



Dear Member:

Thank you for your continued membership in Kaiser Permanente Medicare Advantage (HMO) PEBB Retiree Employer Group Plan.

We are providing important information about your Medicare health care coverage effective January 1, 2019. Included are the following documents with important information for you.

1. Please start by reading the **Annual Notice of Changes for 2019**. It gives you a summary of changes we are making to your benefits and costs effective January 1, 2019. This notice only describes changes that our plan is making.
  - Please review this notice within a few days of receiving it to see how the changes might affect you. It also amends your current **Evidence of Coverage** effective January 1, 2019. We will send you the **Evidence of Coverage** for your group's 2019 contract period shortly after your group renews its contract in 2019. If you have questions about the benefits your group will offer during its 2019 contract period, please contact your group's benefits administrator.
  
2. The **Provider and Pharmacy Directory Notice**.

If you have questions, we're here to help. Please call Member Services toll free at 1-888-901-4600 (TTY users call 711). Hours are seven days a week, 8 a.m. to 8 p.m. Member Services also has free language interpreter services available for non-English speakers. You can also visit our website at **kp.org/wa**.

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

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

# 2019 Annual Notice of Changes for Group Members

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage (HMO) PEBB Retiree Employer Group Plan. Next year, there will be some changes to our plan. This booklet tells about some of the changes effective January 1, 2019. It also amends your current **Evidence of Coverage**.

## 2019 changes

We're sending you this **Annual Notice of Changes** to tell you about the changes our plan is making effective January 1, 2019, for all Kaiser Permanente Medicare Advantage (HMO) PEBB Retiree Employer Group Plan group members, in accord with the Centers for Medicare & Medicaid Services (CMS) requirements. This notice only describes changes required by our plan.

## Additional Resources

Please contact our Member Services number at **1-888-901-4600** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.

This document is available in Braille or large print if you need it by calling Member Services.

Coverage under this plan qualifies as qualifying health coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

## About Kaiser Permanente Medicare Advantage (HMO) PEBB Retiree Employer Group Plan

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

When this **Annual Notice of Changes** says "we," "us," or "our," it means Kaiser Foundation Health Plan of Washington (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Medicare Advantage (HMO) PEBB Retiree Employer Group Plan.



# 2019 Annual Notice of Changes

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## **Section 1. Changes to benefits and costs for next year**

### **Section 1.1. Changes to the monthly premium**

If you have any questions about your contribution toward your group's premium, please contact your group's benefits administrator.

### **Section 1.2. There are no changes to your maximum out-of-pocket amount**

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services (and other health care services not covered by Medicare as described in Chapter 4 of the **Evidence of Coverage**) for the rest of the year. The out-of-pocket maximum on this plan is still \$2,500.

### **Section 1.3. Changes to the provider network**

There are changes to our network of providers for next year. An updated **Provider and Pharmacy Directory** is located on our website at [wa-medicare.kp.org/providers](http://wa-medicare.kp.org/providers). You may also call Member Services for updated provider information or to ask us to mail you a **Provider and Pharmacy Directory**. Please review the 2019 **Provider and Pharmacy Directory** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

### **Section 1.4. Changes to benefits and costs for medical services**

Our benefits and what you pay for these covered medical services will be exactly the same in 2019 as they are in 2018.

**Section 2. Administrative changes**

<b>Cost</b>	<b>2018 (this year)</b>	<b>2019 (next year)</b>
<b>Utilization management for outpatient blood services</b>	Prior authorization and referrals are not required.	You must obtain a referral from your PCP and your PCP must get prior authorization from us before receiving outpatient blood services.
<b>Utilization management for cardiovascular services</b>	Your PCP must get prior authorization from us before a cardiovascular disease risk reduction visit and cardiovascular disease testing.	Not required.

**Section 3. Programs that offer free counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Washington, the SHIP is called State Health Insurance Benefits Advisors (SHIBA).

SHIBA is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at **1-800-562-6900** (TTY users should call **1-360-586-0241**). You can learn more about SHIBA by visiting their website ([insurance.wa.gov/shiba](http://insurance.wa.gov/shiba)).

**Section 4. Programs that help pay for prescription drugs**

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - ◆ **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;

**1-888-901-4600, 7 days a week, 8 a.m. to 8 p.m. (TTY 711)**

- ◆ The Social Security office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, **1-800-325-0778** (applications); or
- ◆ Your state Medicaid office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the **Washington Early Intervention Program**. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-877-376-9316**.

## **Section 5. Questions?**

### **Section 5.1. Getting help from our plan**

**Questions?** We're here to help. Please call Member Services at **1-888-901-4600**. (TTY only, call **711**.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

### ***Read your Evidence of Coverage (it has details about benefits and costs)***

This **Annual Notice of Changes** gives you a summary of some changes in your benefits and costs for 2019 that our plan is making. We will send you a 2019 **Evidence of Coverage** after your group's 2019 renewal date. Please keep in mind that groups can make changes to your group plan at any time.

### ***Visit our website***

You can also visit our website at **kp.org/wa**. As a reminder, our website has the most up-to-date information about our provider network (**Provider and Pharmacy Directory**).

### **Section 5.2. Getting help from Medicare**

To get information directly from Medicare:

- **Call 1-800-MEDICARE (1-800-633-4227)**
  - ◆ You can call **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- **Visit the Medicare website**
  - ◆ You can visit the Medicare website (**<https://www.medicare.gov>**). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to **<https://www.medicare.gov>** and click on "Find health & drug plans.")

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- **Read Medicare & You 2019**

- ◆ You can read the **Medicare & You** 2019 handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or 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**.



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## **Notice of nondiscrimination**

Kaiser Permanente complies with applicable federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente doesn't exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. 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 isn't English, such as:
  - ◆ Qualified interpreters
  - ◆ Information written in other languages

If you need these services, call Member Services at **1-888-901-4600 (TTY 711)**, 8 a.m. to 8 p.m., 7 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 Member Services by writing to P.O. Box 34590, Seattle, WA 98124-1593 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, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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## LANGUAGE ACCESS SERVICES

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

**Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**中文 (Chinese) : 注意 :** 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**한국어(Korean): 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

**Русский (Russian): ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**Filipino (Tagalog): PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

**ភាសាខ្មែរ (Khmer): របៀបចំ ប្រើសេវាភាសាខ្មែរ, សេវាជំនួយផ្នែក យើងនឹងជួយ គឺចូលរួមបំប៉នអ្នក។ ចូរ ទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។**

**日本語 (Japanese): 注意事項 :** 日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

**አማርኛ (Amharic) : ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚኒተሎ ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።**

**Oromiffa (Oromo): XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**ພາສາລາວ (Lao): ໂປດຄຳບອກ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍ່ມີການຄຸ້ມຄອງເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມ ໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

**Français (French): ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

**Română (Romanian): ATENȚIE:** Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**Adamawa (Fulfulde): MAANDO:** To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

**فارسی (Farsi): توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.

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1-888-901-4600, 7 days a week, 8 a.m. to 8 p.m. (TTY 711)

## **Kaiser Permanente Medicare Advantage (HMO) PEBB Retiree Employer Group Plan Member Services**

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<b>METHOD</b>	<b>Member Services – contact information</b>
<b>CALL</b>	<b>1-888-901-4600</b>  Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services also has free language interpreter services available for non-English speakers.
<b>TTY</b>	<b>711</b>  Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.
<b>WRITE</b>	Kaiser Foundation Health Plan of Washington P.O. Box 9010 Renton, WA 98057-9010 RCR-A1N-08, Member Services
<b>WEBSITE</b>	<b>kp.org/wa</b>

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## **State Health Insurance Benefits Advisors (Washington's SHIP)**

State Health Insurance Benefits Advisors (SHIBA) is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

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<b>METHOD</b>	<b>Contact information</b>
<b>CALL</b>	<b>1-800-562-6900</b>
<b>TTY</b>	<b>1-360-586-0241</b>
<b>WRITE</b>	SHIBA Office of the Insurance Commissioner  P.O. Box 40255  Olympia, WA 98504-0256
<b>WEBSITE</b>	<b>insurance.wa.gov/shiba</b>

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