January 1–December 31, 2027

2027
Summary of Benefits

Kaiser Permanente Medicare Advantage Value 1 VA Plan (HMO-POS)

This plan includes Medicare Part D prescription drug coverage

H2172_26_59_M
PBP #: 010
2026AR0482

KAISER PERMANENTE®

About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage Value 1 VA. 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, including Point-of-Service (POS) benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan

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 of 1 Kaiser Permanente Medicare Advantage plan that includes Medicare Part D prescription drug coverage. 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/eocmas** or ask for a copy from Member Services by calling **1-888-777-5536** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

We also offer a plan without Part D drug coverage. If you'd like information about our other plan, call **1-877-408-8607** (TTY **711**), 8 a.m. to 8 p.m., 7 days a week, or go to **kp.org/medicare**.

Kaiser Permanente Medicare Advantage plan has a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for an additional cost. Not all services are covered under POS. Covered services under POS are noted in the "Additional benefits" section and also in your **EOC**.

Have questions?

- If you're not a member, please call **1-877-408-8607** (TTY **711**).
- If you're a member, please call Member Services at **1-888-777-5536** (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	**$0**
Deductible	**$0**
Your maximum out-of-pocket responsibility Includes copays and other costs for medical services for the year. Doesn't include Medicare Part D drugs.	**$7,900**
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	**$395** per day for days 1–5 of your stay and **$0** for the rest of your stay
Outpatient hospital services*†	**$0–$225** per visit
Ambulatory Surgical Center (ASC)*†	**$225** per visit
Doctor visits • Primary care providers	**$0**
• Specialists*†	**$35** per visit

Preventive care
• Abdominal aortic aneurysm screenings*†
• Alcohol misuse screenings & counseling
• Bone mass measurements*†
• Cardiovascular disease screenings*†
• Cardiovascular disease (behavioral therapy)
• Cervical & vaginal cancer screenings
• Colorectal cancer screenings*†
  ○ Blood-based biomarker tests
  ○ Colonoscopies
  ○ Computed tomography (CT) colonography
  ○ Fecal occult blood tests
  ○ Flexible sigmoidoscopies
  ○ Multi-target stool DNA tests
• Counseling to prevent tobacco use & tobacco-caused disease
• Depression screenings
• Diabetes screenings
	$0
	Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of covered services.

Benefits and premiums	You pay

• Diabetes self-management training
• Glaucoma screenings
• Hepatitis B shots
• Hepatitis B Virus (HBV) infection screenings
• Hepatitis C virus screenings
• HIV screenings
• Lung cancer screenings
• Mammograms (screening)
• Medical nutrition therapy services*†
• Medicare Diabetes Prevention Program
• Obesity behavioral therapy
• One-time “Welcome to Medicare” preventive visit
• Pre-exposure prophylaxis (PrEP) for HIV prevention
• Prostate cancer screenings
• Sexually transmitted infections screenings & counseling
• Shots:
  ○ COVID-19 vaccines
  ○ Flu shots
  ○ Hepatitis B shots
  ○ Pneumococcal shots
• Yearly “Wellness” visit	

Emergency care We cover emergency care anywhere in the world.	**$115** per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	**$35** per office visit
Diagnostic services, lab, and imaging*† • Lab tests • Diagnostic tests and procedures (like EKG)	**$0**
• X-rays	**$20** per visit
• Ultrasounds	**$20** per procedure
• Other imaging procedures (like MRI, CT, and PET)	**$170** per procedure
Hearing services*† • Evaluations to diagnose medical conditions	**$35** per visit

