Kaiser Permanente Dual Essential Plan 1 (HMO D-SNP) Offered by Kaiser Foundation Health Plan of Georgia, Inc. (Dual Essential Plan 1)

Annual Notice of Changes for 2025

You are currently enrolled as a member of Kaiser Permanente Senior Advantage Medicare Medicaid Plan 1. 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. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

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 coverage restrictions and cost sharing.
- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in our 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ 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 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.

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☐ 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 Dual Essential Plan 1.
- 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 Dual Essential Plan 1.
- Look in Section 5, page 22, to learn more about your choices.
- 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 1-800-232-4404 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 for more information.

About Kaiser Permanente Dual Essential Plan 1

- 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.
- When this document says "we," "us," or "our," it means Kaiser Foundation Health Plan of Georgia, Inc. (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Dual Essential Plan 1.

Annual Notice of Changes for 2025

Table of Contents

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Kaiser Permanente Dual Essential Plan 1 in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. (See Section 2.1 for details.)	**$0-$42.30** if you do not qualify for "Extra Help."	**$0**
Doctor office visits	Primary care visits: **$0** Specialist visits: **$0**	Primary care visits: **$0** Specialist visits: **$0**
Inpatient hospital stays	Per admission, **$0 or $12** per stay. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit.	Per admission, **$0 or $2,000** per stay. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit.
Part D prescription drug coverage (See Section 2.5 for details.)	Deductible: **$545** (Tiers 2, 3, 4, and 5) except for covered insulin products and most adult Part D vaccines. Cost-sharing during the Initial Coverage Stage (up to a 30-day supply): Drug Tier 1: **$0**	Deductible: **$400** (Tiers 3, 4, and 5) except for covered insulin products and most adult Part D vaccines. Cost-sharing during the Initial Coverage Stage (up to a 30-day supply): Drug Tier 1: **$0**

Cost	2024 (this year)	2025 (next year)
	Drug Tier 2: **$14** You pay **$14** per month supply of each covered insulin product on this tier. Drug Tier 3: **$47** You pay **$35** per month supply of each covered insulin product on this tier. Drug Tier 4: **$100** You pay **$35** per month supply of each covered insulin product on this tier. Drug Tier 5: **25%** You pay **$35** per month supply of each covered insulin product on this tier. Drug Tier 6: **$0** Catastrophic Coverage: • During this payment stage, our plan pays the full cost for your covered Part D drugs. You pay nothing.	Drug Tier 2: **$7** You pay **$0** per month supply of each covered insulin product on this tier. Drug Tier 3: **$47** You pay **$0** per month supply of each covered insulin product on this tier. Drug Tier 4: **$100** You pay **$0** per month supply of each covered insulin product on this tier. Drug Tier 5: **28%** You pay **$0** per month supply of each covered insulin product on this tier. Drug Tier 6: **$0** Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs.
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 2.2 for details.)	**$1,000** If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	**$8,850** If you are eligible for Medicare cost-sharing assistance under Medicaid, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.

SECTION 1 We Are Changing Our Plan's Name

On January 1, 2025, our plan name will change from Kaiser Permanente Senior Advantage Medicare Medicaid Plan 1 to Kaiser Permanente Dual Essential Plan 1.

Your membership ID card will not change, and you should continue to use your current ID card.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium without optional supplemental benefits (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	**$0-$42.30** if you do not qualify for "Extra Help." If you qualify for "Extra Help" you pay $0.	**$0**
Additional monthly premium with optional supplemental benefits If you are enrolled in our optional supplemental benefits package (Advantage Plus) your plan premium above is increased each month by this amount. (You must also continue to pay your Medicare Part B premium unless it is paid for you by Medicaid.)	**$9**	**$12**

Section 2.2 – 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	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount **Because our members also get assistance from Medicaid, very few members ever reach this out-of-pocket maximum.** If you are eligible for **Medicaid** assistance with Part A and Part B copays, you are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services. 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.	**$1,000**	**$8,850** Once you have paid $8,850 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 2.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

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, 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) 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 2025 *Pharmacy Directory* (kp.org/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 a 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 2.4 – Changes to Benefits and Costs for Medical Services

Please note that the *Annual Notice of Changes* tells you about changes to your Medicare benefits and costs.

