Kaiser Permanente Medicare Advantage Value MD Plan (HMO) Offered by Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Value MD Plan)

Annual Notice of Changes for 2023

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage Value MD plan. Next year, there will be changes to our plan's costs and benefits. Please see page 4 for a summary of important costs, including premium.

This document tells you about the changes to your plan. To get more information about costs, benefits, or rules, please review the **Evidence of Coverage**, which is located on our website at **kp.org**. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. **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).
     - ♦ Review the changes to our drug coverage, including authorization requirements and costs.
     - ♦ Think about how much you will spend on premiums, deductibles, and cost-sharing.
   - ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
   - ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.
   - ☐ Think about whether you are happy with our plan.

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2. **Compare:** Learn about other plan choices.

   ☐ Check coverage and costs of plans in your area.

   ♦ Use the Medicare Plan Finder at the **www.medicare.gov/plan-compare** website or review the list in the back of your **Medicare & You** 2023 handbook.

   ☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **Choose:** Decide whether you want to change your plan.

   - If you don't join another plan by December 7, 2022, you will stay in Kaiser Permanente Medicare Advantage Value MD plan.
   - To change to a different plan, you can switch plans between **October 15 and December 7**. Your new coverage will start on January 1, 2023. This will end your enrollment with Kaiser Permanente Medicare Advantage Value MD plan.
   - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional resources

- This document is available for free in Spanish. Please contact our Member Services number at **1-888-777-5536** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- Este documento está disponible de manera gratuita en español. Para obtener información adicional, comuníquese con Servicio a los Miembros al **1-888-777-5536**. (Los usuarios de TTY deben llamar al **711**.) El horario es de 8 a. m. a 8 p. m., los 7 días de la semana.
- 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 Value MD plan

- Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- When this document says "we," "us," or "our," it means Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Medicare Advantage.

Annual Notice of Changes for 2023

Table of Contents

Summary of important costs for 2023

The table below compares the 2022 costs and 2023 costs for Kaiser Permanente Medicare Advantage Value MD plan in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* *Your premium may be higher or lower than this amount. See Section 1.1 for details.	**$0***	**$0***
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	**$7,200**	**$7,200**
Doctor office visits	Primary care visits: **$10** per visit. Specialist visits: **$50** per visit.	Primary care visits: **$10** per visit. Specialist visits: **$40** per visit.
Inpatient hospital stays	Per admission, **$300** per day for days 1–5.	Per admission, **$300** per day for days 1–5.
Part D prescription drug coverage (See Section 1.5 for details.) Preferred cost-sharing during the Initial Coverage Stage (up to a 30-day supply)	Drug Tier 1: **$5** Drug Tier 2: **$15** Drug Tier 3: **$45** Drug Tier 4: **$100** Drug Tier 5: **33%** Drug Tier 6: **$0**	Drug Tier 1: **$5** Drug Tier 2: **$15** Drug Tier 3: **$45** Drug Tier 4: **$100** Drug Tier 5: **33%** Drug Tier 6: **$0**

Section 1 — Changes to benefits and costs for next year

Section 1.1 – Changes to the monthly premium

Cost	2022 (this year)	2023 (next year)
Monthly premium without optional supplemental benefits (You must also continue to pay your Medicare Part B premium.)	**$0**	**$0**
Monthly premium with optional supplemental benefits This plan premium applies to you only if you are enrolled in our optional supplemental benefits package. (You must also continue to pay your Medicare Part B premium.)	**$25**	**$20**

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be less if you are receiving "Extra Help" with your prescription drug costs. Please see Section 5regarding "Extra Help" from Medicare.

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 (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.

Cost	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	**$7,200**	**$7,200** Once you have paid $7,200 out-of-pocket 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 and pharmacy networks

Updated directories are located on our website at **kp.org/directory.** You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies 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	2022 (this year)	2023 (next year)
Dental services We cover certain preventive and comprehensive dental care:		
• Preventive dental care	You pay **$30** per visit for most preventive care (limited to 2 visits a year for oral exams, teeth cleaning, and bitewing X-rays and 1 fluoride treatment).	**$0** for most preventive 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

Cost	2022 (this year)	2023 (next year)
		years and 1 bitewing X-ray per year).
• Comprehensive dental care	You pay **$0** to **$3,658**, depending on the service.	You pay **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. Note: Your annual benefit limit is increased if you are enrolled in optional supplemental benefits (see "Advantage Plus" below).
Dental services prior to transplants We cover dental services necessary to ensure the oral cavity is clear of infection prior to being placed on the transplant wait list for allogeneic stem cell/bone marrow, heart, kidney, liver, lung, pancreas, and multiple-organ transplants. (Refer to the **Evidence of Coverage** for the full list of covered dental services.)	You pay **$50** per office visit for services necessary for the transplant.	You pay **$40** per office visit for services necessary for the transplant.
Emergency department	You pay **$90** per visit.	You pay **$95** per visit.
Hearing aids	You receive a **$500** hearing aid allowance per ear every 3 years. If the hearing aid(s) you purchase cost more than **$500** per ear, you pay the difference.	You receive a **$1,000** hearing aid allowance per ear every 3 years. If the hearing aid(s) you purchase cost more than **$1,000** per ear, you pay the difference. Your allowance is increased if you enroll in optional supplemental benefits (Advantage Plus).