Benefits and premiums	You pay
• Hearing aid fitting or evaluation exam	**$0**
• Hearing aids (allowance per ear, every 36 months) Note: This hearing aid benefit may not be available next year. Note: If you sign up for optional supplemental benefits, you receive additional hearing benefits (see Advantage Plus for details).	**$1,000** allowance If your hearing aid purchase is more than $1,000, you pay the difference.
Dental services • Preventive dental care (limited to 2 visits a year for oral exams and teeth cleaning, 1 fluoride treatment per year, and intraoral series X-rays limited to one per three years and 1 bitewing X-ray per year)	**$0**
• Comprehensive dental care† See the **EOC** for more information about comprehensive dental services. Note: If you sign up for optional supplemental benefits, you receive additional dental benefits (see Advantage Plus for details).	**50%** coinsurance for comprehensive dental care until the plan has paid **$1,000 (annual benefit limit)**. When you reach the $1,000 annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.
Vision services • Visits to diagnose and treat eye diseases and conditions • Routine eye exams	• **$0** with an optometrist • **$35** per visit with an ophthalmologist*†
• Preventive glaucoma screening • Diabetic retinopathy services	**$0**
• Eyeglasses or contact lenses after cataract surgery*†	**20%** coinsurance up to Medicare's limit and you pay any amounts beyond that limit
• Other eyewear (**$200** allowance every year)*† Note: If you sign up for optional supplemental benefits, you receive additional eyewear benefits (see Advantage Plus for details).	If your eyewear costs more than **$200**, you pay the difference.
Mental health services† • Inpatient mental health*	You pay **$395** per day for days 1–5 (**$0** for the rest of your stay)
• Outpatient group therapy	**$5** per visit
• Outpatient individual therapy	**$10** per visit
Skilled nursing facility*†	Per benefit period:

Benefits and premiums	You pay
We cover up to 100 days per benefit period.	• **$0** per day for days 1 through 20 • **$221** per day for days 21 through 100
Physical therapy*†	**$35** per visit
Ambulance†	**$275** per one-way trip
Transportation • **Routine:** Rides provided to and from a network provider by taxis, rideshare services, vans, and medical transport as determined by our designated transportation provider.	**$0** for **24** one-way trips per calendar year.
• **Non-routine:** Medically necessary, non-emergency medical transportation to home (within 100 miles), a skilled nursing facility (SNF), or another higher level of care, immediately following an inpatient hospitalization or after certain emergency, urgent care, or outpatient hospital encounters, **when ordered by a network provider**. Refer to the **EOC** for more details.	**$0**
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details and the **Pharmacy Directory** for preferred and standard plan pharmacy locations. • 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.
• Up to a 30-day supply of a generic drug	• **$6** at a preferred plan pharmacy • **$20** at a standard plan pharmacy
• Up to a 30-day supply of a brand-name drug	• **$45** at a preferred plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME. • **$47** at a standard plan pharmacy, 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 **1-888-777-5536** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

- The day supply quantity you get (like a 30-day or 100-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- The type of plan pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). To find our pharmacy locations, see the **Pharmacy Directory** at **kp.org/directory**. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage 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 **EOC 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 out-of-pocket costs reach **$2,400**. If you reach the $2,400 limit in 2027, you move on to the catastrophic stage and your coverage changes.

Drug tier	Retail plan pharmacy					
	Up to a 30-day supply		31- to 60-day supply		61- to 100-day supply	
	Preferred pharmacy	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**
Tier 1 (Preferred generic)	**$0**	**$10**	**$0**	**$20**	**$0**	**$30**
Tier 2 (Generic)	**$6**	**$20**	**$12**	**$40**	**$18**	**$60**
Tier 3 (Preferred brand-name)	**$45**	**$47**	**$90**	**$94**	**$135**	**$141**
Tier 4 (Nonpreferred)	**$100**		**$200**		**$300**	
Tier 5 (Specialty-tier)	**29%**					
Tier 6* (Part D vaccines)	**$0**		**N/A**			

*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 100-day supply
Tier 1 (Preferred generic)	**$0**		
Tier 2 (Generic)	**$6**	**$0**	
Tier 3 (Preferred brand-name)	**$45**	**$90**	
Tier 4 (Nonpreferred)	**$100**	**$200**	
Tier 5 (Specialty-tier)	**29%**		

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

Important message about what you pay for insulin: You won't pay more than **$35** for up to a one-month supply, **$70** for up to a two-month supply or **$105** for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic coverage stage

If you or others on your behalf spend **$2,400** on your Part D prescription drugs in 2027, you'll enter the catastrophic coverage stage. If you reach the catastrophic coverage stage, you pay nothing for your covered Part D drugs for the remainder of the year.

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 standard 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 standard 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 **EOC** for details.

Advantage Plus (optional supplemental 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 **EOC** for details.