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)
Ambulance Services	You pay **$0** or **$25** per one-way trip. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.	You pay **$0** or **$280** per one-way trip. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Cardiac Rehabilitation Services	You pay **$0.**	You pay **$0** or **$20** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Chiropractic Services	You pay **$0.**	You pay **$0** or **35%** coinsurance. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Dental Services - Preventive • Fluoride Treatment	**Not covered**.	You pay **$0** for two fluoride treatments per year or **75%** coinsurance for services provided by a specialist.
Diabetic Therapeutic Shoes or Inserts	You pay **$0.**	You pay **$0** or **20%** coinsurance. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Dialysis Services	You pay **$0.**	You pay **$0** or **20%** coinsurance. If you are eligible for Medicare cost-sharing

Cost	2024 (this year)	2025 (next year)
		assistance under Medicaid, you pay **$0**.
Diagnostic Procedures and Tests	You pay **$0.**	You pay **$0** for services provided in a medical office. You pay **$0** or **$35** per encounter for services provided in an outpatient hospital setting. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Diagnostic Radiological Services – MRI, CT, and PET	You pay **$0.**	You pay **$0** or **$250** for MRI, CT, and PET in a medical office or **$0** or **$290** for MRI, CT, and PET in an outpatient hospital setting. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Durable Medical Equipment (DME) – Medicare covered	You pay **$0.**	You pay **$0** for canes, crutches, and ultraviolet light therapy for psoriasis treatment or **$0** or **20%** coinsurance for all other covered DME. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
DME and Prosthetic/medical supplies – Non-Medicare covered	You pay **$0**.	You pay **$0** for phototherapy equipment for atopic dermatitis treatment, and skin sealants and protectants. You pay **20%** coinsurance for bed accessories such as board,

Cost	2024 (this year)	2025 (next year)
		table, or support device, surgical boot/shoe, bilirubin light, and heel or elbow protector.
Emergency Department	You pay **$0** or **$20** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**	You pay **$0** or **$110** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Fitness Benefit	You pay **$0** for the SilverSneakers fitness program that includes a basic gym membership, online fitness classes and resources, and home fitness kits.	You pay **$0** 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. **Beginning January 1st**, you may visit www.YourOnePass.com or call 1-877-614-0618 (TTY 711), Monday through Friday, 6 a.m. to 7 p.m.: • To obtain an access code to provide to your gym or fitness facility. • For information about participating gyms and fitness locations, the program's benefits, or to set up your online account.
Hearing aids - prescription	**Not covered**.	You receive an allowance of up to **$500** per hearing aid, per ear that you can use toward the purchase of one hearing aid

Cost	2024 (this year)	2025 (next year)
		every 36 months. Hearing aids are covered when prescribed by a network provider (clinical audiologist). See the EOC for more details. If the hearing aids you purchase cost more than **$500**, you pay the difference.
Hearing exam for fitting and evaluation of hearing aids	**Not covered**.	You pay **$0**.
Inpatient Acute Care	You pay **$0** or **$12** per stay. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.	Per admission, **$0 or $2,000** per stay. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit.
Inpatient Mental Health Care	You pay **$0** or **$12** per stay. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**	Per admission, **$0 or $1,880** per stay. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0** per visit.
Lab Services	You pay **$0.**	You pay **$0** in a medical office or **$0** or **$35** in an outpatient hospital setting. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Medical Supplies – Medicare covered	You pay **$0.**	You pay **$0** for slings and splints, or **$0** or **20%** coinsurance for all other covered medical supplies. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**

Cost	2024 (this year)	2025 (next year)
Medicare Part B Brand Drugs Up to a 30-day supply from a network pharmacy.	You pay **$0** or **$47** per prescription, except you pay **$0** or **$35** for Part B insulin drugs furnished through an item of DME. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.	You pay **$0** or **$47** per prescription, except you pay **$0** for Part B insulin drugs furnished through an item of DME. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Medicare Part B Clinic-Administered Drugs	You pay **$0**.	You pay **$0** or **20%** coinsurance depending on the drug. Please call Member Services to find out which drugs are provided at the **20%** coinsurance. Some drugs may be less than **20%** if those drugs are determined to exceed the amount of inflation. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Medicare Part B Generic Drugs Up to a 30-day supply from a network pharmacy.	You pay **$0** or **$14** per prescription. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.	You pay **$0** or **$7** per prescription, except you pay **$0** for Part B insulin drugs furnished through an item of DME. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Observation Services	You pay **$0.**	You pay **$0** or **$300** per stay when admitted directly to the hospital for observation. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**

Cost	2024 (this year)	2025 (next year)
Occupational Therapy	You pay **$0.**	You pay **$0** or **$20** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Over-the-Counter (OTC) We cover OTC items listed in our OTC catalog for free home delivery.	You may order OTC items up to the **$255** quarterly benefit limit**.**	You may order OTC items up to the **$150** quarterly benefit limit.
Outpatient Hospital Services	You pay **$0** per visit.	You pay **$0** or **$300** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Outpatient Surgery in an Ambulatory Surgical Center	You pay **$0**.	You pay **$0** or **$300** per outpatient surgery. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Physical and Speech Therapy	You pay **$0.**	You pay **$0 or $20** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Prior authorization from our plan Prior authorization must be obtained from our plan by your provider before you receive the following services:		
• Dental service – Medicare covered	Prior authorization is required.	Prior authorization is not required.
• Podiatry services • Psychiatric services for electronic therapy and biofeedback.	Prior authorization is not required.	Prior authorization is required.

Cost	2024 (this year)	2025 (next year)
• Hearing aids (prescription) and exams to fit hearing aids.		
Prosthetic Devices – Medicare Covered	You pay **$0**.	You pay **$0** or **20%** coinsurance. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Pulmonary Rehabilitation Services	You pay **$0.**	You pay **$0** or **$25** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
Radiation Therapy	You pay **$0**.	You pay **$0 or 20%** coinsurance. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Referrals from your PCP Referrals are needed from your PCP before you can get care for the following Medicare-covered services: • Dental service – Medicare covered • Specialist visits for dermatology, obstetrics, and gynecology.	Referral required.	Referral not required.
• Hearing aids (prescription). • Psychiatric services individual visits.	Referral not required.	Referral required.

Cost	2024 (this year)	2025 (next year)
Residential Substance Use Disorder and Mental Health Treatment	You pay **$12** per admission.	You pay **$1,880** per stay.
Skilled Nursing Facility (SNF) Care	You pay **$0** for days 1–100.	You pay **$0** for days 1–20, and $0 or **$214** per day for days 21–100. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay $0.
Supervised Exercise Therapy (SET)	You pay **$0**.	You pay **$0** or **$20** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Ultrasounds	You pay **$0**.	You pay **$0** in a medical office or **$0** or **$35** in an outpatient hospital setting. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.
Urgent Care Office Visits	You pay **$0**.	You pay **$0** or **$35** per visit. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0.**
X-rays	You pay **$0**.	You pay **$0** in a medical office or **$0** or **$35** in an outpatient hospital setting. If you are eligible for Medicare cost-sharing assistance under Medicaid, you pay **$0**.

Cost	2024 (this year)	2025 (next year)
Advantage Plus (optional supplemental benefits) – Dental Services This change only applies to members who have signed up for optional supplemental benefits, called Advantage Plus, for an additional monthly premium. Refer to the *Evidence of Coverage* for the full list of covered dental services:		
• Implant services.	You pay **$33-$1,400**, depending on the services (limited to one placement per year).	You pay **$33-$1,400**, depending on the services (limited to one placement, one abutment, and one prosthetic per year).

Section 2.5 – 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, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review our Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier**.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

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.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month's supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: https:/www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

If you receive "Extra Help" to pay your Medicare prescription drugs, you may qualify for a reduction or elimination of your cost sharing for Part D drugs. Some of the information described in this section may not apply to you. **Note*:*** 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 insert, 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 insert by September 30, 2024, please call Member Services and ask for the LIS Rider.

