

Kaiser Permanente Dual Complete Maui (HMO D-SNP) offered by Kaiser Foundation Health Plan, Inc., Hawaii Region (Dual Complete)

Annual Notice of Change for 2026

You're enrolled as a member of Kaiser Permanente Dual Complete.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Kaiser Permanente Dual Complete Maui.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at kp.org or call Member Services at 1-800-805-2739 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Chinese (Traditional), Ilocano, Korean, and Vietnamese.
- Call Member Services at 1-800-805-2739 (TTY users call 711) for more information. Hours are 7:45 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.

About Kaiser Permanente Dual Complete Maui

- 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. Our plan also has a written agreement with the Hawaii Medicaid program to coordinate your Medicaid benefits.
- When this material says "we," "us," or "our," it means Kaiser Foundation Health Plan Inc., Hawaii Region (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Dual Complete Maui (Dual Complete).

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PBP #: 016

OMB Approval 0938-1051 (Expires: August 31, 2026)

- On January 1, 2026, our plan name will change from Kaiser Permanente Dual Complete to Kaiser Permanente Dual Complete Maui. We'll send you a new member ID card with our new name. From here on, our new name, Kaiser Permanente Dual Complete Maui plan, will be on all materials.
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Kaiser Permanente Dual Complete Maui.** Starting January 1, 2026, you'll get your medical and drug coverage through Kaiser Permanente Dual Complete Maui. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$9,350 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.	\$9,250 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.
Primary care office visits	\$0	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.
Specialist office visits	\$0	You pay \$0. If you lose your Medicaid coverage, you pay \$55 per visit.
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to	\$0	You pay \$0. If you lose your Medicaid coverage, per admission, you pay \$405 per day for days 1–6, \$70 per day for days 7–30 (\$0 for the rest of your stay).

	2025 (this year)	2026 (next year)
the hospital with a doctor's order. The day before you're discharged is your last inpatient day.		
Part D drug coverage deductible (Go to Section 1.7 for details.)	\$580 (Tiers 3, 4, and 5), if you don't qualify for "Extra Help," except for covered insulin products and most adult Part D vaccines.	\$615 (Tiers 4 and 5), if you don't qualify for "Extra Help," except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Cost-sharing during the Initial Coverage Stage if you don't qualify for "Extra Help": Drug Tier 1: \$0 Drug Tier 2: 4% You pay \$0 per month supply of each covered insulin product on this tier. Drug Tier 3: 24% You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 25% 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.	Cost-sharing during the Initial Coverage Stage if you don't qualify for "Extra Help": Drug Tier 1: \$0 Drug Tier 2: \$0 Drug Tier 3: 17% You pay \$0 per month supply of each covered insulin product on this tier. Drug Tier 4: 25% You pay \$0 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% You pay \$0 per month supply of each covered insulin product on this tier.

	2025 (this year)	2026 (next year)
	Drug Tier 6: \$0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Drug Tier 6: \$0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0

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've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare) for the rest of the calendar year.

	2025 (this year)	2026 (next year)
Maximum out-of-pocket amount Because our members also get help from Medicaid, very few members ever reach this out-of-pocket maximum. 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. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$9,350	\$9,250 Once you've paid \$9,250 out of pocket for covered Part A and Part B services (and other health services not covered by Medicare), you'll pay nothing for your covered services for the rest of the calendar year.

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider and Pharmacy Directory* (kp.org/directory) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at kp.org/directory.
- Call Member Services at 1-800-805-2739 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-805-2739 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can 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.

Our network of pharmacies has changed for next year. Review the 2026 *Provider and Pharmacy Directory* (kp.org/directory) to see which pharmacies are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at kp.org/directory.
- Call Member Services at 1-800-805-2739 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-805-2739 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

The *Annual Notice of Change* tells you about changes to your Medicare benefits and costs.

	2025 (this year)	2026 (next year)
Ambulance Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$400 per one-way trip.
Cardiac Rehabilitation Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$30 per visit.
Chiropractic Services – Medicare-Covered	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$15 per visit.
Dental Services - Medicare-Covered	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$55 per visit.
Diabetic Supplies	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay 20% coinsurance.

	2025 (this year)	2026 (next year)
Diabetic Therapeutic Shoes and Inserts	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay 20% coinsurance.
Diagnostic Procedures and Tests	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$30 per test.
Dialysis Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay 20% coinsurance, except you pay \$0 for home dialysis treatments.
Durable Medical Equipment (DME)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay 20% coinsurance, except you pay \$0 for ultraviolet light therapy equipment for psoriasis treatment.
Electrocardiograms (EKGs)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$30 per test.
Emergency Department	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$115 per visit.
Eye exams – Medicare-Covered	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit, except you pay \$0 for diabetic retinopathy services.
Eyewear – Medicare-Covered If the eyewear you purchase costs more than what Medicare covers, you pay the difference.	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay 20% coinsurance.

