

Kaiser Permanente Senior Advantage Core South (HMO-POS) offered by Kaiser Foundation Health Plan of Colorado (Core South)

Annual Notice of Change for 2027

You're enrolled as a member of Kaiser Permanente Senior Advantage Core South.

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, 2026, you'll stay in Kaiser Permanente Senior Advantage Core South.
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your Medicare & You 2027 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 1-800-476-2167 (TTY users call 711) to get a copy by mail.

More Resources

- Call Member Services at 1-800-476-2167 (TTY users call 711) for more 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 file if you need it by calling Member Services.

About Kaiser Permanente Senior Advantage Core South

- Kaiser Permanente is an HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- Kaiser Permanente's pharmacy network includes limited lower-cost, preferred pharmacies in El Paso, Fremont, Pueblo and Teller counties in Colorado. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 1-800-476-2167 (TTY 711), 7 days a week, 8 a.m. to 8 p.m., or consult the online pharmacy directory at kp.org/directory.

- When this material says “we,” “us,” or “our,” it means Kaiser Foundation Health Plan of Colorado (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Senior Advantage Core South (Senior Advantage).
- **If you do nothing by December 7, 2026, you’ll automatically be enrolled in Kaiser Permanente Senior Advantage Core South.** Starting January 1, 2027, you’ll get your medical and drug coverage through Kaiser Permanente Senior Advantage Core South. 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 2027

	2026 (this year)	2027 (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.)	\$5,500	\$6,400
Primary care office visits	\$0	\$0
Specialist office visits	\$30 per visit.	\$40 per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	Per admission, \$340 per day for days 1–6 (\$0 for the rest of your stay).	Per admission, \$415 per day for days 1–6 (\$0 for the rest of your stay).

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$0 Preferred cost-sharing during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: \$5 Drug Tier 3: \$45 You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$90 You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 33% You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 6: \$0 Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Part D drug coverage deductible \$0 Preferred cost-sharing during the Initial Coverage Stage: Drug Tier 1: \$0 Drug Tier 2: \$10 Drug Tier 3: \$45 You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$90 You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 31% You pay no more than \$35 per month supply of each covered insulin product on this tier. 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

	2026 (this year)	2027 (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.)	\$45	\$45
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.)	\$20	\$10

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug

coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

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.

	2026 (this year)	2027 (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 costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$5,500	\$6,400 Once you've paid \$6,400 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 2027 *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 1-800-476-2167 (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 our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-476-2167 (TTY users call 711) for help. You may have a special enrollment period if

your provider leaves the plan network. 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 includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* (kp.org/directory) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at kp.org/directory.
- Call Member Services at 1-800-476-2167 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *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 1-800-476-2167 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
Cardiac Rehabilitation Services	You pay \$0 per group visit or \$30 per specialty care visit.	You pay \$0 per group visit or \$40 per specialty care visit.
Dental Services – Medicare-Covered	You pay \$30 per visit.	You pay \$40 per visit.

Dental Services – Non-Medicare

Benefits are offered through our agreement with Delta Dental of Colorado provided by the Delta Dental Medicare Advantage PPO network. Please refer to your *Evidence of Coverage (EOC)* for complete details.

	2026 (this year)	2027 (next year)
• Restorative Services - Crowns • Prosthodontics • Oral and Maxillofacial Surgery	Not covered under your plan benefits, unless you are enrolled in optional supplemental benefits (Advantage Plus Option 1).	Covered under your plan benefits. You pay 50% coinsurance in or out-of-network as described in the Dental POS row, up to the \$1,000 annual benefit maximum. After you reach your annual benefit maximum, you pay 100% of the costs for the rest of the calendar year.
• Adjunctive General Services - o Cleaning and inspection of removable complete denture - o Cleaning and inspection of removable partial denture	Not Covered.	Covered under your plan benefits. You pay \$0 if done alongside a cleaning or reline/rebase procedure in or out-of-network as described in the Dental POS row, up to the \$1,000 annual benefit maximum. After you reach your annual benefit maximum, you pay 100% of the costs for the rest of the calendar year.
• Dental POS (Point-of-Service Supplemental Benefit)	Not Covered.	Covered under your plan benefits. You may choose to receive covered dental services from licensed dentists anywhere inside the United States or its territories, unless the dentist is excluded from participating in Medicare. If you receive services from an out-of-network dentist, you may need to pay the full cost of care at the time of service and submit a

