

**Kaiser Permanente Medicare Advantage Basic (HMO) Offered by Kaiser Foundation Health Plan of Washington (Basic)**

## **Annual Notice of Changes for 2025**

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage Basic. 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 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](http://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.**
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### **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).
  - 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.

#### **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](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on our plan's website.

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

- If you don't join another plan by December 7, 2024, you will stay in Kaiser Permanente Medicare Advantage Basic.

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- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Kaiser Permanente Medicare Advantage Basic.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

### 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, large print, audio file, or data CD 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Kaiser Permanente Medicare Advantage Basic

- Kaiser Permanente is an HMO 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 Washington (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Medicare Advantage Basic.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

***Annual Notice of Changes for 2025***

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**Summary of Important Costs for 2025**

The table below compares the 2024 costs and 2025 costs for Kaiser Permanente Medicare Advantage Basic in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	<b>\$76</b>	<b>\$99</b>
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	<b>\$4,200</b>	<b>\$4,200</b>
<b>Doctor office visits</b>	Primary care visits: <b>\$0</b>  Specialist visits: <b>\$30 per visit.</b>	Primary care visits: <b>\$0</b>  Specialist visits: <b>\$30 per visit.</b>
<b>Inpatient hospital stays</b>	Per admission, <b>\$200</b> per day for days <b>1-3</b> (\$0 for the rest of your stay).	Per admission, <b>\$200</b> per day for days <b>1-3</b> (\$0 for the rest of your stay).

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Monthly premium without optional supplemental benefits</b> (You must also continue to pay your Medicare Part B premium.)	\$76	\$99
<b>Monthly premium with optional supplemental benefits</b> This plan premium applies to you only if you are enrolled in of our optional supplemental benefits package. (You must also continue to pay your Medicare Part B premium.)		
<b>Advantage Plus Option 1</b>	\$134	\$157
<b>Advantage Plus Option 2</b>	Not Available	\$117
<b>Both Advantage Plus Options</b>	Not Available	\$175

**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.

<b>Cost</b>	<b>2024 (this year)</b>	<b>2025 (next year)</b>
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) count	\$4,200	\$4,200 Once you have paid \$4,200 out of pocket for

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Cost	2024 (this year)	2025 (next year)
toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.		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](http://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 2025 Provider Directory ([kp.org/directory](http://kp.org/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 mid-year 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	2024 (this year)	2025 (next year)
<b>Emergency Department</b>	You pay <b>\$90</b> per visit.	You pay <b>\$125</b> per visit.
<b>Fitness Benefit</b>	You pay <b>\$0</b> for the Silver&Fit fitness program that includes a basic gym membership, online fitness classes and resources, and home fitness kits (one of which includes an activity tracker).	You pay <b>\$0</b> for the One Pass™ fitness program that includes access to in-network gyms, online fitness classes and resources, home fitness kits, and an online brain health program.

Cost	2024 (this year)	2025 (next year)
		<p><b>Beginning January 1st,</b> you may visit <a href="http://www.YourOnePass.com">www.YourOnePass.com</a> or call 1-877-614-0618 (TTY 711), Monday through Friday, 6 a.m. to 7 p.m.:</p> <ul style="list-style-type: none"> <li>• To obtain an access code to provide to your gym or fitness facility.</li> <li>• For information about participating gyms and fitness locations, the program’s benefits, or to set up your online account.</li> </ul>
<p><b>Hearing Aids - prescription</b></p>	<p>You receive a <b>\$1,500</b> hearing aid allowance for both ears combined every 24 months. If the hearing aid(s) you purchase costs more than \$1,500, you pay the difference.</p>	<p><b>Not covered.</b> However, if you have signed up for Advantage Plus Option 2, you receive the hearing benefit described below in the "Optional supplemental benefits (Advantage Plus)" row.</p>
<p><b>Prior authorization from our plan</b>                      Prior authorization must be obtained from our plan by your provider before you receive the following services:</p> <ul style="list-style-type: none"> <li>• Chiropractic Services – Medicare covered</li> </ul>	<p>Prior authorization is required.</p>	<p>Prior authorization is not required.</p>
<p><b>Referrals from your PCP</b>                      Referrals are needed from your PCP before you can get care for the following Medicare-covered services:</p>	<p>Referral is required.</p>	<p>Referral is not required.</p>