	2025 (this year)	2026 (next year)
Hearing Exams – Medicare-Covered	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.
Inpatient Acute Care	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, per admission, you pay \$405 per day for days 1–6, \$70 per day for days 7–30 (\$0 for the rest of your stay).
Inpatient Mental Health Care	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, per admission, you pay \$340 per day for days 1–6 and \$15 per day for days 7–90 (\$0 for the rest of your stay).
Intensive Outpatient Program Services (Group Therapy)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.
Intensive Outpatient Program Services (Individual Therapy)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$50 per visit.
Kidney Disease Education Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.
Lab Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$30 per day.
Medical Supplies	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$0 or 20% coinsurance, depending on the item.
Medicare Part B Clinic-Administered Drugs	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay 0%–20% coinsurance

	2025 (this year)	2026 (next year)
		for Medicare Part B drugs when administration or observation by medical personnel is required and the drugs are administered to you by a network provider. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.
MRI, CT, and PET	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$240 per test.
Occupational Therapy Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$35 per visit.
Other Provider Office Visits	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$20 per visit for Medicare-Covered acupuncture or \$55 per specialty care visit.
Outpatient Hospital Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$0 or \$300 per visit, depending on the service.
Outpatient Mental Health Care (Group Therapy)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.
Outpatient Mental Health Care (Individual Therapy)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$50 per visit.
Outpatient Substance Abuse Services (Group Therapy)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.

	2025 (this year)	2026 (next year)
Outpatient Substance Abuse Services (Individual Therapy)	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$50 per visit.
Outpatient Surgery in an Ambulatory Surgical Center	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$300 per visit.
Partial Hospitalization	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$105 per day.
Physical Therapy and Speech-Language Pathology Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$35 per visit.
Podiatry Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$55 per visit.
Primary Care Office Visits	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.
Prosthetic Devices	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay 20% coinsurance.
Pulmonary Rehabilitation Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$25 per visit.
Radiation Therapy	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$85 per visit.
Residential Chemical Dependency Services	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$340 per day for days 1–6 (\$0 for the rest of your stay).
Skilled Nursing Facility (SNF) Care	You pay \$0.	You pay \$0. If you lose your Medicaid, you pay \$0 for

	2025 (this year)	2026 (next year)
		days 1–20, \$218 per day for days 21–40, and \$0 for days 41–100 per benefit period.
Specialist Office Visits	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$55 per visit.
Supervised Exercise Therapy (SET)	You pay \$0.	You pay \$0. If you lose your Medicaid, you pay \$20 per visit.
Ultrasounds	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$30 per ultrasound.
Urgent Care Office Visits	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$40 per visit.
X-Rays	You pay \$0.	You pay \$0. If you lose your Medicaid coverage, you pay \$30 per X-ray.

Section 1.6 Changes to Part D 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 the 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 calendar 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're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-805-2739 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-800-805-2739 (TTY users call 711) and ask for the LIS Rider.

Drug Payment Stages

There are 3 **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 no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your drugs on Tier 4 (Nonpreferred) and Tier 5 (Specialty-tier) drugs until you reach the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our 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 don't count toward out-of-pocket costs.

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$580, if you don't qualify for "Extra Help." During this stage, you pay \$0 for drugs on Tier 1 (Preferred generic), 4% of the total cost for drugs on Tier 2 (Generic), and \$0 for drugs on Tier 6 (Injectable Part D vaccines) and the full cost of drugs on Tier 3 (Preferred brand-name), Tier 4 (Nonpreferred), and Tier 5 (Specialty-tier) drugs until you've reached the yearly deductible.	\$615, if you don't qualify for "Extra Help." During this stage, you pay \$0 for drugs on Tier 1 (Preferred generic), and Tier 2 (Generic), 17% of the total cost for drugs on Tier 3 (Preferred brand-name), and \$0 for drugs on Tier 6 (Injectable Part D vaccines) and the full cost of drugs on Tier 4 (Nonpreferred) and Tier 5 (Specialty-tier) drugs until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 2 – Generic, your cost-sharing in the Initial Coverage Stage is changing from a coinsurance to copayment. Go to the following table for the changes from 2025 to 2026.