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

Advantage Plus Option 1 benefits and premium	You pay
Additional monthly premium	**$18**

Advantage Plus Option 1 benefits and premium	You pay
Additional eyewear allowance*† Every year, a **$275** allowance is added to the eyewear allowance described in “Vision services” above.	A **$275** allowance is added to the **$200** allowance described in "Vision services" above. If your eyewear costs more than the combined allowance of **$475**, you pay the difference.
Hearing aids*† Every 36 months, a **$1,000** allowance per ear is added to the hearing aid allowance described in “Hearing services”. Note: This hearing aid benefit may not be available next year.	A **$1,000** allowance is added to the **$1,000** allowance described in "Hearing services" above. If your hearing aid costs more than the combined allowance of **$2,000** per ear, you pay the difference.
Comprehensive dental services† • Every year, a **$500** annual benefit limit is added to the comprehensive dental allowance described in “Dental services” above. • See the **EOC** for more information about comprehensive dental services.	**50%** coinsurance for comprehensive dental care until the plan has paid the **$1,500 (combined annual benefit limit)**. When you reach the $1,500 combined annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.

Advantage Plus Option 2 benefit and premium	You pay
Additional monthly premium	**$23**
Comprehensive dental services† • Every year, a **$1,000** annual benefit limit is added to the comprehensive dental allowance described in “Dental services” above. • See the **EOC** for more information about comprehensive dental services.	**50%** coinsurance for comprehensive dental care until the plan has paid **$2,000 (combined annual benefit limit)**. When you reach the $2,000 combined annual benefit limit for comprehensive dental care, you pay **100%** for the rest of the year. If you enroll in both Option 1 and Option 2, the benefits are combined to give you a **$1,500** annual benefit limit in addition to your plan’s comprehensive dental allowance described in “Dental services” above.

Additional benefits

These benefits are available to you as a plan member:	You pay
Fitness benefit – One Pass® You have access to the One Pass complete fitness program for the body and mind. One Pass includes:	**$0**

These benefits are available to you as a plan member:	You pay
• A large core and premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit **YourOnePass.com** or call **1-877-614-0618** (TTY **711**), Monday through Friday, 9 a.m. to 10 p.m.	
Medicare Explorer by Kaiser Permanente (point-of-service supplemental benefit) If you travel outside any Kaiser Permanente service area, but inside the United States or its territories, we cover preventive, routine, follow-up, or continuing care office visits obtained from out-of-network Medicare providers not to exceed a benefit maximum of **$1,200** in covered plan charges per calendar year. Covered services, include, but are not limited to: • Certain preventive services covered at **$0** under Original Medicare. • Primary care and specialty care visits. • Outpatient diagnostic tests and services. • X-rays, ultrasounds, diagnostic mammograms, and other basic imaging. • Mental health care outpatient visits. • Medicare Part B drugs. For coverage details, including a full list of covered services, how to locate an eligible provider, how to schedule an appointment, claims, and how to determine if you are outside a Kaiser Permanente service area, please see Chapter 4, Section 2.2, in the **EOC**.	You pay the following up to the **$1,200** annual benefit limit: • **$65** per specialty care visit. • **$65** per visit for physical, speech, and occupational therapy. • **$25** per individual therapy visit and **$15** per group therapy visit for mental health care. • **$50** per service for X-rays, ultrasounds, and other basic imaging. • **$25** per primary care visit • **$10** per visit for lab tests, except A1c, LDL, and INR tests are **$0**. • **$10** per test for EKGs, holter monitoring, and EEGs. • **$10** for blood, including storage and administration. • **$0** for preventive care visits. • You pay **0%–20% of the provider's fee schedule** for Medicare Part B drugs administered in an office or clinic. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation. Once you reach the maximum plan benefit coverage amount of $1,200 per calendar year, you pay any amounts that exceed the benefit maximum.
Over-the-counter (OTC) items You will receive a preloaded healthy extras card with the quarterly allowance listed on the right to	**$0** up to the **$25** quarterly allowance.

These benefits are available to you as a plan member:	You pay
purchase eligible OTC items online and at participating retail stores, including at Kaiser Permanente retail pharmacies. Your card will be reloaded on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly allowance will not roll over to the next quarter. Note: The healthy extras card cannot be used for tips or fees (such as delivery or shipping fees). For more information, please see the **EOC**, visit **mybenefitscenter.com**, or call **1-833-524-7035** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m. EST.	

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your **EOC** for more information, including the cost-sharing that applies to out-of-network services.

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 **shop.lively.com/pages/kp** or call **1-800-205-6548** (TTY **711**) for more information Monday-Friday, 9 a.m. to 9 p.m. EST, and on weekends, 9 a.m. to 8 p.m. EST.

