

Advantage Plus Enrollment Form

Colorado Region

Thank you for your interest in our Advantage Plus plans. Combining the benefits of Advantage Plus with your Kaiser Permanente Senior Advantage (HMO) plan can enhance your health and well-being. Please read all pages of this enrollment form carefully before signing.

Enrollment periods

The Advantage Plus optional supplemental benefits package is **only** available to members who are enrolled in or have recently applied for a Kaiser Permanente Senior Advantage Individual Plan.

- **New Senior Advantage member:** If you are a new Senior Advantage member, you can add Advantage Plus within 30 days of your Senior Advantage effective date.
- **Existing Senior Advantage member:** If you already have Senior Advantage, you can sign up for Advantage Plus from October 15, 2019, until March 31, 2020 (your enrollment form must be received in our office by this date).

How to enroll in Advantage Plus



Online: You can complete the entire enrollment process online. Enrolling is fast and easy at kp.org/advantageplus.



Mail: To enroll by mail, complete and mail pages 2 and 3 of this form.

Please keep a copy of this form for your records. Do not send cash or check. You will be billed.

If you have questions, please call us at **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Return the signed form to: Kaiser Permanente
Medicare Unit
P.O. Box 232407
San Diego, CA 92193-9914

This information is not a complete description of benefits. Call **1-800-476-2167** (TTY **711**) for more information. Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.



Important information: Print in CAPITAL LETTERS and use blue or black ink only. Fill in check boxes with an "X" to mark your responses.

A. Plan benefits

Please choose an Advantage Plus plan option. (Not available under the Medicare Medicaid (HMO D-SNP) plan.)

- Advantage Plus Option 1:** includes dental, hearing aids, and eyewear for **\$35** to be added to your Kaiser Permanente Senior Advantage monthly premium.
- Advantage Plus Option 2:** includes acupuncture, hearing aids, and transportation for **\$14** to be added to your Kaiser Permanente Senior Advantage monthly premium.
- Advantage Plus Options 1 and 2:** includes dental, hearing aids, eyewear, acupuncture, and transportation for **\$49** to be added to your Kaiser Permanente Senior Advantage monthly premium.

B. Subscriber information

Last name

[Grid for last name]

Mr. Mrs. Ms.

First name

[Grid for first name]

MI

[Grid for MI]

Gender

Male Female

Kaiser Permanente medical/health record #

[Grid for Kaiser Permanente medical/health record #]

Medicare number (found on your Medicare card)

[Grid for Medicare number]

Home phone number

[Grid for home phone number]

Mobile phone number

[Grid for mobile phone number]

Date of birth (mm/dd/yyyy)

[Grid for date of birth]

Permanent residence street address (P.O. box is not allowed)

[Grid for permanent residence street address]

City

[Grid for city]

State

[Grid for state]

ZIP code

[Grid for ZIP code]

Mailing address, if different from permanent residence (P.O. box is OK)

[Grid for mailing address]

City

[Grid for city]

State

[Grid for state]

ZIP code

[Grid for ZIP code]

Email address

[Grid for email address]

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost 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, and accessible electronic formats.
- Provide 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 Member Services at **1-800-476-2167** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to 2500 South Havana, Aurora, CO 80014 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. 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**, **800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-800-476-2167** (TTY: **711**).

Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-476-2167** (TTY: **711**).

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-476-2167** (TTY: **711**)。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-476-2167** (TTY: **711**).

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-476-2167** (TTY: **711**).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-476-2167 (TTY: **711**)번으로 전화해 주십시오.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-476-2167** (телетайп: **711**).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。**1-800-476-2167** (TTY:**711**) まで、お電話にてご連絡ください。

Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ **1-800-476-2167** (መስማት ለተሳናቸው: **711**)።

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-476-2167** (TTY: **711**).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-476-2167** (ATS : **711**).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-476-2167** (TTY: **711**) تماس بگیرید.

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **7612-674-008-1** (رقم هاتف الصم والبكم: **117**).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi **1-800-476-2167** (TTY: **711**).

Cushite-Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa **1-800-476-2167** (TTY: **711**).

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-800-476-2167** (टिटिवाइ: **711**) ।