The table shows your cost per prescription for a one-month supply filled at a network pharmacy with standard cost sharing.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,100 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 – Preferred generic drugs: 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.	You pay \$0 per prescription.	You pay \$0 per prescription.
Tier 2 – Generic drugs: 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.	You pay 4% of the total cost.	You pay \$0 per prescription.
Tier 3 – Preferred brand-name drugs: 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.	You pay 24% 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 24% of the total cost.	You pay 17% 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 17% of the total cost.
Tier 4 – Nonpreferred drugs: 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.	You pay 25% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier.	You pay 25% of the total cost. You pay \$0 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	You pay 25% of the total cost. You pay \$0 per month supply of each covered

	2025 (this year)	2026 (next year)
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.	supply of each covered insulin product on this tier.	insulin product on this tier.
Tier 6 – Injectable Part D vaccines: 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.	You pay \$0 per prescription.	You pay \$0 per prescription.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Contract and Plan Benefit Package (PBP) numbers	Your current plan, Kaiser Permanente Dual Complete, is also known as H1230 PBP #008.	Your new plan, Kaiser Permanente Dual Complete Maui, is also known as H2704 PBP #016.

	2025 (this year)	2026 (next year)
Formulary exception for brand name drugs A type of coverage decision that, if approved, allows you to get a drug that is not on our formulary (a formulary exception). If we agree to cover a Part D drug not on our Drug List, you will need to pay the cost-sharing amount specified on the right. For more information about how to file a formulary exception, please see the <i>Evidence of Coverage</i>.	If you request and we agree to cover a Part D brand-name drug not on our Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4 for nonpreferred drugs.	If you request and we agree to cover a Part D brand-name drug not on our Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 5 specialty tier drugs.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 1-800-805-2739 (TTY users call 711) or visit www.Medicare.gov.

SECTION 3 How to Change Plans

To stay in Kaiser Permanente Dual Complete Maui, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Kaiser Permanente Dual Complete Maui.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from Kaiser Permanente Dual Complete Maui.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from Kaiser Permanente Dual Complete Maui.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-805-2739 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 4)
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Kaiser Permanente offers other Medicare health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from October 15 – December 7 each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- 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 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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you 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 drugs that are also covered by ADAP qualify for prescription cost-sharing help through the HIV Drug Assistance Program (HDAP). For

information on eligibility criteria, covered drugs, how to enroll in the program, or if you're currently enrolled, how to continue getting help, call the HIV Drug Assistance Program (HDAP) at 1-808-733-9360. 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 payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option **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 the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at 1-800-805-2739 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from Kaiser Permanente Dual Complete Maui

- **Call Member Services at 1-800-805-2739. (TTY users call 711.)**

We're available for phone calls 7 days a week, 7:45 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the *2026 Evidence of Coverage* for Kaiser Permanente Dual Complete Maui plan. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at kp.org/eochi or call Member Services at 1-800-805-2739 (TTY users call 711) to ask us to mail you a copy.

- **Visit kp.org**

Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

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

Call Hawaii SHIP to get free personalized health insurance counseling. They can help you understand your Medicare and Medicaid plan choices and answer questions about switching plans. Call Hawaii SHIP at 1-888-875-9229 (TTY users should call 1-866-810-4379). Learn more about Hawaii SHIP by visiting (www.hawaiiiship.org).

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call the State of Hawaii's Department of Human Services Med-QUEST Division at 1-800-316-8005 (TTY only, call 711), Monday through Friday, 7:45 a.m. to 4:30 p.m. for help with Medicaid enrollment or benefit questions.

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Kaiser Permanente Dual Complete Member Services

Method	Member Services – Contact Information
Call	1-800-805-2739 Calls to this number are free. 7 days a week, 7:45 a.m. to 8 p.m. Member Services 1-800-805-2739 (TTY users call 711) also has free language interpreter services available for non-English speakers.
TTY	711 Calls to this number are free. 7 days a week, 7:45 a.m. to 8 p.m.
Write	Kaiser Permanente Member Services 711 Kapiolani Blvd. Honolulu, HI 96813
Website	kp.org

NONDISCRIMINATION NOTICE

Kaiser Permanente complies with applicable Federal civil rights laws and does not discriminate, exclude people, or treat people differently or less favorably because of:

- Race
- Color
- National Origin (including limited English proficiency and primary language)
- Age
- Disability
- Sex

Kaiser Permanente provides 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, braille, accessible electronic formats, other formats)

Kaiser Permanente provides 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 **808-432-5330**, toll-free **1-800-651-2237** or by TTY **711**

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way, you can file a grievance with: Kaiser Civil Rights Coordinator, 711 Kapiolani Blvd., Honolulu, HI 96813. Phone: **808-432-5330** or toll-free **1-800-651-2237**; TTY: **711**; Fax: **808-432-5300**; Email: civil-rights-coordinator@kp.org.

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Kaiser Permanente Civil Rights Coordinator is available to help you.

This notice is available at [Noticehttps://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice/medicaid](https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice/medicaid)

You can also file a grievance 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, D.C. 20201; **1-800-368-1019, 1-800-537-7697** (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

HELP IN YOUR LANGUAGE

(English) Do you need help in another language? Language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call 1-800-651-2237 to tell us which language you speak. (TTY: 711).
(Cantonese) 您需要其他语言帮助吗？我们免费为您提供语言援助服务，包括适当的辅助工具和服务。请致电 1-800-651-2237 告知我们您说什么语言。(TTY: 711).
(Chukese) En mi nit aninis non pwan och fosun fonu? Mi kawor aninisin fosun fonu me ekoch pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru 1-800-651-2237 ka ereni kich meni fosun fonu ke kan fos non. (TTY: 711).
(French) Avez-vous besoin d'aide dans une autre langue ? Des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le 1-800-651-2237 pour nous dire quelle langue vous parlez. (TTY: 711).
(German) Benötigen Sie Hilfe in einer anderen Sprache? Die Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen steht Ihnen kostenfrei zur Verfügung. Rufen Sie 1-800-651-2237 an, um uns mitzuteilen, welche Sprache Sie sprechen. (TTY: 711).
(Hawaiian) Loa'a iā 'oe nā lawelawe kōkua 'ōlelo me nā kōkua kōkua a me nā lawelawe me ka uku 'ole. Kāhea 1-800-651-2237 oe ia la kaua a e ha'ina 'oe ia la maua mea 'olelo o na 'aina 'e. (TTY: 711).
(Ilocano) Kasapulam kadi ti tulong iti sabali a pagsasao? Dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti 1-800-651-2237 tapno maibagam kadakami no ania a pagsasao ti pagsasaom. (TTY: 711).
(Japanese) 他の言語でのサポートが必要ですか？適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。1-800-651-2237 にお電話いただき、使用される言語をお知らせください。(TTY: 711)。
(Korean) 다른 언어로 도움이 필요하신가요? 언어 지원 서비스는 필요에 따라 보조 기기 및 서비스를 포함하여 무료로 제공됩니다. 도움이 필요한 언어를 알려주시려면 1-800-651-2237 로 전화해 주세요. (TTY: 711) .
(Mandarin) 您需要其他語言的幫助嗎？您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 1-800-651-2237 告訴我們您說哪種語言。(TTY: 711).
(Marshallese) Kwōj ke aikuj jipañ ilo kajin ko jet? Ro rej ropajikin jipañ eok ikijien kajin im jermal ko jet repojakin jermal ippam ilo ejjelok oñaer. Kūr tok 1-800-651-2237 ñan kaaroñ tok kōm kōn kajin eo am. (TTY: 711).
(Samoan) O lo'o e mana'omia se fesoasoani i se isi gagana? O auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totogi, o lo'o avanoa mo oe. Fa'amalie atu i le 1-800-651-2237 ma ta'u mai i matou le gagana e te tautala ai. (TTY: 711).
(Spanish) ¿Necesita ayuda en otro idioma? Tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al 1-800-651-2237 para que nos indique el idioma que habla. (TTY: 711).
(Tagalog) Kailangan mo ba ng tulong sa ibang wika? Available sa iyo ang mga serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa 1-800-651-2237 para sabihin sa amin kung aling wika ang sinasalita mo. (TTY: 711).
(Tongan) 'Oku ke toe fiema'u ha tokoni 'i ha lea kehe? 'Oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa 1-800-651-2237 pea talamai 'a e lea 'oku ke faka'aonga'i. (TTY: 711).

(Vietnamese) Bạn có cần trợ giúp bằng ngôn ngữ khác không? Bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-651-2237** để cho chúng tôi biết ngôn ngữ bạn nói. (TTY: **711**).

(Visayan) Nanginahanglan ka ba og tabang sa laing pinulongan? Ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-651-2237** aron isulti kanamo kung unsang pinulongan ang imong ginasulti. (TTY: **711**).

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.

Provider Directories

If you need help finding a network provider or pharmacy, please visit **kp.org/directory** to search our online directory (Note: the 2026 directories are available online starting 10/15/2025 in accord with Medicare requirements).

To get a **Provider and Pharmacy Directory** mailed to you, you can call Kaiser Permanente at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

Medicare Part D Prescription Drug Formulary

Our formulary lists the Medicare Part D drugs we cover. The formulary may change at any time. You'll be notified when necessary. If you have a question about covered drugs, see our online formulary at **kp.org/seniorrx** (Note: the 2026 formulary is available online starting 10/15/2025 in accord with Medicare requirements).

To get a formulary mailed to you, you can call Kaiser Permanente at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

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/eochi** to view your **EOC** online (Note: the 2026 **EOC** is available online starting 10/15/2025 in accord with Medicare requirements).

To get an **EOC** mailed to you, you can call Kaiser Permanente at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.