Cost	2022 (this year)	2023 (next year)
MRI, CT, and PET	You pay **$200** per procedure.	You pay **$190** per procedure.
Pulmonary rehabilitation services	You pay **$30** per visit.	You pay **$20** per visit.
Skilled nursing facility (SNF) care	Per benefit period, you pay **$0** per day for days 1–20 and **$188** for days 21–100.	Per benefit period, you pay **$0** per day for days 1–20 and **$196** for days 21–100.
Specialist office visits Includes cardiac rehabilitation services, eye exams with an ophthalmologist, hearing services, opioid treatment services, podiatry services, radiation therapy visits, and urgent care visits.	You pay **$50** per visit.	You pay **$40** per visit.
Supervised Exercise Therapy (SET)	You pay **$30** per visit.	You pay **$25** per visit.
Advantage Plus (optional supplemental benefits)		
Dental services	Preventive dental: You pay **$10** per visit for preventive dental services. Comprehensive dental: **$0–$3,658** per comprehensive dental services, depending on the service.	Preventive dental services are no longer included in the Advantage Plus package, but you receive preventive dental benefits as part of your standard plan as described in the "Dental services" row above. Comprehensive dental: You pay **50% coinsurance** for comprehensive dental care until the plan has paid **$500 (annual benefit limit)**, for a combined annual benefit limit of **$1,500**. When you reach the **combined $1,500 annual benefit limit** for comprehensive dental care,

Cost	2022 (this year)	2023 (next year)
		you pay 100% for the rest of the year.

Section 1.5 – Changes to Part D prescription drug coverage

Changes to our Drug List

Our list of covered drugs is called a formulary, or Drug List. A copy of our Drug List is provided electronically at **kp.org/seniorrx**.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

Most of the changes in our Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up-to-date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your **Evidence of Coverage** and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

Changes to prescription drug costs

N**ote**: If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs does not apply to you. We sent you a separate document, called the "**Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this rider by September 30, 2022, please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages."

The information below shows the changes to the first two stages—the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages—the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin – You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to your cost-sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5, of your **Evidence of Coverage**. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 – Preferred generic drugs:** • Preferred cost-sharing: You pay **$5** per prescription. • Standard cost-sharing: You pay **$10** per prescription. **Tier 2 – Generic drugs:** • Preferred cost-sharing: You pay **$15** per prescription. • Standard cost-sharing: You pay **$20** per prescription. **Tier 3 – Preferred brand-name drugs:** • Preferred cost-sharing: You pay **$45** per prescription. • Standard cost-sharing: You pay **$47** per prescription. **Tier 4 – Nonpreferred brand-name drugs:** • You pay **$100** per prescription. **Tier 5 – Specialty-tier drugs:** • You pay **33%** of the total cost.	Your cost for a one-month supply filled at a network pharmacy: **Tier 1 – Preferred generic drugs:** • Preferred cost-sharing: You pay **$5** per prescription. • Standard cost-sharing: You pay **$10** per prescription. **Tier 2 – Generic drugs:** • Preferred cost-sharing: You pay **$15** per prescription. • Standard cost-sharing: You pay **$20** per prescription. **Tier 3 – Preferred brand-name drugs:** • Preferred cost-sharing: You pay **$45** per prescription. • Standard cost-sharing: You pay **$47** per prescription. **Tier 4 – Nonpreferred brand-name drugs:** • You pay **$100** per prescription. **Tier 5 – Specialty-tier drugs:** • You pay **33%** of the total cost.

Stage	2022 (this year)	2023 (next year)
	Tier 6 – Injectable Part D vaccines: • You pay **$0** per prescription. Once your total drug costs have reached **$4,430**, you will move to the next stage (the Coverage Gap Stage).	**Tier 6 – Injectable Part D vaccines:** • You pay **$0** per prescription. Once your total drug costs have reached **$4,660**, you will move to the next stage (the Coverage Gap Stage).

Section 2 — Deciding which plan to choose

Section 2.1 – If you want to stay in Kaiser Permanente Medicare Advantage Value MD plan

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in Kaiser Permanente Medicare Advantage Value MD plan.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year, but if you want to change plans for 2023, follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan.
- Or you can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (**www.medicare.gov/plan-compare**), read the **Medicare & You** 2023 handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Kaiser Permanente offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from Kaiser Permanente Medicare Advantage Value MD plan.

- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from Kaiser Permanente Medicare Advantage Value MD plan.
- To change to Original Medicare without a prescription drug plan, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - Or contact **Medicare** at **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

Section 3 — Deadline for changing plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage at any time. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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 Maryland, the SHIP is called Maryland Department of Aging.

It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. The Maryland Department of Aging 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 the Maryland Department of Aging at **1-800-243-3425** (TTY **711**).

You can learn more about the Maryland Department of Aging by visiting their website (**www.aging.maryland.gov/Pages/default.aspx**).

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).
- **Help from your state's pharmaceutical assistance program.** Maryland has a program called Maryland Senior Prescription Drug Assistance Program (SPDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 **Maryland ADAP**. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call **1-410-767-6535**.

Section 6 — Questions?

Section 6.1 – Getting help from our plan

Questions? We're here to help. Please call Member Services at **1-888-777-5536**. (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 2023 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2023. For details, look in the 2023 **Evidence of Coverage** for our plan. The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs.

A copy of the **Evidence of Coverage** is located on our website at **kp.org/eocmasma**. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

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 2023**
  - Read the **Medicare & You** 2023 handbook. Every 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 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	**1-888-777-5536** 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 Nine Piedmont Center 3495 Piedmont Road, NE Atlanta, GA 30305-1736
WEBSITE	**kp.org**