Beginning in 2025, there are three drug payment stages: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your **Tier 3** (preferred brand), **Tier 4** (non-preferred), and **Tier 5** (specialty) drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.	The deductible is **$545**, if you do not qualify for "Extra Help." During this stage, you pay the following cost-sharing for up to a 30-day supply: **$0** for drugs on **Tier 1** and **Tier 6**. You pay the full cost of drugs in **Tier 2** (generic), **Tier 3** (preferred brand-name), **Tier 4** (nonpreferred), and **Tier 5** (specialty) until you have reached the yearly deductible.	The deductible is **$400**, if you do not qualify for "Extra Help." During this stage, you pay the following cost-sharing for up to a 30-day supply: **$0** for drugs on **Tier 1**. **$7** for drugs on **Tier 2**. **$0** for drugs on **Tier 6.** You pay the full cost of drugs in **Tier 3** (preferred brand-name), **Tier 4** (nonpreferred), and **Tier 5** (specialty) until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the 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 cost for a one-month supply filled at a network pharmacy with standard cost-sharing, if you do not qualify for "Extra Help": • Tier 1 – Preferred Generic drugs: You pay **$0** per prescription. • Tier 2 – Generic drugs: You pay **$14** per prescription. You pay **$14** per month supply of each covered insulin product on this tier. Your	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing, if you do not qualify for "Extra Help": • Tier 1 – Preferred Generic drugs: You pay **$0** per prescription. • Tier 2 – Generic drugs: You pay **$7** per prescription. You pay **$0** per month supply of each covered insulin product on this tier. Your cost for

Stage	2024 (this year)	2025 (next year)
your prescription at a network pharmacy. For information about the costs for a long-term supply, 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 our "Drug List." Most adult Part D vaccines are covered at no cost to you.	cost for a one-month mail-order prescription is **$14**. • Tier 3 – Preferred Brand drugs: You pay **$47** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. • Tier 4 – Non-Preferred drugs: You pay **$100** per prescription. You pay **$35** per month supply of each covered insulin product on this tier. • Tier 5 – Specialty Tier drugs: You pay **25%** of the total cost. You pay **$35** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **25%** of the total cost. • Tier 6 – Injectable Part D vaccines: You pay **$0** per prescription. Once your total drug costs have reached **$5,030**, you will move to the next stage (the Coverage Gap Stage).	a one-month mail-order prescription is **$7**. • Tier 3 – Preferred Brand drugs: You pay **$47** per prescription. You pay **$0** per month supply of each covered insulin product on this tier. • Tier 4 – Non-Preferred drugs: You pay **$100** per prescription. You pay **$0** per month supply of each covered insulin product on this tier. • Tier 5 – Specialty Tier drugs: You pay **28%** of the total cost. You pay **$0** per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is **28%** of the total cost. • Tier 6 – Injectable Part D vaccines: You pay **$0** per prescription. Once you have paid **$2,000** out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stages

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Sections 6, in your *Evidence of Coverage*.

SECTION 3 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January - December). To learn more about this payment option, please contact us at 1-800-232-4404 or visit www.medicare.gov.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in Kaiser Permanente Dual Essential Plan 1

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 Dual Essential Plan 1.

Section 4.2 – 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.

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 2025* handbook, call your State Health Insurance Assistance Program (see Section 6), or call Medicare (see Section 8.2).

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 Dual Essential Plan 1.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Kaiser Permanente Dual Essential Plan 1.
- 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.

  If you switch to Original Medicare and do **not** enroll in a separate Medicare prescription drug plan, Medicare may enroll you in a drug plan unless you have opted out of automatic enrollment.

SECTION 5 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.

Because you have Medicaid, you can end your membership in our plan any month of the year. You also have options to enroll in another Medicare plan any month including:

- Original Medicare with a separate Medicare prescription drug plan,

- Original Medicare without a separate Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can also 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 6 Programs That Offer Free Counseling about Medicare and Medicaid

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

It is a state program that gets money from the federal government to give **free** local health insurance counseling to people with Medicare. Georgia SHIP 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 Georgia SHIP at 1-866-552-4464, option 4.

You can learn more about Georgia SHIP by visiting their website (https://aging.georgia.gov/georgia-ship).

