

Annual Notice of Changes for 2025

You are currently enrolled as a member of Kaiser Permanente Senior Advantage Liberty. 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*.

- **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 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 Senior Advantage Liberty.

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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 Senior Advantage Liberty.
- 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 Senior Advantage Liberty

- 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 Georgia, Inc. (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Senior Advantage Liberty.
- 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.

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Summary of Important Costs for 2025

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

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 1.1 for details.)	\$0	\$0
Maximum out-of-pocket amount 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.)	\$6,000	\$6,000
Doctor office visits	Primary care visits: \$0 Specialist visits: \$40 per visit.	Primary care visits: \$0 Specialist visits: \$40 per visit.
Inpatient hospital stays	Per admission, \$295 per day for days 1-6 (\$0 for the rest of your stay).	Per admission, \$295 per day for days 1-6 (\$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

Cost	2024 (this year)	2025 (next year)
<p>Monthly premium without optional supplemental benefits</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$0	\$0
<p>Monthly premium with optional supplemental benefits</p> <p>This plan premium applies to you only if you are enrolled in our optional supplemental benefits package.</p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$9	\$12

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	2024 (this year)	2025 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	\$6,000	<p>\$6,000</p> <p>Once you have paid \$6,000 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</p>

Cost	2024 (this year)	2025 (next year)
		the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

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

There are changes to our network of providers for next year. **Please review the 2025 Provider Directory (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)
Dental Services – Preventive <ul style="list-style-type: none"> Fluoride Treatment 	Not covered.	You pay \$0 for two fluoride treatments per year or 75% coinsurance for services provided by a specialist.
Emergency Department	You pay \$120 per visit.	You pay \$125 per visit.
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.

Cost	2024 (this year)	2025 (next year)
		<p>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.:</p> <ul style="list-style-type: none"> • 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.
<p>Prior authorization from our plan Prior authorization must be obtained from our plan by your provider before you receive the following services:</p>		
<ul style="list-style-type: none"> • Dental service – Medicare covered 	Prior authorization is required.	Prior authorization is not required.
<ul style="list-style-type: none"> • Podiatry services • Psychiatric services for electronic therapy and biofeedback. 	Prior authorization is not required.	Prior authorization is required.
<p>Pulmonary Rehabilitation Services</p>	You pay \$15 per visit.	You pay \$30 per visit.

Cost	2024 (this year)	2025 (next year)
<p>Referrals from your PCP</p>		
<p>Referrals are needed from your PCP before you can get care for the following Medicare-covered services:</p>		
<ul style="list-style-type: none"> • Dental service – Medicare covered • Specialist visits for dermatology, obstetrics, and gynecology. 	<p>Referral required.</p>	<p>Referral not required.</p>
<ul style="list-style-type: none"> • Psychiatric services individual visits. 	<p>Referral not required.</p>	<p>Referral required.</p>
<p>Advantage Plus (optional supplemental benefits) – Dental Services</p>		
<p>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 <i>Evidence of Coverage</i> for the full list of covered dental services:</p>		
<ul style="list-style-type: none"> • Implant services. 	<p>You pay \$33-\$1,400, depending on the services (limited to one placement per year).</p>	<p>You pay \$33-\$1,400, depending on the services (limited to one placement, one abutment, and one prosthetic per year).</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Kaiser Permanente Senior Advantage Liberty

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 Senior Advantage Liberty.

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), 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 Senior Advantage Liberty.
- **To change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Kaiser Permanente Senior Advantage Liberty.
- **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 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 1-866-522-4464, option 4. You can learn more about Georgia SHIP by visiting their website (<https://www.aging.georgia.gov/georgia-ship>).

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:

1-800-232-4404 (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

- 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.

SECTION 6 Questions?

Section 6.1 – 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. 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*).

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 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 Senior Advantage 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