	2026 (this year)	2027 (next year)
		claim to Delta Dental of Colorado for reimbursement of our portion of the cost, minus your cost sharing, if any. The same annual benefit maximum is a combined annual maximum for in-network and out-of-network services.
Eyewear Allowance	You receive a \$200 allowance every 12 months. If the eyewear you purchase costs more than your allowance, you pay the difference. Additional coverage is available if you enroll in Advantage Plus Option 1.	You receive a \$100 allowance every calendar year. If the eyewear you purchase costs more than your allowance, you pay the difference. Additional coverage is available if you enroll in Advantage Plus Option 1.
Hearing Aids - Prescription	You receive a \$300 hearing aid allowance to buy 1 aid, per ear every 2 years. If the hearing aid(s) you purchase costs more than your allowance, you pay the difference. Note: This hearing aid benefit may not be available next year. Additional coverage is available if you enroll in Advantage Plus.	You receive a \$250 hearing aid allowance to buy 1 aid, per ear every calendar year. If the hearing aid(s) you purchase costs more than your allowance, you pay the difference. Additional coverage is available if you enroll in Advantage Plus.
Inpatient Acute Care	Per admission, you pay \$340 per day for days 1–6 (\$0 for the rest of your stay).	Per admission, you pay \$415 per day for days 1–6 (\$0 for the rest of your stay).

	2026 (this year)	2027 (next year)
Inpatient Mental Health Care	Per admission, you pay \$340 per day for days 1–6 (\$0 for the rest of your stay).	Per admission, you pay \$390 per day for days 1–6 (\$0 for the rest of your stay).
Kidney Disease Education Services	You pay \$0 per primary care visit or \$30 per specialty care visit.	You pay \$0 per primary care visit or \$40 per specialty care visit.
Medicare Part B Drugs - Generic Up to a 30-day supply from a preferred pharmacy	You pay \$5 per prescription.	You pay \$10 per prescription.
Medicare Part B Insulin Drugs - Generic Up to a 30-day supply from a preferred pharmacy	You pay \$5 per prescription.	You pay \$10 per prescription.
Over-the-Counter (OTC) Items	You will receive a preloaded healthy extras card with a quarterly allowance of \$25 to purchase eligible OTC items both online and at participating retail stores, including at Kaiser Permanente retail pharmacies.	You will receive a preloaded healthy extras card with a quarterly allowance of \$20 to purchase eligible OTC items both online and at participating retail stores, including at Kaiser Permanente retail pharmacies.
Opioid Treatment Program Services	You pay \$30 per visit.	You pay \$40 per visit.
Outpatient Hospital Services	You pay \$340 per outpatient surgery.	You pay \$415 per outpatient surgery.
Podiatry Services	You pay \$30 per visit.	You pay \$40 per visit.
Radiation Therapy	You pay \$30 per visit.	You pay \$40 per visit.

