

Annual Notice of Changes for 2020

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage w/o Part D. Next year, there will be some changes to our plan's costs and benefits. This booklet tells about the changes.

You have from October 15 until December 7 to make changes to your Medicare coverage for next year.

What to do now

1. ASK: Which changes apply to you?

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 1 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
 - Are your doctors, including specialists you see regularly, in our network?
 - What about the hospitals or other providers you use?
 - Look in Section 1.3 for information about our **Provider Directory**.
- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices.

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at <https://www.medicare.gov> website. Click "Find health & drug plans."
 - Review the list in the back of your **Medicare & You** handbook.
 - Look in Section 3.2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan.

- If you want to **keep** our plan, you don't need to do anything. You will stay in our plan.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. ENROLL: To change plans, join a plan between October 15 and December 7, 2019.

- If you don't **join another plan by December 7, 2019**, you will stay in our plan.
- If you **join another plan by December 7, 2019**, your new coverage will start on **January 1, 2020**.

Additional Resources

- Please contact our Member Services number at 1-888-777-5536 for additional information. (TTY users should call 711.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- This document is available in Braille or large print if you need it by calling Member Services.
- Coverage under this plan qualifies as qualifying health coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

About Kaiser Permanente Medicare Advantage w/o Part D

- Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- When this booklet 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.

Summary of important costs for 2020

The table below compares the 2019 costs and 2020 costs for our plan in several important areas. Please note this is only a summary of changes. A copy of the **Evidence of Coverage** is located on our website at kp.org/eocmasma. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

Cost	2019 (this year)	2020 (next year)
Monthly plan premium* *See Section 1.1 for details.	\$45 <i>without</i> Advantage Plus. \$68 <i>with</i> Advantage Plus.	\$30 <i>without</i> Advantage Plus. \$55 <i>with</i> Advantage Plus.
Maximum out-of-pocket amount This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	\$6,700	\$6,700
Doctor office visits	Primary care visits: \$10 per visit. Specialist visits: \$40 per visit.	Primary care visits: \$10 per visit. Specialist visits: \$35 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 are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	Per admission, \$225 per day for days 1-5.	Per admission, \$225 per day for days 1-5.

Annual Notice of Changes for 2020

Table of Contents

Summary of important costs for 2020	3
Section 1. Changes to benefits and costs for next year	5
Section 1.1. Changes to the monthly premium.....	5
Section 1.2. Changes to your maximum out-of-pocket amount	5
Section 1.3. Changes to the provider network	5
Section 1.4. Changes to benefits and costs for medical services.....	6
Section 2. Administrative changes	7
Section 3. Deciding which plan to choose	7
Section 3.1. If you want to stay in our plan	7
Section 3.2. If you want to change plans	7
Section 4. Deadline for changing plans	8
Section 5. Programs that offer free counseling about Medicare	9
Section 6. Programs that help pay for prescription drugs	9
Section 7. Questions?	10
Section 7.1. Getting help from our plan.....	10
Section 7.2. Getting help from Medicare.....	10

Section 1. Changes to benefits and costs for next year

Section 1.1. Changes to the monthly premium

Cost	2019 (this year)	2020 (next year)
Monthly premium without Advantage Plus (You must also continue to pay your Medicare Part B premium.)	\$45	\$30
Monthly premium with Advantage Plus This plan premium applies to you only if you are enrolled in optional supplemental benefits, called Advantage Plus. (You must also continue to pay your Medicare Part B premium.)	\$68	\$55

Section 1.2. Changes to your maximum out-of-pocket amount

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services (and other health care services not covered by Medicare as described in Chapter 4 of the **Evidence of Coverage**) for the rest of the year.

Cost	2019 (this year)	2020 (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 does not count toward your maximum out-of-pocket amount.	\$6,700	\$6,700 Once you have paid \$6,700 out-of-pocket for covered Part A and Part B services (and certain health care services not covered by Medicare), you will pay nothing for these covered services for the rest of the calendar year.

Section 1.3. Changes to the provider network

There are changes to our network of providers for next year. An updated **Provider Directory** is located on our website at kp.org/directory. You may also call Member Services for updated provider information or to ask us to mail you a **Provider Directory**. Please review our 2020

Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

Section 1.4. Changes to benefits and costs for medical services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, "Medical Benefits Chart (what is covered and what you pay)," in your 2020 **Evidence of Coverage**.

Cost	2019 (this year)	2020 (next year)
BrainHQ A subscription to an online brain training system to improve attention, brain speed, memory, people skills, and intelligence.	Not covered	No charge
Compression garments Coverage of certain custom-made compression bandages and garments not covered by Medicare.	Not covered	You pay 20% coinsurance.
MRI, CT, and PET	You pay \$150 per procedure.	You pay \$100 per procedure.