Comfort Keepers® in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite and personal care, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit **comfortkeepers.com/kaiser-permanente** or call **1-800-611-9689** (TTY **711**) for more information 24 hours a day, 7 days a week.

Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit **momsmeals.com/kaiser** or call **1-866-224-9483** (TTY **711**) for more information Monday-Friday, 8 a.m. to 7 p.m. EST.

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 Medicare 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 United States citizen or national, or an eligible noncitizen.
- You live in the service area, which is the following counties in Virginia: Arlington and Fairfax. Also, our service area includes these independent cities in Virginia: Alexandria, Fairfax, and Falls Church.

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 Directory and Pharmacy Directory**. But there are exceptions to this rule. We also cover:
    - Care from plan providers in another Kaiser Permanente Region
    - Care covered under the Medicare Explorer point-of-service benefit. See the **Evidence of Coverage** for details.
    - 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. To find our provider locations, see our **Provider Directory** or **Pharmacy Directory** at **kp.org/directory** or ask us to mail you a copy by calling Member Services at **1-888-777-5536** (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**.

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.

Medicare prescription payment plan

The Medicare Prescription Payment Plan is a payment option that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us or visit **medicare.gov** to learn more about this program.

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 of the Mid-Atlantic States is a nonprofit corporation and a Medicare Advantage plan called Kaiser Permanente Medicare Advantage. We offer several Kaiser Permanente Medicare Advantage plans in our Mid-Atlantic States Region's service area, which includes the District of Columbia and specified areas in Maryland and Virginia.

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

If you move from your plan's service area to another service area in our Mid-Atlantic States Region, you'll have to enroll in a Kaiser Permanente Medicare Advantage plan in your new service area.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at **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.

HMO-POS

An HMO-POS plan is an HMO plan with a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for certain services for an additional cost.

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 Medicare Advantage.

Plan premium

The amount you pay for your Kaiser Permanente Medicare 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.

Preferred pharmacy

A plan pharmacy where you can get your prescriptions at preferred copays. These pharmacies are usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is less than you pay at other plan pharmacies that only offer standard copays, which are referred to in this document as standard pharmacies.

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. For the latest Kaiser Permanente Region locations, visit **kp.org**.

Retail plan pharmacy

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

Standard pharmacy

A plan pharmacy where you can get your prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is more than you pay at plan pharmacies that only offer preferred copays, which are referred to in this document as preferred pharmacies.

Service area

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

Kaiser Permanente is an HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. 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**.

NONDISCRIMINATION NOTICE

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

Kaiser Health Plan:

- Provides 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, braille and accessible electronic formats

- Provides no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785, telephone number: 1-800-777-7902.

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, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

This notice is available at https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/language-assistance/nondiscrimination-notice

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HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-777-7902** (TTY: **711**).

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** ይደውሉ (TTY: **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-777-7902** (TTY: **711**).

Ɓăsɔ̀ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yé, mbi èyɛm. Wɔ nàŋ **1-800-777-7902** (TTY: **711**)

বাংলা (Bengali) মনোযোগ দিন: আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূল্যে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902** (TTY: **711**)–এ ফোন করুন।

中文 (Chinese) 注意事項：如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-777-7902**（TTY：**711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-777-7902** (TTY (تلفن متنی): **711**) تماس بگیرید.

Français (French) ATTENTION : si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-777-7902** (TTY: **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-777-7902** an (TTY: **711**).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. **1-800-777-7902** (TTY: **711**) પર કૉલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplemantè adapte gratis. Rele **1-800-777-7902** (TTY: **711**).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मुफ़्त उपलब्ध हैं। **1-800-777-7902** पर कॉल करें (TTY: **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-777-7902** (TTY: **711**).

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero **1-800-777-7902** (TTY: **711**).

日本語 (Japanese) 注意：日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-777-7902** までお電話ください（TTY: **711**）。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-777-7902** 로 전화해 주세요(TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-777-7902** (TTY: **711**).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para **1-800-777-7902** (TTY: **711**).

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-777-7902** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-777-7902** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-777-7902** (TTY: **711**).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร **1-800-777-7902** (TTY: **711**).

اُردو (Urdu) توجہ: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں **1-800-777-7902** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-777-7902** (TTY: **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **1-800-777-7902** (TTY: **711**).

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