

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

Annual Notice of Change for 2026

You're enrolled as a member of Kaiser Permanente Medicare Advantage Liberty.

This material describes changes to your 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 Medicare Advantage Liberty.
- 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 1-888-777-5536 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-888-777-5536 (TTY users call 711) for additional information. 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.

About Kaiser Permanente Medicare Advantage Liberty

- Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Medicare Advantage Liberty (Kaiser Permanente Medicare Advantage).
- **If you do nothing by December 7, 2025, you'll automatically be enrolled in Kaiser Permanente Medicare Advantage Liberty.** Starting January 1, 2026, you'll get your

medical coverage through Kaiser Permanente Medicare Advantage Liberty. Go to Section 2 for more information about how to change plans and deadlines for making a change.

- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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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.)	\$5,900	\$5,900
Primary care office visits	\$15 per visit.	\$15 per visit.
Specialist office visits	\$40 per visit.	\$40 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 the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	Per admission, \$300 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 & 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.)	\$0	\$0
Additional premium for optional supplemental benefits (Advantage Plus Option 1) If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$18	\$18
Additional premium for optional supplemental benefits (Advantage Plus Option 2) If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$23	\$23

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 Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your plan premium doesn't count toward your maximum out-of-pocket amount.	\$5,900	\$5,900 Once you've paid \$5,900 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 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 Directory*:

- Visit our website at kp.org/directory
- Call Member Services at 1-888-777-5536 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can 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, call Member Services at 1-888-777-5536 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Emergency Department	You pay \$125 per visit.	You pay \$130 per visit.
Inpatient Acute Care	You pay \$300 per day for days 1–6 (\$0 for the rest of your stay).	You pay \$295 per day for days 1–6 (\$0 for the rest of your stay).
Inpatient Mental Health Care	You pay \$300 per day for days 1–6 (\$0 for the rest of your stay).	You pay \$295 per day for days 1–6 (\$0 for the rest of your stay).
Intensive Outpatient Program Services	You pay \$20 per individual therapy visit or \$10 per group therapy visit.	You pay \$15 per day.
Observation Services	You pay \$0 when transferred for observation from an Emergency Department or following outpatient surgery or \$200 per stay when admitted directly to the hospital for observation as an outpatient.	You pay \$0 when transferred for observation from an Emergency Department or following outpatient surgery or \$195 per stay when admitted directly to the hospital for observation as an outpatient.
Outpatient Hospital Services	You pay \$0 or \$200 per visit, depending on the service.	You pay \$0 or \$195 per visit, depending on the service.
Outpatient Surgery in an Ambulatory Surgical Center	You pay \$200 per visit.	You pay \$195 per visit.
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 \$50 quarterly benefit limit.	You will receive a preloaded healthy extras card with a quarterly benefit limit of \$25 to purchase eligible OTC items online and at participating retail stores. Your card will be reloaded on January 1, April 1, July

	2025 (this year)	2026 (next year)
		1, and October 1 on the 1st of each month. Any unused portion of the quarterly benefit limit doesn't roll over to the next quarter.
Pulmonary Rehabilitation Services	You pay \$30 per visit.	You pay \$35 per visit.
Skilled Nursing Facility (SNF) Care	Per benefit period, you pay \$0 for days 1–20, \$203 per day for days 21–100.	Per benefit period, you pay \$0 for days 1–20, \$218 per day for days 21–100.

SECTION 2 How to Change Plans

To stay in Kaiser Permanente Medicare Advantage Liberty, 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 Medicare Advantage Liberty.

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 Medicare Advantage Liberty.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Kaiser Permanente Medicare Advantage Liberty.
- **To change to Original Medicare without a drug plan,** you can send us a written request to disenroll. Call Member Services at 1-888-777-5536 (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 3).
- **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 4), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Kaiser Permanente offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 2.1 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 2.2 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

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 3 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 or
 - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program (SPAP).** Maryland has a program called Maryland Senior Prescription Drug Assistance Program (SPDAP), and Virginia has a program called Virginia Medication Assistance Program (VA MAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.
- **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 District of Columbia Pharmacy Benefits Program (PBP), Maryland ADAP, or Virginia VA MAP. 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 District of Columbia Pharmacy Benefits Program (PBP) at 1-202-671-4815, the Maryland ADAP at 1-410-767-6535, or the Virginia VA MAP at 1-855-362-0658. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 4 Questions?

Get Help from Kaiser Permanente Medicare Advantage Liberty

- **Call Member Services at 1-888-777-5536. (TTY users call 711.)**

We're available for phone calls 7 days a week, 8 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, look in the 2026 *Evidence of Coverage* for Kaiser Permanente Medicare Advantage Liberty. 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. Get the *Evidence of Coverage* on our website at kp.org/eocmasma, or call Member Services at 1-888-777-5536 (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 Directory*).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. Here is a list of the State Health Insurance Assistance Programs in each state we serve:

- In Maryland, the SHIP is called Maryland Department of Aging.
- In the District of Columbia, the SHIP is called DC Department of Aging and Community Living.
- In Virginia, the SHIP is called Virginia Insurance Counseling and Assistance Program.

Call SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIP at:

- Maryland Department of Aging: 1-410-767-1100 or toll free 1-800-243-3425 (TTY 711).
- District of Columbia Department of Aging and Community Living: 1-202-724-5626 (TTY 711).
- Virginia Insurance Counseling and Assistance Program: 1-804-662-9333 or toll free 1-800-552-3402 (TTY 711).

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.



Kaiser Permanente Medicare Advantage Member Services

Method	Member Services – Contact Information
Call	1-888-777-5536 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-888-777-5536 (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, 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