stay motivated – for little or no extra cost.^{1,2,3,4}

Get started in 3 simple steps



Step 1: **Become a member of our Medicare health plan**

When you enroll in a Kaiser Permanente Medicare health plan, you're automatically eligible for the Silver&Fit program.¹



Step 2: **Choose how you'd like to work out**

The Silver&Fit program offers different ways to exercise – see descriptions on the next page. Pick the one that's right for you based on how and where you like to work out – or choose both options for added flexibility.



Step 3: **Sign up**

Register at **SilverandFit.com** or call **1-877-750-2746** (TTY **711**), Monday through Friday, 5 a.m. to 6 p.m. Pacific time.

Choose how you'd like to work out: home, fitness center, or both!



Digital fitness choices

If you enjoy working out at home or can't go to a fitness center, this option is for you.

Each calendar year, you can choose one Home Fitness Kit from Fitbit® or Garmin® Wearable Fitness Tracker, Yoga, Strength, Pilates, Walking/Trekking, or Swim Kit options.^{3,4} You also have access to on-demand workout videos and Signature Series classes at SilverandFit.com along with personalized Workout Plans, and you can join a live exercise class on the Silver&Fit Facebook and YouTube pages.



Fitness membership choices

With this option, you can pick a fitness center from the Silver&Fit program's broad network of participating locations.⁵

Where available, you can:

- Work out with cardiovascular and strength-training equipment
- Access special features such as saunas, pools, and whirlpools
- Attend Silver&Fit classes, including yoga, swimming, strength and cardio training, and more²

Healthy extras

No matter what you choose, you'll have access to the following perks:

Well-Being Club

Enjoy this enhanced feature of the Silver&Fit website that focuses on community with a personalized approach to fitness, well-being, and member connection. The Well-Being Club gives you the opportunity to view customized resources, as well as attend live virtual classes and events.

Social activities

Join your fellow Silver&Fit members at community events (where available). Or join in with thousands of on-demand workout videos on the Silver&Fit website so you can exercise when and where you want.

Newsletter

Get motivated with **The Silver Slate®**, a quarterly newsletter filled with wellness tips to keep you committed to healthy living. Get it via email or view it online.

Rewards program

With the Silver&Fit Connected!™ tool, you can use your smartphone or wearable fitness device to track your progress and earn rewards, including a Silver&Fit hat and collectible pins.⁶

Contact us

Have questions?

We're here to help. Call Member Services today.

Hawaii: 1-800-805-2739 (TTY 711)

7 days a week, 8 a.m. to 8 p.m. Hawaii time

Mid-Atlantic States: 1-888-777-5536 (TTY 711)

7 days a week, 8 a.m. to 8 p.m. Eastern time

Northwest: 1-877-221-8221 (TTY 711)

7 days a week, 8 a.m. to 8 p.m. Pacific time

¹In Maryland and the District of Columbia, the Silver&Fit program is not available to members with the following plans: Kaiser Permanente Medicare Advantage (HMO) Value Balt plan, Kaiser Permanente Medicare Advantage (HMO) Value MD plan, and Kaiser Permanente Medicare Advantage (HMO-POS) Value DC plan.

²Classes at some fitness centers may require additional fees that aren't included in your membership. Silver&Fit classes may not be offered at all fitness centers.

³Home Fitness Kits are subject to change.

⁴Fees may apply in the HI region.

⁵In Hawaii, members have access to the buy-up Premium Fitness Network. Fees vary by Premium Fitness location. Depending on your plan, you may have an option to purchase Premium Fitness Network.

⁶Rewards are subject to change.

The Silver&Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). The Silver&Fit program is available to current members of Kaiser Permanente California Individual Medicare health plans and participating Group Medicare health plans.

All programs and services are not available in all areas. Check the searchable directory on the Silver&Fit website to see if your location participates in the program. Silver&Fit, The Silver Slate, and Silver&Fit Connected! are trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners.

In California, Hawaii, and Washington, Kaiser Permanente is an HMO plan with a Medicare contract. In Colorado, Oregon, Southwest Washington, Georgia, Maryland, Virginia, and the District of Columbia, Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.



Individual Plan

Kaiser Permanente Senior Advantage (HMO) or
Kaiser Permanente Senior Advantage Medicare Medicaid Plan (HMO D-SNP)

2024 Enrollment Form

Hawaii Region Individual Plan

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15-December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15-December 7), the plan must get your completed form by December 7.



Have you thought about enrolling on kp.org/enrollonline instead? It's a fast, secure, and easy way to apply.