	2026 (this year)	2027 (next year)
Referrals from your PCP Referrals are needed from your PCP before you can get care for the following Medicare-covered services:		
• Specialist Office Visits	Referral only applies to Allergy, Dermatology, Urology, Neurology, General Surgery, Endocrinology, Pulmonology, Neurosurgery, Physiatry/Physical Medicine and Rehab (PM&R), and Head and Neck Surgery.	Referral only applies to Allergy, Dermatology, Urology, Neurology, General Surgery, Endocrinology, Pulmonology, Neurosurgery, Physiatry/Physical Medicine and Rehab (PM&R), and Head and Neck Surgery, Infectious Diseases, Rheumatology, Plastic Surgery, Orthopedics, Cardiology, Sleep Medicine.
Skilled Nursing Facility (SNF) Care Up to 100 days per benefit period.	Per benefit period, you pay \$0 for days 1–20, \$203 per day for days 21–48, \$0 for days 49–100.	Per benefit period, you pay \$0 for days 1–20, \$221 per day for days 21–100.
Specialist Office Visits	You pay \$30 per visit.	You pay \$0 per pain management specialist visit or \$40 per visit for all other specialist visits.
Transportation Services - Non-Emergency Medical Transportation not covered by Medicare – non-routine When ordered by a network provider, we cover medically necessary, non-emergency transportation in a licensed stretcher/gurney van or	Not Covered.	Covered. You pay \$0.

	2026 (this year)	2027 (next year)
wheelchair van to home (within 100 miles), a skilled nursing facility (SNF), or another higher level of care immediately following an inpatient hospitalization or certain emergency, urgent care, or outpatient hospital encounters.		
Transportation Services – Non-Emergency Routine Transportation not covered by Medicare Rides provided to and from a network provider by taxis, rideshare services, vans, and medical transport as determined by our designated transportation provider.	You pay \$0 for 22 one-way trips per calendar year.	Not Covered. Coverage is available if you enroll in Advantage Plus Option 2.
Urgent Care Office Visits	You pay \$40 per visit.	You pay \$50 per visit.
Optional supplemental benefits (Advantage Plus Option 1) These changes only apply to members who have signed up for optional supplemental benefits, called Advantage Plus Option 1, for an additional monthly premium.		
Dental Services Benefits are available through our agreement with Delta Dental of Colorado provided by the Delta Dental Medicare Advantage PPO™ network. Please refer to your <i>Evidence of Coverage</i> for complete details.		

	2026 (this year)	2027 (next year)
• Restorative Services • Endodontics • Periodontics • Prosthodontics, removable • Maxillofacial Prosthetics • Prosthodontics, fixed • Oral and Maxillofacial Surgery • Adjunctive General Services	Covered.	Not covered under optional supplemental benefits (Advantage Plus Option 1). Instead, these services are covered under your plan benefits. See “Dental Services – Non-Medicare” and “Dental POS” above.
• Dental POS (Point-of-Service Supplemental Benefit)	Not Covered.	Covered. You may choose to receive covered dental services from licensed dentists anywhere inside the United States or its territories, unless the dentist is excluded from participating in Medicare. If you receive services from an out-of-network dentist, you may need to pay the full cost of care at the time of service and submit a claim to Delta Dental of Colorado for reimbursement of our portion of the cost, minus your cost share, if any. The same annual benefit maximum is a combined annual maximum for in-network and out-of-network services.
Eyewear Allowance	You receive a \$200 allowance every 12 months. If the eyewear you purchase costs	You receive a \$200 allowance every calendar year. If the eyewear you purchase costs more than

	2026 (this year)	2027 (next year)
	more than your allowance, you pay the difference.	your allowance, you pay the difference.
Hearing Aids - Prescription	A \$500 allowance to buy 1 aid, per ear every 2 years is added to the allowance described in “Hearing Aids - Prescription” above. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference. If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is increased. Note: This hearing aid benefit may not be available next year.	A \$500 allowance to buy 1 aid, per ear every calendar year is added to the allowance described in “Hearing Aids - Prescription” above. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference. If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is increased.

Optional supplemental benefits (Advantage Plus Option 2)

These changes only apply to members who have signed up for optional supplemental benefits, called Advantage Plus Option 2, for an additional monthly premium.

Hearing Aids - Prescription	A \$500 allowance to buy 1 aid, per ear every 2 years is added to the allowance described in “Hearing Aids - Prescription” above. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference.	A \$500 allowance to buy 1 aid, per ear every calendar year is added to the allowance described in “Hearing Aids - Prescription” above. If the hearing aid(s) you purchase costs more than the allowance, you pay the difference.
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	2026 (this year)	2027 (next year)
	If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is increased. Note: This hearing aid benefit may not be available next year.	If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is increased.
In-home Support	You receive 60 hours of non-medical, in-home support services per year to address assistance with ADLs and IADLs within the home.	Not Covered.

