

Medicare must approve our plan each year

Medicare (the Centers for Medicare & Medicaid Services) must approve our plan each year. You can continue to get Medicare coverage as a member of our plan as long as we choose to continue to offer our plan and Medicare renews its approval of our plan.

SECTION 2. What makes you eligible to be a plan member?

Section 2.1 Your eligibility requirements

You are eligible for membership in our plan as long as:

- You have both Medicare Part A and Medicare Part B (Section 2.2 below tells you about Medicare Part A and Medicare Part B).
- – *and* – you live in our geographic service area (Section 2.3 below describes our service area).
- – *and* – you are a United States citizen or are lawfully present in the United States.
- – *and* – you do not have End-Stage Renal Disease (ESRD), with limited exceptions, such as if you develop ESRD when you are already a member of a plan that we offer, or you were a member of a different plan that was terminated.

Section 2.2 What are Medicare Part A and Medicare Part B?

When you first signed up for Medicare, you received information about what services are covered under Medicare Part A and Medicare Part B. Remember:

- Medicare Part A generally helps cover services provided by hospitals (for inpatient services), skilled nursing facilities, or home health agencies.
- Medicare Part B is for most other medical services (such as physician's services and other outpatient services) and certain items (such as durable medical equipment (DME) and supplies).

Section 2.3 Here is our plan service area for Kaiser Permanente Medicare Advantage

Although Medicare is a federal program, our plan is available only to individuals who live in our plan service area. To remain a member of our plan, you must continue to reside in the plan service area. The service area is described below.

Kaiser Permanente Medicare Advantage High DC and Standard DC plans
(for persons who live in these plans' service area). Our service area includes the **District of Columbia**.

Kaiser Permanente Medicare Advantage High MD and Standard MD plans
(for persons who live in these plans' service area). Our service area includes these counties in

Maryland: **Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, Howard, Montgomery, and Prince George's.**

Also, our service area includes these parts of counties in Maryland, in the following ZIP codes only:

- **Calvert County:** 20639, 20678, 20689, 20714, 20732, 20736, and 20754.
- **Charles County:** 20601, 20602, 20603, 20604, 20612, 20616, 20617, 20637, 20640, 20643, 20646, 20658, 20675, 20677, and 20695.
- **Frederick County:** 21701, 21702, 21703, 21704, 21705, 21709, 21710, 21714, 21716, 21717, 21718, 21754, 21755, 21758, 21759, 21762, 21769, 21770, 21771, 21774, 21775, 21777, 21790, 21792, and 21793.

Kaiser Permanente Medicare Advantage High VA, Standard VA, and Value VA plans (for persons who live in these plans' service area). Our service area includes these counties in Virginia: **Arlington, Fairfax, Loudoun, and Prince William.** Also, our service area includes these independent cities in Virginia: **Alexandria, City of Falls Church, Fairfax, Manassas, and Manassas Park.**

Kaiser Permanente Medicare Advantage Value plan (for persons who live in this plan's service area). Our service area includes **Baltimore City County and Baltimore County** in Maryland.

If you plan to move out of the service area, please contact Member Services (phone numbers are printed on the back cover of this booklet). When you move, you will have a special enrollment period that will allow you to switch to Original Medicare or enroll in a Medicare health or drug plan that is available in your new location.

It is also important that you call Social Security if you move or change your mailing address. You can find phone numbers and contact information for Social Security in Chapter 2, Section 5.

Section 2.4 U.S. citizen or lawful presence

A member of a Medicare health plan must be a U.S. citizen or lawfully present in the United States. Medicare (the Centers for Medicare & Medicaid Services) will notify us if you are not eligible to remain a member on this basis. We must disenroll you if you do not meet this requirement.

SECTION 3. What other materials will you get from us?

Section 3.1 Your plan membership card—use it to get all covered care and prescription drugs

While you are a member of our plan, you must use your membership card for our plan whenever you get any services covered by our plan and for prescription drugs you get at network pharmacies. You should also show the provider your Medicaid card, if applicable. Here's a sample membership card to show you what yours will look like: