Group MA Letter, ANOC, and EOC - Amendment for all group members without Part D who won't receive the EOC until their renewal month. All required annual documents except full EOC are sent 15 days before Open Enrollment (OE) or in December.

The schedule for 2024 is as follows:

2024 open enrollments that start:	Receive this ANOC:
1.June–September 2023	December 2023
2.October 2023–January 2024	15 days before OE start date
3.February–November 2024	December 2023

Note: Regions should revise the information about benefit changes as needed to fit group business.

Refer to the 2024 Group ANOC template instructions document for more details on how to use this template.

Dear Member:

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

We are providing important information about your Medicare health care coverage effective January 1, 2024. Included are the following documents with important information for you.

1. Please start by reading the **Annual Notice of Changes and Evidence of Coverage Amendment for 2024**. It gives you a summary of changes we are making to your benefits and costs effective January 1, 2024. 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, 2024. We will send you a notice once the **Evidence of Coverage** for your group's 2024 contract period is posted online shortly after your group renews its contract in 2024. Please be aware that your group can make changes upon renewal or at other times during its contract period. If you have questions about the benefits your group will offer during its 2024 contract period, please contact your group's benefits administrator.
    - If you decide to stay with our plan, you do not have to fill out any paperwork unless you are instructed otherwise by your group. You will automatically stay enrolled as a member of our plan.
    - If you decide to leave our plan, you should check with your group's benefits administrator before you switch to a different plan. Your group determines eligibility for enrollment under its group plan, including the available plans, if any, and the times when you can switch to a different plan offered by your group. Please contact your group's benefits administrator for details.
2. A notice called **Additional plan information** explains how to get information about provider locations, request a print copy of our **Provider Directory**, or view it online.

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/pebb**.

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.

KAISER PERMANENTE®

Kaiser Permanente Medicare Advantage PEBB Retiree Employer Group Plan (HMO) offered by Kaiser Foundation Health Plan of Washington

2024 Annual Notice of Changes and Evidence of Coverage Amendment for Group Members

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage PEBB Retiree Employer Group Plan. Next year, there will be some changes to our plan's costs and benefits.

This document tells about some of the changes effective January 1, 2024. It also amends your current **Evidence of Coverage**.

2024 changes

We're sending you this **Annual Notice of Changes and Evidence of Coverage Amendment** to tell you about the changes our plan is making effective January 1, 2024, for all Kaiser Permanente Medicare Advantage group members, in accord with the Centers for Medicare & Medicaid Services (CMS) requirements. This notice only describes changes required by our plan. This notice doesn't describe any other changes; for example, changes made at the request of a group. Please contact your group's benefits administrator for more information.

What to do now

- **Ask**: Which changes apply to you?
  - ☐ Check the changes to our benefits and costs to see if they affect you.
    - ♦ Review the changes to medical care costs (doctor, hospital).
    - ♦ Think about how much you will spend on premiums, deductibles, and cost-sharing.

- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, will be in our network next year.
- ☐ Think about whether you are happy with our plan.

If you decide to change plans in 2024:

- Your group determines eligibility for enrollment under its group plan, including the plans that are available through your group and the times when you can switch to another plan offered by your group.
- You must check with your group's benefits administrator before you change your plan. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.

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 call is free.
- 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 **www.irs.gov/Affordable-Care-Act/Individuals-and-Families** for more information.

About Kaiser Permanente Medicare Advantage 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 and Evidence of Coverage Amendment** 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).

Annual Notice of Changes and Amendment for 2024

Table of Contents

Section 1 — Changes to benefits and costs for next year

Section 1.1 – Changes to the monthly premium

Your group will notify you about any change in your group's premium if the change affects the amount you will be expected to pay. If you have any questions about your contribution toward your group's premium, please contact your group's benefits administrator. You must continue to pay your Medicare premiums.

Section 1.2 – Changes to your maximum out-of-pocket amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (and certain health care services not covered by Medicare) (such as copayments) count toward your maximum out-of-pocket amount. Your contribution toward your group's premium does not count toward your maximum out-of-pocket amount.	**$2,500**	**$2,500** Once you have paid the maximum out-of-pocket amount for covered Part A and Part B services (and certain health care services not covered by Medicare), you will pay nothing for these covered services for the rest of the calendar year.