- In general, your coverage effective date is based on when we receive your enrollment request. If mailing, please note the postmark date is not considered the date the plan receives the request and does not determine your coverage effective date. Enrollment requests eligible for a first of the upcoming month effective date must be received by Kaiser Permanente by the last day of the month prior to that effective date.
- We will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Kaiser Permanente – Medicare Unit
P.O. Box 232400
San Diego, CA 92193-2400

You can also FAX or EMAIL your completed form to:

FAX: **1-855-355-5334**

EMAIL: KPMedicareEnrollments@kp.org

- We'll review your form to make sure it's complete.
- We'll let Medicare know that you've applied for Senior Advantage.
- Within 10 calendar days after Medicare confirms you're eligible, we'll let you know when your coverage starts. Then we'll send you a Kaiser Permanente ID card and information for new members.
- You can check the progress of your application online at kp.org/medicare/applicationstatus.

How do I get help with this form?

Call Kaiser Permanente at **1-800-805-2739**.

TTY users can call **711**.

En español: Llame a Kaiser Permanente al

1-800-805-2739/TTY 711.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Name

Kaiser Permanente Medical/Health Record Number (for current or former members)

Section 1 - All fields in this section are required (unless marked optional)

Select the plan you want to join:

OAHU:

- ☐ Senior Advantage Medicare Medicaid (HMO D-SNP) - \$0 per month
Special Needs Plan (SNP) - For people who are entitled to both Medicare and **state Medicaid** benefits
- ☐ Kaiser Permanente Senior Advantage **Basic** (HMO) - \$29 per month
- ☐ Kaiser Permanente Senior Advantage **Enhanced** (HMO) - \$139 per month

MAUI*:

- ☐ Senior Advantage Medicare Medicaid (HMO D-SNP) - \$0 per month
Special Needs Plan (SNP) - For people who are entitled to both Medicare and **state Medicaid** benefits
- ☐ Kaiser Permanente Senior Advantage **Maui** (HMO) - \$166 per month

HAWAII ISLAND*:

- ☐ Kaiser Permanente Senior Advantage **Hawaii Island** (HMO) - \$191 per month

*Counties with an asterisk are only partly covered by our service area. If you live in a partly covered county, please refer to the Summary of Benefits for a list of zip codes in our service area.

Advantage Plus (optional supplemental benefits package):

Would you also like to add Advantage Plus to your Kaiser Permanente Senior Advantage plan? The Advantage Plus package is optional. For an additional **\$44** per month, you can add more benefits (comprehensive dental, hearing aid, and eyewear benefits). The monthly premium for Advantage Plus will be added to your Kaiser Permanente Senior Advantage monthly premium. Note: This option is not available under the Senior Advantage Medicare Medicaid (HMO D-SNP) plan.

☐ Yes ☐ No

Name

LAST Name:

Gender:

☐ Male ☐ Female

FIRST Name:

Middle Initial:

Birth Date: (mm/dd/yyyy)

Home Phone Number:

Mobile Phone Number:

Permanent Residence Street Address (P.O. Box is not allowed):

City:

County:

State:

ZIP Code:

Mailing Address, if different from your permanent address (PO Box allowed)

Street Address:

City:

State:

ZIP Code:

E-mail Address:**Your Medicare information:****Medicare Number:**

Name

Answer these important questions:

1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to Kaiser Permanente?

☐ Yes ☐ No

If "yes," please list your other coverage and your identification (ID) number(s) for this coverage:

Name of other coverage:

ID # for this coverage:

Group # for this coverage:

2. Are you enrolled in your State Medicaid program? ☐ Yes ☐ No

If "yes," please provide your Medicaid number:

**Please Read This Important Information**

If you currently have health coverage from an employer or union, joining Kaiser Permanente could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Kaiser Permanente Senior Advantage. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn't any information on whom to contact, your benefits administrator or the office that answers questions about your coverage can help.

Advantage Plus optional supplemental benefits conditions of enrollment

If you checked "Yes" to add the Advantage Plus optional supplemental benefits package on page 1, please read the information below.

By completing this enrollment application:

- I agree to adding the Advantage Plus optional supplemental benefits package that gives me comprehensive dental, hearing aid, and eyewear benefits for **\$44** per month, which is in addition to my Medicare and Kaiser Permanente Senior Advantage premiums.
- I understand that the optional supplemental benefits package adds more benefits to my Kaiser Permanente Senior Advantage coverage and is subject to the terms and conditions stated in the Kaiser Permanente Senior Advantage **Evidence of Coverage**.
- I understand that the Advantage Plus optional supplemental benefits package is only available to members enrolled in a Kaiser Permanente Senior Advantage Individual Plan.
- I understand that I can disenroll from Advantage Plus coverage at any time. If I disenroll, I will not be eligible to enroll again until the following times: 1) between October 15 and December 31, for coverage to become effective on January 1; 2) between January 1 and March 31, or; 3) within 30 days of when I make a Kaiser Permanente Senior Advantage plan change during another Special Enrollment Period for coverage effective the first of the month following receipt of the request.