Cost	2019 (this year)	2020 (next year)
Radiation treatment	You pay \$40 per visit.	You pay \$35 per visit.
Kidney dialysis services	No charge	You pay 20% coinsurance.
Specialist office visits	You pay \$40 per visit.	You pay \$35 per visit.
Transportation benefit Transportation to bring you to and from a network provider when provided by our designated transportation provider.	Not covered	No charge for 24 one-way trips per calendar year.

Section 2. Administrative changes

Cost	2019 (this year)	2020 (next year)
Failure to pay monthly plan premiums	A past due notice is sent if your plan premium is not received by the monthly due date. The notice includes potential consequences if payment is not received by the specified due date, including termination of plan membership.	A past due notice is sent if your plan premium is not received by the monthly due date. The notice includes potential consequences if payment is not received by the specified due date, including termination of optional supplemental benefits if applicable.

Section 3. Deciding which plan to choose

Section 3.1. If you want to stay in our plan

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

Section 3.2. If you want to change plans

We hope to keep you as a member next year, but if you want to change for 2020, follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely.

- Or you can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read **Medicare & You 2020**, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click "Review and Compare Your Coverage Options." Here, you can find information about costs, coverage, and quality ratings for Medicare plans.

As a reminder, Kaiser Permanente offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To change to a different Medicare health plan, enroll in the new plan. You will automatically be disenrolled from our plan.
- To change to Original Medicare with a prescription drug plan, enroll in the new drug plan. You will automatically be disenrolled from our plan.
- To change to Original Medicare without a prescription drug plan, you must either:
 - ♦ Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 7.1 of this booklet).
 - ♦ Or contact **Medicare** at **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call **1-877-486-2048**.

Section 4. Deadline for changing plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from October 15 until December 7. The change will take effect on January 1, 2020.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3, of the **Evidence of Coverage**.

If you enrolled in a Medicare Advantage plan for January 1, 2020, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2020. For more information, see Chapter 8, Section 2.2, of the **Evidence of Coverage**.

Section 5. Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a 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 Office on Aging.
- In Virginia, the SHIP is called Virginia Insurance Counseling and Assistance Program.

SHIP is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIP at:

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

Section 6. Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"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 prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
 - ♦ **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;
 - ♦ The Social Security office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, **1-800-325-0778** (applications); or
 - ♦ Your state Medicaid office (applications).
- **Help from your state's pharmaceutical assistance program.** Maryland has a program called Maryland Senior Prescription Drug Assistance Program (SPDAP) and Virginia has a program called Virginia HIV SPAP 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 (the name and phone numbers for this organization are in Section 5 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the District of Columbia ADAP, Maryland ADAP, or Virginia ADAP depending upon where you live. Note: To be eligible for the ADAP operating in your state, individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and

1-888-777-5536 (TTY 711), 7 days a week, 8 a.m. to 8 p.m.

uninsured/underinsured status. If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number at **202-671-4815** for DC residents, **410-767-6535** for Maryland residents, or **855-362-0658** for Virginia residents. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the District of Columbia ADAP at **202-671-4815**, the Maryland ADAP at **1-410-767-6535**, or the Virginia ADAP or **855-362-0658**.

Section 7. Questions?

Section 7.1. Getting help from our plan

Questions? We're here to help. Please call Member Services at **1-888-777-5536**. (TTY only, call **711**.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2020 Evidence of Coverage (it has details about next year's benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2020. For details, look in the 2020 **Evidence of Coverage** for our plan. 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. A copy of the **Evidence of Coverage** is located on our website at kp.org/eocmasma. You may also call Member Services to ask us to mail you an **Evidence of Coverage**.

Visit our website

You can also visit our website at kp.org. As a reminder, our website has the most up-to-date information about our provider network (**Provider Directory**).

Section 7.2. Getting help from Medicare

To get information directly 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 should call **1-877-486-2048**.
- **Visit the Medicare website**
 - ◆ You can visit the Medicare website (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to <https://www.medicare.gov> and click on "Find health & drug plans.")
- **Read Medicare & You 2020**
 - ◆ You can read the **Medicare & You 2020** handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (<https://www.medicare.gov>) or by calling **1-800-MEDICARE (1-800-633-4227)**, 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

1-888-777-5536 (TTY 711), 7 days a week, 8 a.m. to 8 p.m.



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 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 2101 East Jefferson Street Rockville, Maryland 20852
WEBSITE	kp.org

State Health Insurance Assistance Program

A State Health Insurance Assistance Program (SHIP) is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. Please see Section 5 for SHIP contact information.