Section 1.3 – Changes to the provider network

Updated directories are located on our website at **kp.org/directory.** You may also call Member Services for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider 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. If a midyear change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to benefits and costs for medical services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
Alternative Therapies	• 12 acupuncture visits per calendar year. • 3 naturopathy visits per calendar year • 12 chiropractic visits for non spinal manipulation services per calendar year • 10 massage therapy visits by a licensed massage therapist when medically necessary and referred by their provider.	• 24 acupuncture visits per calendar year. • 3 naturopathy visits per calendar year • 24 chiropractic visits for non spinal manipulation services per calendar year • 24 massage therapy visits by a licensed massage therapist when medically necessary and referred by their provider.
Fitness Benefit (Enhance®Fitness classes)	You pay **$0** for Enhance®Fitness classes.	Enhance®Fitness Program is no longer available. You will still have no cost access to Enhance Fitness classes through your Silver&Fit® Fitness program benefit when classes are provided at a Silver&Fit® standard network fitness center.
Hearing Hardware	**$1,400** allowance per ear every 60 months	**$1,400** allowance per ear every 36 months
Prior authorization from our plan Prior authorization must be obtained from our plan by your provider before you receive the following services:	Prior authorization is not required.	Prior authorization is required.

Cost	2023 (this year)	2024 (next year)
• Chiropractic services covered by Medicare. • Interactive video visits or telephone appointment visits for select services.		
Referrals from your PCP Referrals are needed from your PCP before you can get care for the following Medicare-covered services: • Chiropractic services covered by Medicare. • Interactive video visits or telephone appointment visits for select services.	Referral not required.	Referral required.

Section 2 — Administrative changes

Description	2023 (this year)	2024 (next year)
Term of Evidence of Coverage The "Term of the Evidence of Coverage" section in your **Evidence of Coverage** is amended as shown in the 2024 column.	If your group renews its **Agreement** with us on January 1st, the term of your current **Evidence of Coverage** is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare Advantage between January 1, 2023, and December 31, 2023, unless amended. If your group's **Agreement** renews at a later date in **2023**, the term of your current **Evidence of Coverage** is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare Advantage during	If your group renews its **Agreement** with us on January 1st, the term of your current **Evidence of Coverage** is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare Advantage between January 1, 2024, and December 31, 2024, unless amended. If your group's **Agreement** renews at a later date in **2024**, the term of your current **Evidence of Coverage** is revised to be in effect for the months in which you are enrolled in Kaiser

Description	2023 (this year)	2024 (next year)
	that contract period, unless amended.	Permanente Medicare Advantage during that contract period, unless amended.

Section 3 — Deciding which plan to choose

Section 3.1 – If you want to stay in our plan

Your group determines eligibility for enrollment under its group plan, including the plans that are available through your group and the times when you can switch to another plan offered by your group.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change, you must check with your group's benefits administrator before you change your plan. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.

Section 4 — Programs that offer free counseling about Medicare

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

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 (**https://www.insurance.wa.gov/shiba**).

Section 5 — 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. 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;
- The Social Security office at **1-800-772-1213** between 8 a.m. and 7 p.m., Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call **1-800-325-0778**; or
- Your state Medicaid office (applications).

- **What if you have coverage from an AIDS Drug Assistance Program (ADAP**)? The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the **Washington Early Intervention Program**. Note: To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number from **Washington Early Intervention Program**. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the Early Intervention Program at **1-877-376-9316**.

Section 6 — Questions?

Section 6.1 – 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 2024 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes and Evidence of Coverage Amendment** gives you a summary of some changes in your benefits and costs for 2024 that our plan is making and it amends your current **Evidence of Coverage**. We will send you a notice once the **Evidence of Coverage** for your group's 2024 contract period is posted online shortly after your group renews its contract in 2024. 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** . As a reminder, our website has the most up-to-date information about our provider network (**Provider Directory**) and our list of covered drugs (**Formulary/Drug List**).

Section 6.2 – 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**
  - Visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality star ratings to help you compare Medicare health plans in your area. To view the information about plans, go to **www.medicare.gov/plan-compare**.
- **Read Medicare & You 2024**
  - Read the **Medicare & You** 2024 handbook. Every fall, this document 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 document, you can get it at the Medicare website (**https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf**) 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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Kaiser Permanente Medicare Advantage Member Services

METHOD	Member Services – contact information
CALL	**1-888-901-4600** 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.
TTY	**711** Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m.
WRITE	Kaiser Permanente Member Services P.O. Box 34590 Seattle, WA 98124
WEBSITE	**kp.org**