Name

IMPORTANT: Read and sign below:

- Kaiser Permanente Senior Advantage is a Medicare Advantage plan and has a contract with the Federal government. I must keep both Hospital (Part A) and Medical (Part B) to stay in Kaiser Permanente Senior Advantage.
- By joining this Medicare Advantage Prescription Drug Plan, I acknowledge that Kaiser Permanente will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Kaiser Permanente Senior Advantage coverage begins, Kaiser Permanente Health Plan doctor(s) and affiliated network providers will be my primary source for my medical and prescription drug benefits. This means that when my Kaiser Permanente Senior Advantage coverage begins, all of my health care, except emergency or urgently needed care, or **out-of-area dialysis services**, must be given or arranged by a practitioner in the Kaiser Permanente Senior Advantage network unless my plan has an out of network benefit or component as described in the **Evidence of Coverage** document (also known as a member contract or subscriber agreement). Benefits and services provided by Kaiser Permanente and contained in my Kaiser Permanente Senior Advantage **Evidence of Coverage** document will be covered. Neither Medicare nor Kaiser Permanente will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 1. This person is authorized under State law to complete this enrollment and
 2. Documentation of this authority is available upon request by Medicare.

Signature:

Today's Date:

If you are the authorized representative of the enrollee, meaning you attest that you are legally authorized to complete this enrollment request on their behalf under State law (Power of Attorney, court-ordered legal guardianship, etc.), please sign above and provide your information below:

Name:

Address:

Phone Number:

Relationship to Enrollee:

For future membership-related inquiries or requests, please feel free to send a copy of the authorized representative document to: Kaiser Permanente - Medicare Unit P.O. Box 232400 San Diego, CA 92193-2400 or FAX: **1-855-355-5334** or EMAIL: **KPMedicareEnrollments@kp.org**. A copy of the authorized representative document is not required for completing this enrollment request.

Name

Section 2 - All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Are you Hispanic, Latino/a, or Spanish origin? Select all that apply.

- ☐ No, not of Hispanic, Latino/a, or Spanish origin ☐ Yes, Mexican, Mexican American, Chicano/a
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, another Hispanic, Latino/a, or Spanish origin
☐ **I choose not to answer**

What's your race? Select all that apply.

- ☐ American Indian or Alaska Native ☐ Black or African American
Asian: Native Hawaiian and Pacific Islander:
☐ Asian Indian ☐ Guamanian or Chamorro
☐ Chinese ☐ Native Hawaiian
☐ Filipino ☐ Samoan
☐ Japanese ☐ Other Pacific Islander
☐ Korean ☐ White
☐ Vietnamese ☐ **I choose not to answer**
☐ Other Asian

Select one if you want us to send you information in a language other than English.

- ☐ Spanish

Select one if you want us to send you information in an accessible format.

- ☐ Braille ☐ Large Print ☐ Audio CD

Please contact Kaiser Permanente at **1-800-805-2739** if you need information in an accessible format other than what's listed above. Our office hours are 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

Do you work? ☐ Yes ☐ No Does your spouse work? ☐ Yes ☐ No ☐ N/A

Name

Paying Your Plan Premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, phone, or online each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit or you may get a bill from Medicare (or the RRB). DON'T pay Kaiser Permanente the Part D-IRMAA.

Please select a premium payment option: If you don't select a payment option, you will get a bill each month.

☐ Get a bill

After you receive your first bill, you can choose a different payment option.

- You can have your monthly payment automatically deducted from your bank account. Please call us at **1-877-578-2700 (TTY 711)** to request a Medicare Autopay Selection Form or if you have any questions.
- To pay by credit or debit card, visit **kp.org/payonline** or call us at **1-877-578-2700 (TTY 711)**.
You will need your account information from your bill to make a payment.

☐ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Office Use Only:

Name of staff member/agent/broker (if assisted in enrollment):

Plan ID #:

Effective Date of Coverage:

ICEP/IEP:

AEP:

SEP (type):

Name

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date) .
- ☐ I recently was released from incarceration. I was released on (insert date) .
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) .
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) .
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) .
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) .
- ☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date) .
- ☐ I recently left a PACE program on (insert date) .
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) .
- ☐ I am leaving employer or union coverage on (insert date) .