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Cost	2024 (this year)	2025 (next year)
<p>• Chiropractic Services – Medicare covered</p>		
<p><b>Transportation Services</b></p>	<p>You pay <b>\$0</b> for <b>12</b> round trips per calendar year.</p>	<p><b>Not covered.</b> However, if you have signed up for Advantage Plus Option 2, you receive the transportation services described below in the “Optional supplemental benefits (Advantage Plus)” row.</p>
<p><b>Optional supplemental benefits (Advantage Plus Option 2)</b></p> <p>This change only applies to members who have signed up for optional supplemental benefits, called Advantage Plus Option 2.</p>		
<p>• Hearing Aids - prescription</p>	<p><b>Not covered</b> as part of our Advantage Plus package.</p>	<p><b>Covered</b> as part of our Advantage Plus package. You receive a <b>\$4,000</b> hearing aid allowance for both ears combined every 24 months. If the hearing aid(s) you purchase costs more than \$4,000, you pay the difference.</p>
<p>• Transportation Services</p>	<p><b>Not covered</b> as part of our Advantage Plus package.</p>	<p><b>Covered</b> as part of our Advantage Plus package. You pay <b>\$0</b> for <b>20</b> round trips per calendar year.</p>



## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Kaiser Permanente Medicare Advantage Basic

**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 our Kaiser Permanente Medicare Advantage Basic.

### 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 2025, 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, there may be 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](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (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 Basic.
- **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 Basic.
- **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, 2025.

### 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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## 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 ([www.insurance.wa.gov/shiba](http://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 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.
- **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. 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. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through Washington Early Intervention Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or if you are currently enrolled, how to continue receiving assistance, call the Early Intervention Program at 1-877-376-9316. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## **SECTION 6 Questions?**

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### **Section 6.1 – Getting Help from Our Plan**

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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 2025 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 2025. For details, look in the *2025 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. A copy of the *Evidence of Coverage* is located on our website at [kp.org/eocwa](http://kp.org/eocwa). 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](http://kp.org). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

## **Section 6.2 – Getting Help from Medicare**

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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](http://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](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* 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.



## Kaiser Permanente Medicare Advantage Member Services

Method	Member Services – contact information
<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 Permanente Member Services P.O. Box 34590 Seattle, WA 98124
<b>WEBSITE</b>	<a href="http://kp.org">kp.org</a>

# Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

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, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. 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, 800-537-7697 (TDD)**. Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>**



## Multi-Language Insert

### Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-901-4600 (TTY 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-888-901-4600 (TTY 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-888-901-4600 (TTY 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-888-901-4600 (TTY 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1-888-901-4600 (TTY 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-888-901-4600 (TTY 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-888-901-4600 (TTY 711)**. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-888-901-4600 (TTY 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-888-901-4600 (TTY 711)**. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-888-901-4600 (TTY 711)**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **1-888-901-4600 (TTY 711)**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-888-901-4600 (TTY 711)** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-888-901-4600 (TTY 711)**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-888-901-4600 (TTY 711)**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-888-901-4600 (TTY 711)**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-888-901-4600 (TTY 711)**. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-888-901-4600 (TTY 711)**. にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。



# Plan Information

*As member of this plan, we may occasionally contact you to inform you of other Kaiser Permanente plans or products that may be available to you. If you wish to opt-out of these types of calls, please contact Member Services at the phone number on the back of your member ID card.*

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## Provider Directories

If you need help finding a network provider or pharmacy, please visit [kp.org/directory](https://kp.org/directory) to search our online directory (Note: the 2025 directories are available online starting 10/15/2024 in accord with Medicare requirements).

To get a **Provider Directory** or **Pharmacy Directory** (if applicable), mailed to you, you can call Kaiser Permanente at **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

To get a **Dental Provider Directory** (if applicable) mailed to you, you can call Delta Dental of Washington at **1-877-719-4006 (TTY 711)**, Monday through Friday, 7 a.m. to 5 p.m.

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## Evidence of Coverage (EOC)

Your **EOC** explains how to get medical care and prescription drugs covered through your plan. It explains your rights and responsibilities, what's covered, and what you pay as a Kaiser Permanente member. If you have a question about your coverage, visit [kp.org/eocwa](https://kp.org/eocwa) to view your **EOC** online (Note: the 2025 **EOC** for Washington is available online starting 10/15/2024 in accord with Medicare requirements).

To get an **EOC** mailed to you, you can call Kaiser Permanente at **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.