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 posted online 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 1-800-476-2167 (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 you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Member Services at 1-800-476-2167 (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.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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 \$2,400.

- **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.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	Because we have no deductible, this payment stage doesn't apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (30-day) supply filled at a network pharmacy with standard and preferred cost sharing.

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. 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; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (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.	Standard cost-sharing: You pay \$15 per prescription. Preferred cost-sharing: You pay \$0.	Standard cost-sharing: You pay \$15 per prescription. Preferred cost-sharing: You pay \$0.
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.	Standard cost-sharing: You pay \$20 per prescription. Preferred cost-sharing: You pay \$5 per prescription. You pay \$5 per month supply of each covered insulin product on this tier.	Standard cost-sharing: You pay \$20 per prescription. Preferred cost-sharing: You pay \$10 per prescription. You pay \$10 per month supply of each covered insulin product on this tier.
Tier 3 – Preferred brand-name drugs: We changed the tier for some of the drugs on our Drug List.	Standard cost-sharing: You pay \$47 per prescription.	Standard cost-sharing: You pay \$47 per prescription.

	2026 (this year)	2027 (next year)
To see if your drugs will be in a different tier, look them up on the Drug List.	Preferred cost-sharing: You pay \$45 per prescription.	Preferred cost-sharing: You pay \$45 per prescription.
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.	Standard cost-sharing: You pay \$100 per prescription. Preferred cost-sharing: You pay \$90 per prescription.	Standard cost-sharing: You pay \$100 per prescription. Preferred cost-sharing: You pay \$90 per prescription.
Tier 5 – Specialty-tier 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 33% of the total cost.	Standard cost-sharing: You pay 33% of the total cost. Preferred cost-sharing: You pay 31% of the total cost. Your cost for a one-month mail-order prescription is 31%.
Tier 6 – Part D vaccines:	You pay \$0.	You pay \$0.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Long-term supply of a covered Part D drug	A long-term supply is up to a 90-day supply.	A long-term supply is up to a 100-day supply.

	2026 (this year)	2027 (next year)
For some drugs, you can get a long-term supply (also called an extended supply).		
Membership ID card	HMO plan membership ID card that you use to obtain covered services.	HMO-POS plan membership ID card. You will receive a new plan membership ID card in the mail by January 2027 that you will use to obtain covered services.
Transportation Services – Non-Emergency Routine Transportation not covered by Medicare (See the Medical Benefits Chart, Chapter 4, in the <i>Evidence of Coverage</i> for details.)	Each one-way trip is limited to 65 miles.	Each one-way trip has no mileage limit.

SECTION 3 How to Change Plans

To stay in Kaiser Permanente Senior Advantage Core South, you don't need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in our Kaiser Permanente Senior Advantage Core South.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Kaiser Permanente Senior Advantage Core South. Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.

- **To change to Original Medicare with Medicare separate drug coverage**, you can enroll in a Part D plan, and you'll automatically be disenrolled from Kaiser Permanente Senior Advantage Core South.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-476-2167 (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 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* 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 have different 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, 2027, 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, 2027.

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

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:
 - o 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - o 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.
 - o Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Colorado has a program called Bridging the Gap Colorado 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 Bridging the Gap Colorado. 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 Bridging the Gap Colorado at 1-303-692-2716. 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. 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 2027; you do not need to submit a new election request to continue participating in 2027. **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 SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-800-476-2167 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from Kaiser Permanente Senior Advantage Core South

- **Call Member Services at 1-800-476-2167. (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 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Kaiser Permanente Senior Advantage Core South. 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/eocco or call Member Services at 1-800-476-2167 (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/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 Colorado, the SHIP is called Colorado State Health Insurance Assistance Program.

Call Colorado State Health Insurance Assistance Program to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Colorado State Health Insurance Assistance Program at 1-888-696-7213. Learn more about Colorado State Health Insurance Assistance Program by visiting www.colorado.gov/pacific/dora/senior-healthcare-medicare.

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 Medicare.gov**

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

- **Write to Medicare**

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

- **Visit 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 2027***

The *Medicare & You 2027* 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 Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Kaiser Permanente Senior Advantage Member Services

Method	Member Services – Contact Information
Call	1-800-476-2167 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-800-476-2167 (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 10350 East Dakota Ave. Denver, CO 80247
Website	kp.org

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Colorado (Kaiser Health Plan) complies with applicable Federal and state civil rights laws and does not discriminate, exclude people or treat them less favorably on the basis of race, color, national origin (including limited English proficiency and primary language), ancestry, age, disability, sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed or marital status.

Kaiser Health Plan:

- Provides no-cost auxiliary aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats, such as large print, audio, braille, and accessible electronic formats
- Provides no-cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **1-800-632-9700** (TTY **711**).

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, age, disability, sex, (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, (TTY **1-800-537-7697**). Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available at

<https://healthy.kaiserpermanente.org/colorado/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ትኩረት፡ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-632-9700** ይደውሉ (TTY **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-632-9700** (TTY **711**).

Bàsòò Wùdù (Bassa) Mbi sog: nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsorj ni sorj, nij ma kénjén yé, mbi èyem. Wò nànj **1-800-632-9700** (TTY **711**)

中文 (Chinese) 注意事項: 如果您說中文，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 **1-800-632-9700** (TTY **711**)。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-632-9700** (TTY (تلفن متنی **711**) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-632-9700** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistentz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-632-9700** an (TTY **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesirị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-632-9700** (TTY **711**).

日本語 (Japanese) 注意: 日本語を話す場合、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。 **1-800-632-9700** までお電話ください (TTY : **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-632-9700** 로 전화해 주세요(TTY **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: यदि तपाईं नेपाली बोल्नुहुन्छ भने, उपयुक्त सहायक सहायता र सेवाहरू सहित भाषा सहायता सेवाहरू, निःशुल्क उपलब्ध छन्। फोन **1-800-632-9700** (TTY: **711**)।

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-632-9700** irratti bilbilaa (TTY **711**)

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-632-9700** (TTY **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-632-9700** (TTY **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-632-9700** (TTY **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, 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 **1-800-632-9700 (TTY 711)**.

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn isẹ̀ ìrànlowọ̀ èdè tó fì kún àwọn ohun èlò ìrànlowọ̀ tó yẹ àti àwọn isẹ̀ láisí ìdíyelé wà fún ọ. Pe **1-800-632-9700 (TTY 711)**.

Plan Information

As a 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.

Kaiser Permanente now offers new ways to securely share your health information. Visit kp.org/datasharing to learn about the Payer-to-Payer Application Programming Interface (API) and Provider Access API, including how they work and how to opt in.

Kaiser Permanente Provider Directories

If you need help finding a network provider or pharmacy, please visit kp.org/directory to search our online directory (Note: the 2027 directories are available online starting 10/15/2026 in accord with Medicare requirements).

To get a directory mailed to you, you can call us at **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Kaiser Permanente Medicare Part D Comprehensive Formulary (List of Covered Drugs)

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 2027 formulary is available online starting 10/15/2026 in accord with Medicare requirements).

To get a formulary mailed to you, you can call us at **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Kaiser Permanente Senior Advantage (HMO, HMO-POS) Evidence of Coverage (EOC)

Your Senior Advantage (HMO, HMO-POS) **EOC** explains how to get medical health and drugs covered through our plan. It explains your rights and responsibilities, what's covered, and what you pay as a Kaiser Permanente Senior Advantage (HMO, HMO-POS) member. If you have a question about your coverage, visit kp.org/eocco to view your **EOC** online (Note: the 2027 **EOC** is available online starting 10/15/2026 in accord with Medicare requirements).

To get an **EOC** mailed to you, you can call us at **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.