Name

- ☐ I belong to a pharmacy assistance program provided by my state.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) .
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) .
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I am in a plan that was recently taken over by the state because of financial issues. I want to switch to another plan.
- ☐ I am in a plan that's had a star rating of less than 3 stars for the last 3 years. I want to join a plan with a star rating of 3 stars or higher.

If you are eligible for an enrollment period that is not listed above, you can proceed without making a selection. Kaiser Permanente may contact you to verify your enrollment period if one is not apparent. If you're not sure or have questions about enrollment periods, please contact Kaiser Permanente at **1-800-805-2739** (TTY users should call **711**) to see if you are eligible to enroll. We are open 7 days a week, 8 a.m. to 8 p.m.

Advantage Plus Enrollment Form

Hawaii Region

Thank you for your interest in our Advantage Plus plan. Combining the benefits of Advantage Plus with your Kaiser Permanente Senior Advantage (HMO) plan can enhance your health and well-being. Please read all pages of this enrollment form carefully before signing.

Enrollment periods

The Advantage Plus optional supplemental benefits package is **only** available to members who are enrolled in or have recently applied for a Kaiser Permanente Senior Advantage Individual Plan.

- **New Senior Advantage member:** If you are a new Kaiser Permanente Senior Advantage member, you can add Advantage Plus within 30 days of your Senior Advantage effective date.
- **Existing Senior Advantage member:** If you already have Kaiser Permanente Senior Advantage, you can sign up for Advantage Plus from October 15, 2023, until March 31, 2024 (your enrollment form must be received in our office by this date).

How to enroll in Advantage Plus



Online: You can complete the entire enrollment process online. Enrolling is fast and easy at kp.org/advantageplus.



Mail: To enroll by mail, complete and mail pages 3 and 4 of this form.

Please keep a copy of this form for your records. Do not send cash or check. You will be billed.

Return the signed form to: Kaiser Permanente

Medicare Unit

P.O. Box 232400

San Diego, CA 92193-2400

You can also FAX or EMAIL your completed form to: FAX: **1-855-355-5334**

EMAIL: KPMedicareEnrollments@kp.org

You can check the progress of your application online at kp.org/medicare/applicationstatus.

If you have questions, please call us at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

Important information: Print in CAPITAL LETTERS and use blue or black ink only. Fill in check boxes with an "X" to mark your responses.

A. Plan benefits

The Advantage Plus supplemental benefits package includes comprehensive dental, hearing aid, and eyewear coverage for **\$44** per month. A **\$44** monthly premium for Advantage Plus benefits will be added to your Kaiser Permanente Senior Advantage monthly premium. (Not available under the Senior Advantage Medicare Medicaid (HMO D-SNP) plan.)

B. Subscriber information

Last name

First name

MI

Gender

☐ Male ☐ Female

Kaiser Permanente medical/health record #

Medicare number (found on your Medicare card)

Home phone number

Mobile phone number

Date of birth (mm/dd/yyyy)

Permanent residence street address (P.O. box is not allowed)

City

State

ZIP code

Mailing address, if different from permanent residence (P.O. box is OK)

City

State

ZIP code

Email address

Select one if you want us to send you information in a language other than English. ☐ Spanish

Select one if you want us to send you information in an accessible format. ☐ Braille ☐ Large Print ☐ Audio CD

Please contact Kaiser Permanente at **1-800-805-2739** if you need information in an accessible format other than what's listed above. Our office hours are 7 days a week, 8 a.m. to 8 p.m. TTY users should call **711**.

Subscriber name

C. Conditions of enrollment

By completing this application form:

- I agree to adding the Advantage Plus optional supplemental benefits package that gives me comprehensive dental, hearing aid, and eyewear coverage for **\$44** per month, which is in addition to my Medicare and Kaiser Permanente Senior Advantage premiums.
- I understand that the Advantage Plus optional supplemental benefits package is only available to members enrolled in a Kaiser Permanente Senior Advantage Individual Plan.
- I understand that the optional supplemental benefits package adds more benefits to my Kaiser Permanente Senior Advantage coverage and is subject to the terms and conditions stated in the Kaiser Permanente Senior Advantage **Evidence of Coverage**.
- I understand that I can disenroll from Advantage Plus coverage at any time. If I disenroll, I will not be eligible to enroll again until the following times: 1) between October 15 and December 31, for coverage to become effective on January 1; 2) between January 1 and March 31, or; 3) within 30 days of when I make a Kaiser Permanente Senior Advantage plan change during another Special Enrollment Period for coverage effective the first of the month following receipt of the request.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application (including the "Conditions of enrollment" section above). If signed by an authorized representative (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment; and 2) documentation of this authority is available upon request by Medicare.

