January 1–December 31, 2027

# 2027
# Summary of Benefits

Kaiser Permanente Dual Complete Plan 2 MD (HMO D-SNP)

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PBP #: 017
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KAISER PERMANENTE®

# About this Summary of Benefits

Thank you for considering Kaiser Permanente Dual Complete. 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
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan
- Summary of Medicaid-covered benefits

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/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.

### 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<br>With full Medicaid cost-sharing assistance |
|---|---|
| **Monthly plan premium** | **$0** |
| **Annual medical deductible** | **$0** |
| **Your maximum out-of-pocket responsibility**<br>If you are eligible for Medicare cost sharing assistance under Medicaid, you aren't responsible for paying for Medicare Part A and Part B services.<br>Doesn't include Medicare Part D drugs. | **$9,850** |
| **Inpatient hospital services***†<br>There's no limit to the number of medically necessary inpatient hospital days. | **$0** |
| **Outpatient hospital services***† | **$0** |
| **Ambulatory Surgical Center (ASC)***† | **$0** |
| **Doctor visits**<br>• Primary care providers | **$0** |
| • Specialists*† | **$0** |
| **Preventive care**<br>• Abdominal aortic aneurysm screenings*†<br>• Alcohol misuse screenings & counseling<br>• Bone mass measurements*†<br>• Cardiovascular disease screenings*†<br>• Cardiovascular disease (behavioral therapy)<br>• Cervical & vaginal cancer screenings<br>• Colorectal cancer screenings*†<br>  ○ Blood-based biomarker tests<br>  ○ Colonoscopies<br>  ○ Computed tomography (CT) colonography<br>  ○ Fecal occult blood tests<br>  ○ Flexible sigmoidoscopies<br>  ○ Multi-target stool DNA tests | **$0**<br>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 |
|---|---|
| | **With full Medicaid cost-sharing assistance** |
| • Counseling to prevent tobacco use & tobacco-caused disease<br>• Depression screenings<br>• Diabetes screenings<br>• Diabetes self-management training<br>• Glaucoma screenings<br>• Hepatitis B shots<br>• Hepatitis B Virus (HBV) infection screenings<br>• Hepatitis C virus screenings<br>• HIV screenings<br>• Lung cancer screenings<br>• Mammograms (screening)<br>• Medical nutrition therapy services*†<br>• Medicare Diabetes Prevention Program<br>• Obesity behavioral therapy<br>• One-time “Welcome to Medicare” preventive visit<br>• Pre-exposure prophylaxis (PrEP) for HIV prevention<br>• Prostate cancer screenings<br>• Sexually transmitted infections screenings & counseling<br>• Shots:<br>  ○ COVID-19 vaccines<br>  ○ Flu shots<br>  ○ Hepatitis B shots<br>  ○ Pneumococcal shots<br>• Yearly “Wellness” visit | |
| **Emergency care**<br>We cover emergency care anywhere in the world. | **$0** |
| **Urgently needed services**<br>We cover urgent care anywhere in the world. | **$0** |
| **Diagnostic services, lab, and imaging***†<br>• Lab tests<br>• Diagnostic tests and procedures (like EKG)<br>• X-rays<br>• Other imaging procedures (like MRI, CT, and PET) | **$0** |
| **Hearing services***† | **$0** |

| Benefits and premiums | You pay |
|---|---|
| | **With full Medicaid cost-sharing assistance** |
| • Evaluations to diagnose medical conditions<br>• Hearing aid fitting or evaluation exam | |
| • Hearing aids (allowance per ear, every 36 months)<br>Note: This hearing aid benefit may not be available next year. | **$1,000** allowance<br>If your hearing aid purchase is more than $1,000, you pay the difference. |
| **Dental services**<br>• 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† – refer to the **EOC** for the list of covered services | You pay **$0** up to the **$3,000 combined preventive and comprehensive benefit limit** per calendar year.<br>If the combined preventive and comprehensive dental care you receive costs more than $3,000, you pay the difference. |
| **Vision services**<br>• Visits to diagnose and treat eye diseases and conditions<br>• Routine eye exams<br>• Preventive glaucoma screening<br>• Diabetic retinopathy services | **$0** |
| • Eyeglasses or contact lenses after cataract surgery*† | **$0** up to Medicare's limit, but you pay any amounts beyond that limit |
| • Other eyewear (**$300** allowance to purchase eyewear every year)*† | If your eyewear costs more than **$300**, you pay the difference. |
| **Mental health services**†<br>• Inpatient mental health* | **$0** |
| • Outpatient individual or group therapy | **$0** |
| **Skilled nursing facility***†<br>We cover up to 100 days per benefit period. | **$0** |
| **Physical therapy***† | **$0** |
| **Ambulance**† | **$0** |

| Benefits and premiums | You pay |
|---|---|
| | **With full Medicaid cost-sharing assistance** |
| **Transportation**<br>• **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 **36** 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**†<br>Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details.<br>• Drugs that must be administered by a health care professional | **$0** |
| • Up to a 30-day supply from a plan pharmacy | **$0** |

# 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

For drugs in Tiers 1, 2, and 6, there is no deductible and you start the year in the initial coverage stage. There is a deductible stage for drugs in Tiers 3, 4, and 5 and you must pay the full cost of those drugs until you have spent the deductible amount of **$295**. After you have met the deductible, you move on to the initial coverage stage for drugs in Tiers 3, 4, and 5. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.

## 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%** | **25%** | **0%** | **25%** | **0%** | **25%** |
| **Tier 2** (Generic) | **0%** | **25%** | **0%** | **25%** | **0%** | **25%** |
| **Tier 3** (Preferred brand-name) | **10%** | **25%** | **10%** | **25%** | **10%** | **25%** |
| **Tier 4** (Nonpreferred) | **25%** | | | | | |
| **Tier 5** (Specialty-tier) | **25%** | | | | | |
| **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) | **0%** | | |
| **Tier 3** (Preferred brand-name) | **10%** | | |

| Drug tier | Mail-order plan pharmacy | | |
|---|---|---|---|
| | Up to a 30-day supply | 31- to 60-day supply | 61- to 100-day supply |
| **Tier 4** (Nonpreferred) | **25%** | | |
| **Tier 5** (Specialty-tier) | **25%** | | |

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

### 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.

## Additional benefits

| These benefits are available to you as a plan member: | You pay |
|---|---|
| **Fitness benefit – One Pass®**<br>You have access to the One Pass complete fitness program for the body and mind. One Pass includes:<br>• 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.<br>• Live, on-demand, and digital fitness programs at home.<br>• Social clubs and activities available on the One Pass member website and mobile app.<br>• One home fitness kit annually for strength, yoga, or dance.<br>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. | **$0** |

| These benefits are available to you as a plan member: | You pay |
|---|---|
| **Over-the-counter (OTC) items**<br>You will receive a preloaded healthy extras card with the quarterly allowance listed on the right to 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.<br>Note: The healthy extras card cannot be used for tips or fees (such as delivery or shipping fees).<br>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. | You may purchase OTC items using your quarterly allowance on your preloaded healthy extras card:<br>• **$365**<br>If you qualify for SSBCI benefits described below in "Special Supplemental Benefits for the Chronically Ill (SSBCI) – Healthy Food," you may use your quarterly OTC allowance to also purchase healthy foods. |
| **Special Supplemental Benefits for the Chronically Ill (SSBCI) – Healthy Food****<br>If you qualify for SSBCI, you may use your quarterly OTC allowance described in the "Over-the-counter (OTC) items" row above to also purchase healthy foods. You can decide how to use your allowance on your healthy extras card between OTC items and healthy food.<br>You must meet all criteria, including one or more of the SSBCI-eligible conditions listed below:<br>• Chronic alcohol use disorder and other substance use disorders (SUDs)<br>• Autoimmune disorders<br>• Cancer<br>• Cardiovascular disorders<br>• Chronic heart failure<br>• Dementia<br>• Diabetes mellitus<br>• Overweight, obesity, and metabolic syndrome<br>• Chronic gastrointestinal disease<br>• Chronic kidney disease (CKD)<br>• Severe hematologic disorders<br>• HIV/AIDS<br>• Chronic lung disorders<br>• Chronic and disabling mental health conditions<br>• Neurologic disorders<br>• Stroke<br>• Post-organ transplantation care | If you qualify for SSBCI, you may use your quarterly OTC allowance described in the "Over-the-counter (OTC) items" row to also purchase healthy foods. You can decide how to use your allowance on your healthy extras card between OTC items and healthy food. |

| These benefits are available to you as a plan member: | You pay |
|---|---|
| • Immunodeficiency and Immunosuppressive disorders<br>• Conditions associated with cognitive impairment<br>• Conditions with functional challenges and require similar services<br>• Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell<br>• Conditions that require continued therapy services in order for individuals to maintain or retain functioning<br>Your card will be reloaded on January 1, April 1, July 1, and October 1. Any unused portion of the quarterly allowance will not roll over to the next quarter.<br>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. | |

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

# 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 Dual Complete Plan 2 MD 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 this 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 have Medicaid benefits.
- You're a United States citizen or national, or an eligible noncitizen.
- You live in the plan's service area, which includes the following counties in Maryland: Anne Arundel, Baltimore, Baltimore City, Carroll, Harford, and Howard.

# 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
    - 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.

# Summary of Medicaid-covered benefits

The benefits described below are covered by Medicaid. For each benefit listed below, you can see what Medicaid covers and what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility.

| Benefit | Medicaid State Plan | Kaiser Permanente Dual Complete Plan 2 MD |
|---|---|---|
| **Inpatient hospital services** | Covered | Covered |
| **Outpatient hospital services** | Covered | Covered |
| **Ambulatory Surgical Center (ASC)** | Covered | Covered |
| **Doctor's visits** | Covered | Covered |
| **Emergency care** | Covered | Covered |
| **Urgently needed services** | Covered | Covered |
| **Diagnostic services, lab, and imaging** | Covered | Covered |
| **Hearing Services** | Covered with limitations | Covered with limitations |
| **Dental Services** | Covered with limitations | Covered with limitations |
| **Vision Services** | Covered with limitations | Covered with limitations |
| **Mental health services** | Covered | Covered |
| **Skilled nursing facility** | Covered | Covered with limits on days per benefit period |
| **Durable Medical Equipment** | Covered | Covered |
| **Podiatry Services (Foot care)** | Covered | Covered |

| Benefit | Medicaid State Plan | Kaiser Permanente Dual Complete Plan 2 MD |
|---|---|---|
| **Home Health services** | Covered | Covered |
| **Hospice** | Covered | Covered by Original Medicare; not our plan |
| **Physical therapy** | Covered | Covered |
| **Ambulance** | Emergency Only | Covered |
| **Routine Transportation** | Covered with limitations | Covered with limitations |
| **Pharmacy Services** | Covered | Covered |

# 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 Dual Complete.

**Plan premium**
The amount you pay for your Dual Complete 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.

Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. 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 उपयक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएँ मफ़्त 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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