For questions about your Medicaid benefits, contact the Medicaid agency for your county listed in Section 6.3. Ask how joining another plan or returning to Original Medicare affects how you get your Medicaid coverage.

SECTION 7 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.** Because you have Medicaid, you are already enrolled in "Extra Help," also called the Low Income Subsidy. "Extra Help" pays some of your

prescription drug premiums, yearly deductibles, and coinsurance. Because you qualify, you do not have a late enrollment penalty. If you have questions about "Extra Help," 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 the **Georgia AIDS Drug Assistance 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 1-404-656-9805. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  "Extra Help" from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 1-800-232-4404 or visit www.medicare.gov.

SECTION 8 Questions?

Section 8.1 – Getting Help from Our Plan

Questions? We're here to help. Please call Member Services at 1-800-232-4404. (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 and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at kp.org/eocga. 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 8.2 – 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 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.

Section 8.3 – Getting Help from Medicaid

To get information from Medicaid, you can call the Medicaid office in your county at the phone numbers listed below.

Georgia's Medicaid agencies by county – contact information	
Cherokee County DFCS 1300 Univeter Road Canton, GA 30115 Phone: 770-720-3610 Hours: Monday-Friday: 8 a.m. to 5 p.m.	**Fulton County DFCS** Northwest Service Center 1249 Donald Lee Hollowell Parkway Atlanta, GA 30318 Phone: 404-206-5778 Hours: Monday-Friday: 8 a.m. to 5 p.m.
Clayton County DFCS 877 Battlecreek Road Jonesboro, GA 30236 Phone: 770-473-2339 Hours: Monday-Friday: 8 a.m. to 5 p.m.	**Fulton County DFCS** 515 Fairburn Road Southwest Atlanta, GA 30331 Phone: 404-206-5778 Hours: Monday-Friday: 8 a.m. to 5 p.m.
Cobb County DFCS 325 South Fairground Street Marietta, GA 30060 Phone: 770-528-7683 Hours: Monday-Friday: 8 a.m. to 5 p.m.	**Fulton County DFCS** 5710 Stonewall Tell Road College Park, GA 30349 Phone: 404-206-5778 Hours: Monday-Friday: 8 a.m. to 5 p.m.
Coweta County DFCS 533 Highway 29 North Newnan, GA 30263 Phone: 770-254-7234 Hours: Monday-Friday: 8 a.m. to 5 p.m.	**Fulton County DFCS** 8215 Roswell Road, Suite 1100 Sandy Springs, GA 30082 Phone: 404-206-5778 Hours: Monday-Friday: 8 a.m. to 5 p.m.
DeKalb County DFCS 2300 Parklane Drive NE Atlanta, GA 30345 Phone: 404-370-5000 Hours: Monday-Friday: 8 a.m. to 5 p.m.	**Gwinnett County DFCS** 95 Constitution Blvd Lawrenceville, GA 30046 Phone: 678-518-5500 Hours: Monday-Friday: 8 a.m. to 5 p.m.
Douglas County DFCS 8473 Duralee Lane, Suite 100 Douglasville, GA 30134 Phone: 770-489-3000 Hours: Monday-Friday: 8 a.m. to 5 p.m.	**Henry County DFCS** 125 Henry Parkway McDonough, GA 30253 Phone: 770-954-2014 Hours: Monday-Friday: 8 a.m. to 5 p.m.
Fayette County DFCS 905 Highway 85 South Fayetteville, GA 30215 Phone: 770-460-2555 Hours: Monday-Friday: 8 a.m. to 5 p.m.	**Paulding County DFCS** 1387 Industrial Blvd. North, Suite 101 Dallas, GA 30132 Phone: 770-443-7810 Hours: Monday-Friday: 8 a.m. to 5 p.m.

Georgia's Medicaid agencies by county – contact information

Forsyth County DFCS
6435 Shiloh Road, Suite C
Alpharetta, GA 30005
Phone: 770-781-6700
Hours: Monday-Friday: 8 a.m. to 5 p.m.

KAISER PERMANENTE®

Kaiser Permanente Dual Essential Plan 1 Member Services

Method	Member Services – contact information
CALL	**1-800-232-4404** 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