Signature

Today's date (mm/dd/yyyy)

If you are the authorized representative of the enrollee, meaning you attest that you are legally authorized to complete this enrollment request on their behalf under State law (Power of Attorney, court-ordered legal guardianship, etc.), please sign above and provide your information below:

Name

Address

City

State

ZIP code

Phone number

Relationship to member

For future membership-related inquiries or requests, please feel free to send a copy of the authorized representative document to: Kaiser Permanente - Medicare Unit P.O. Box 232400 San Diego, CA 92193-2400 or FAX: **1-855-355-5334** or EMAIL: **KPMedicareEnrollments@kp.org**. A copy of the authorized representative document is not required for completing this enrollment request.

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.

Provider Directories

If you need help finding a network provider or pharmacy, please visit **kp.org/directory** to search our online directory (Note: the 2024 directories are available online starting 10/15/2023 in accord with Medicare requirements).

To get a **Provider Directory**, **Dental Provider Directory** or **Pharmacy Directory** (if applicable), mailed to you, you can call Kaiser Permanente at **1-800-805-2739** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

Medicare Part D Prescription Drug Formulary

Our formulary lists the Medicare Part D drugs we cover. The formulary may change at any time. You'll be notified when necessary. If you have a question about covered drugs, see our online formulary at **kp.org/seniorrx** (Note: the 2024 formulary is available online starting 10/15/2023 in accord with Medicare requirements).

To get a formulary mailed to you, you can call Kaiser Permanente at **1-800-805-2739** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

Evidence of Coverage (EOC)

Your **EOC** explains how to get medical care and prescription drugs covered through your plan. It explains your rights and responsibilities, what's covered, and what you pay as a Kaiser Permanente member. If you have a question about your coverage, visit **kp.org/eochi** to view your **EOC** online (Note: the 2024 **EOC** for Hawaii is available online starting 10/15/2023 in accord with Medicare requirements).

To get an **EOC** mailed to you, you can call Kaiser Permanente at **1-800-805-2739** (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

Notice of Nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We also:

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

If you need these services, call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

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, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 711 Kapiolani Blvd, Honolulu, HI 96813 or calling Member Services at the number listed above. You can file a grievance by mail or phone. 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>**.

Multi-Language Insert
Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-800-805-2739 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-800-805-2739 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-800-805-2739 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-800-805-2739 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-800-805-2739 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-800-805-2739 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-800-805-2739 (TTY 711)**, sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-800-805-2739 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-800-805-2739 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-800-805-2739 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-800-805-2739 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-800-805-2739 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-800-805-2739 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-800-805-2739 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-800-805-2739 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-800-805-2739 (TTY 711)**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-800-805-2739 (TTY 711)** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Tongan: 'Oku 'i ai 'emau sēvesi fakatonu lea ta'etotongi ke ne ala tali ha'o ngaahi fehu'i fekau'aki mo 'emau palani mo'ui lelei pe faito'ó. Te ke ma'u ha tokotaha fakatonulea 'i ha'o fetu'utaki ki he **1-800-805-2739** (TTY **711**). 'E 'i ai ha tokotaha 'oku lea Faka-Pilitānia ke ne tokoni'i koe. Ko e sēvesi ta'etotongi eni.

Ilocano: Addaankami kadagiti libre a serbisio ti mangitarus tapno sungbatan ti aniaman a saludsod nga addaan ka maipapan ti plano iti salun-at wenno agasmi. Tapno mangala ti mangitarus, maidawat a tawagannakam iti **1-800-805-2739** (TTY **711**). Maysa a tao nga agsasao iti Ilocano ti makatulong kenka. Daytoy ket libre a serbisio.

Pohnpeian: Mie sahpis ni soh isepe oang kawehwe peidek kan me komwi sohte wehwehki oang palien roson mwahu de wasa me pwain kohdahn wini. Komwi en kak iang alehdi sawas wet, komw telepwohndo reht ni **1-800-805-2739** (TTY **711**). Mie me kak Lokaiahn Pohnpei me pahn seweseiuk. Sawas wet sohte isepe.

Samoaan: E iai a matou auaunaga faaliliuupu e tali i soo sau fesili e uiga i lou soifua maloloina poo fuafuaga o vailaau. A fia maua se faaliliuupu, na'o lou valaau mai lava ia matou i le **1-800-805-2739** (TTY **711**). O le fesoasoani atu se tasi e tautala Gagana Samoa. E le totogia lea auaunaga.

Laotian:

ພວກເຮົາມີບໍລິການລ່າມແປພາສາພຣີເພື່ອຕອບຄໍາຖາມຕ່າງໆທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນສຸຂະພາບ ຫຼື ແຜນຢາຂອງພວກເຮົາ. ເພື່ອຂໍລ່າມແປພາສາ, ພຽງແຕ່ໃບຫາພວກເຮົາທີ່ເບີ **1-800-805-2739** (TTY **711**). ຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ເປັນບໍລິການພຣີ.

Bisayan: Duna mi'y libreng serbisyo sa tig-interpret aron motubag sa bisan unsa nimong mga pangutana mahitungod sa imong panglawas o plan sa tambal. Aron mokuha og tig-interpret, tawagi lang mi sa **1-800-805-2739** (TTY **711**). Ang usa ka tawo nga nagsulti og Pinulongan makatabang kanimo. Kini usa ka libreng serbisyo.

Marshallese: Ewor ad jerbal in ukok ko ñan uak jabdewōt kajitok emaroñ in wōt am ikijen bŭlāñ in ājmour ako uno ko rekajur. Ñan bukot juon riukok, kurtok kij ilo **1-1-800-805-2739** (TTY **711**). Juon armij ej kajiton Kajin eo ñan jibañ eok. Ejelok onean jerbal in.

Hawaiian: Inā kekahi mau nīnau nāu e pili ana i kā mākou papahana 'inikua mālama olakino a i 'ole ka 'inikua lā'au kuhikuhi, loa'a ia pū ke kōkua unuhi manuahi i ka 'ōlelo Hawai'i. Inā makemake 'oe i kēia kōkua, e 'olu'olu ke kelepona mai iā mākou i ka helu **1-800-805-2739** (TTY **711**). no ka wala'au 'ana e pili ana i kēia mau papahana i ka 'ōlelo Hawai'i. Eia la ke kōkua manuahi.

Chuukese: Mi kawor aninisin chiaku ika awewen kapas ika epwe wor omw kapas eis fan iten ach kei okot ren pekin manaw me sefei. Ika ke mochen nōunōu emon chon chiaku, kopwe kori kich ren en namba **1-800-805-2739** (TTY **711**). Emon aramas mi sine Chuuk mi tongeni anisuk. Ei aninis ese kamo.

IMPORTANT INFORMATION:

2024 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Kaiser Permanente - H1230

For 2024, Kaiser Permanente - H1230 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★☆

Health Services Rating: ★★★★★☆

Drug Services Rating: ★★★★★☆



Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars show how well a plan performs.

- ★★★★★ EXCELLENT
- ★★★★☆ ABOVE AVERAGE
- ★★★☆☆ AVERAGE
- ★★☆☆☆ BELOW AVERAGE
- ★☆☆☆☆ POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Kaiser Permanente 7 days a week from 8:00 a.m. to 8:00 p.m. Hawaii time at 877-408-3494 (toll-free) or 711 (TTY). Current members please call 800-805-2739 (toll-free) or 711 (TTY).

3 easy steps

It's simple to get started with Kaiser Permanente

Welcome to Kaiser Permanente. We'll let you know your coverage start date once Medicare confirms your enrollment, and then you'll receive your member ID card in the mail within 10 days. Along with your ID card, you'll also get more information about your Kaiser Permanente Medicare health plan. In the meantime, you can access your digital ID card via the Kaiser Permanente mobile app or download it at kp.org as soon as your enrollment is confirmed.

Use this handy checklist to start making the most of your membership once you receive your ID card.



Step 1: Create your online account

Once your coverage starts, you can create your account through the Kaiser Permanente app or at kp.org/newmember. Then you can conveniently schedule routine appointments, refill prescriptions, email your doctor's office with nonurgent questions, and much more.* You can also access your digital ID card when you use the app.



Step 2: Choose your doctor – and change anytime

Choose from a wide range of available Kaiser Permanente doctors and change for any reason at any time. To choose a doctor, browse our online doctor profiles at kp.org/chooseyourdoctor or call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week.



Step 3: Get prescriptions

We'll help you transition your current prescriptions to Kaiser Permanente. Just go to kp.org/newmember and follow the steps. Or give us a call at **808-643-5744** (TTY **711**), Monday through Friday, 9 a.m. to 5 p.m. Be sure to have your prescription information handy.


If you have a question about covered drugs, please visit kp.org/medicareformulary.

(more on back)

Start taking advantage of your membership

To schedule your first appointment after you get your ID card, give us a call or visit **kp.org/appointments** if you've already signed up (see Step 1).

If you need care before your ID card arrives or if you have any questions, simply call Member Services at **1-800-805-2739** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week. Or you can access your digital ID card via the Kaiser Permanente mobile app or download it at **kp.org**.

	KAISER PERMANENTE®	HAWAII REGION
Kaiser Permanente Senior Advantage (HMO)		
Issuer: 80840		
RxBIN: 011214 RxCN: HICMS		CMS-H1230 PBP
RxGrp: HI		
MEDICAL RECORD NO.		
X XX XX XX		MedicareRx Prescription Drug Coverage X
LAST NAME, FIRST NAME, MI		
MM DD YYYY BIRTH DATE		kp.org

Your payment options

- **Automatic payments by credit or debit card:** To have your payments automatically deducted from your credit or debit card, sign up at **kp.org/payonline** and follow the steps to set up repeating payments. Or call **1-800-805-2739** (TTY **711**).
- **Automatic payments from your bank account:** To pay by electronic funds transfer (EFT) from your bank, request an EFT form by calling **1-800-805-2739** (TTY **711**).
- **Social Security or Railroad Retirement Board (RRB) automatic deductions:** If you chose this option on your enrollment form, please **allow up to 90 days for the premium withdrawal to be set up**.

Please note: Until Social Security or RRB automatic payments begin, you'll be responsible for paying any premium statements you get from Kaiser Permanente.

Your statement should arrive in the third week of each month. Once the payment plan is set up by Social Security or RRB, your premium will be deducted from your Social Security or RRB benefit check.

- **Check or money order:** You can send a check or money order for your monthly plan premium directly to us.
- **Phone or online payments:** You can make one-time payments by credit or debit card by calling **1-877-578-2700** or by visiting **kp.org/payonline**.

*These features are available when you get care from Kaiser Permanente facilities. Kaiser Foundation Health Plan, Inc., 711 Kapiolani Blvd., Honolulu, HI 96813

[illegible]

Medicare Health Plan Autopay Selection Form

Use this form if you'd like to set up automatic premium payments from a checking/savings account or using a credit/debit card. Complete the Membership Details section and then select and complete Option 1 or Option 2 below; then mail or fax the form to us at the address or fax number listed below. Once you select an option, your monthly invoices will be accessible through kp.org.

To access your individual premium bill online or change your billing preferences (e.g., paperless billing), sign in to your account at kp.org. If you don't have an account, you can sign up at kp.org by clicking "Register" at the top right of the web page. Once you've registered, you can manage your delivery preferences. When payments are processed, you'll receive email confirmation.

Membership Details

☐ California ☐ Colorado ☐ Georgia ☐ Hawaii ☐ Mid-Atlantic States ☐ Northwest

Last name of Kaiser Permanente member

[illegible]

First name of Kaiser Permanente member

MI

[illegible]

Date _____

Phone number

$$\begin{array}{|c|c|} \hline & \\ \hline \end{array} \div \begin{array}{|c|c|} \hline & \\ \hline \end{array} = \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} \quad \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} = \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$

Email address

[illegible]

Option 1: Electronic funds transfer from checking or savings account

Electronic funds transfer (EFT) of your premium payment from a checking/savings account will be made between the 1st and the 5th of each month. Payments returned by your financial institution are subject to a \$25 processing fee.

Type of Account: ☐ Checking ☐ Savings

Name as it appears on bank account (first name, middle initial, and last name)

[illegible]

Street address (associated with account)

[illegible]

City

State

ZIP code

[illegible]

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--	--	--	--	--

Bank routing number (bottom left of check)

Bank account number

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[illegible]

Signature of account holder (Required if choosing Option 1)

Important Note: Please continue to submit your monthly payment until you're notified by mail of the start date for your electronic funds transfer. Processing usually takes about 30 days after we receive this form.



Option 2: Credit or debit card charges

Kaiser Permanente will charge your card for your premium payment monthly, 10 days before the bill due date.

☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Credit card # Expiration date /

Name of credit card account holder

Street address (associated with card)

City _____ State _____ ZIP code _____

Signature of credit card account holder (Required if choosing Option 2)

Category	Item	Value
Category 1	Item 1	10
Category 1	Item 2	20
Category 1	Item 3	30
Category 1	Item 4	40
Category 1	Item 5	50
Category 1	Item 6	60
Category 1	Item 7	70
Category 1	Item 8	80
Category 1	Item 9	90
Category 1	Item 10	100
Category 1	Item 11	110
Category 1	Item 12	120
Category 1	Item 13	130
Category 1	Item 14	140
Category 1	Item 15	150
Category 1	Item 16	160
Category 1	Item 17	170
Category 1	Item 18	180
Category 1	Item 19	190
Category 1	Item 20	200
Category 1	Item 21	210
Category 1	Item 22	220
Category 1	Item 23	230
Category 1	Item 24	240
Category 1	Item 25	250
Category 1	Item 26	260
Category 1	Item 27	270
Category 1	Item 28	280
Category 1	Item 29	290
Category 1	Item 30	300
Category 1	Item 31	310
Category 1	Item 32	320
Category 1	Item 33	330
Category 1	Item 34	340
Category 1	Item 35	350
Category 1	Item 36	360
Category 1	Item 37	370
Category 1	Item 38	380
Category 1	Item 39	390
Category 1	Item 40	400
Category 1	Item 41	410
Category 1	Item 42	420
Category 1	Item 43	430
Category 1	Item 44	440
Category 1	Item 45	450
Category 1	Item 46	460
Category 1	Item 47	470
Category 1	Item 48	480
Category 1	Item 49	490
Category 1	Item 50	500
Category 1	Item 51	510
Category 1	Item 52	520
Category 1	Item 53	530
Category 1	Item 54	540
Category 1	Item 55	550
Category 1	Item 56	560
Category 1	Item 57	570
Category 1	Item 58	580
Category 1	Item 59	590
Category 1	Item 60	600
Category 1	Item 61	610
Category 1	Item 62	620
Category 1	Item 63	630
Category 1	Item 64	640
Category 1	Item 65	650
Category 1	Item 66	660
Category 1	Item 67	670
Category 1	Item 68	680
Category 1	Item 69	690
Category 1	Item 70	700
Category 1	Item 71	710
Category 1	Item 72	720
Category 1	Item 73	730
Category 1	Item 74	740
Category 1	Item 75	750
Category 1	Item 76	760
Category 1	Item 77	770
Category 1	Item 78	780
Category 1	Item 79	790
Category 1	Item 80	800
Category 1	Item 81	810
Category 1	Item 82	820
Category 1	Item 83	830
Category 1	Item 84	840
Category 1	Item 85	850
Category 1	Item 86	860
Category 1	Item 87	870
Category 1	Item 88	880
Category 1	Item 89	890
Category 1	Item 90	900
Category 1	Item 91	910
Category 1	Item 92	920
Category 1	Item 93	930
Category 1	Item 94	940
Category 1	Item 95	950
Category 1	Item 96	960
Category 1	Item 97	970
Category 1	Item 98	980
Category 1	Item 99	990
Category 1	Item 100	1000
Category 1	Item 101	1010
Category 1	Item 102	1020
Category 1	Item 103	1030
Category 1	Item 104	1040
Category 1	Item 105	1050
Category 1	Item 106	1060
Category 1	Item 107	1070
Category 1	Item 108	1080
Category 1	Item 109	1090
Category 1	Item 110	1100
Category 1	Item 111	1110
Category 1	Item 112	1120
Category 1	Item 113	1130
Category 1	Item 114	1140
Category 1	Item 115	1150
Category 1		

Note: You may also sign up online:

- Members in California, Colorado, Georgia, Hawaii, or Northwest regions may sign up at kp.org/payonline.
- Members in the Mid-Atlantic States region may sign up at kp.org/mas/onlinebilling.

Please read carefully and sign the Automatic Premium Payment Agreement below and keep a copy for your records.

Automatic Premium Payment Agreement

I hereby authorize Kaiser Permanente to initiate debit entries from my checking or savings account or charge my credit card as indicated. If the amount of an entry differs from the previous month's entry pursuant to this agreement, Kaiser Permanente shall notify me in writing of the new amount not less than five (5) calendar days prior to debiting my account.

If my account is erroneously debited by Kaiser Permanente, I have the right to have my financial institution credit that amount back to my account within the dates dictated by the check acceptance rules. Should an error occur, I shall notify Kaiser Permanente in writing that an error has occurred and request that it credit my account in the amount in question.

This authorization is to remain in full force and effect until Kaiser Permanente receives my written notification of its cancellation. The cancellation must be received 30 days in advance of the date on which my account is to be debited.

Signature of member *(Required)*

This notification must be sent to:

Kaiser Permanente
Membership Administration
P.O. Box 232400
San Diego, CA 92193-9914
Fax: **1-855-355-5334**