



Dear Member:

Thank you for your continued membership in Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan.

We are providing important information about your Medicare health care and prescription drug coverage. Included are the following documents with important information for you.

1. Please start by reading the **Annual Notice of Changes and Evidence of Coverage Amendment for 2020**. It gives you a summary of changes we are making to your benefits and costs. This notice only describes changes that our plan is making (or as required by Medicare for Part D plans).
 - Please review this notice within a few days of receiving it to see how the changes might affect you. It also amends your current **Evidence of Coverage**. We will send you the **Evidence of Coverage** for your group's 2020 contract period shortly after your group renews its contract in 2020. Please be aware that your group can make changes upon renewal or at other times during its contract period. If you have questions about the benefits your group will offer during its 2020 contract period, please contact your group's benefits administrator.
 - If you decide to stay with our plan, you do not have to fill out any paperwork unless you are instructed otherwise by your group. You will automatically stay enrolled as a member of our plan.
 - If you decide to leave our plan, you should check with your group's benefits administrator before you switch to a different plan. Your group determines eligibility for enrollment under its group plan, including the available plans, if any, and the times when you can switch to a different plan offered by your group. Please contact your group's benefits administrator for details.
2. The **Provider and Pharmacy Directory Notice**.
3. The **Formulary Notice**.

If you have questions, we're here to help. Please call Member Services toll free at **1-888-901-4600** (TTY users call **711**). Hours are seven days a week, 8 a.m. to 8 p.m. Member Services also has free language interpreter services available for non-English speakers. You can also visit our website at **kp.org/wa**.

We value your membership and hope to continue to serve you next year.

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

2020 Annual Notice of Changes for Group Members and Evidence of Coverage Amendment for Group Members

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan. Next year, there will be some changes to our plan's costs and benefits. This booklet tells about some of the changes. It also amends your current **Evidence of Coverage**.

2020 changes

We're sending you this **Annual Notice of Changes and Evidence of Coverage Amendment** to tell you about the changes our plan is making in 2020, for all Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan group members, in accord with the Centers for Medicare & Medicaid Services (CMS) requirements. This notice only describes changes required by our plan (or Medicare for Part D prescription drug plans). This notice doesn't describe any other changes; for example, changes made at the request of a group. Please contact your group's benefits administrator for more information.

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 the changes in the booklet to our prescription drug coverage to see if they affect you.

- Will your drugs be covered?
 - Are your drugs in a different tier, with different cost-sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Look in Section 1.6 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit <https://go.medicare.gov/drugprices>. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.
- 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**.

If you decide to change plans in 2020:

- Your group determines eligibility for enrollment under its group plan, including the plans that are available through your group and the times when you can switch to another plan offered by your group.
- You must check with your group's benefits administrator before you change your plan. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.

Additional Resources

Please contact our Member Services number at **1-888-901-4600** 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 (HMO) Employer Group Plan

1-888-901-4600, 7 days a week, 8 a.m. to 8 p.m. (TTY 711)

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

When this **Annual Notice of Changes and Evidence of Coverage Amendment** says "we," "us," or "our," it means Kaiser Foundation Health Plan of Washington (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan .

2020 Annual Notice of Changes

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Section 1. Changes to benefits and costs for next year

Section 1.1. Changes to the monthly premium

Your group will notify you about any change in your group's premium if the change affects the amount you will be expected to pay. If you have any questions about your contribution toward your group's premium, please contact your group's benefits administrator. You must continue to pay your Medicare premiums, and if you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

- Your contribution to your group's premium may be **more** if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more, if you enroll in Medicare prescription drug coverage in the future.
- Your contribution to your group's premium may be **less** if you are receiving "Extra Help" with your prescription drug costs.

Section 1.2. There are no 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. The out-of-pocket maximum on this plan is still \$2,500.

Cost	2019 (this year)	2020 (next year)
<p>Maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copayments) count toward your maximum out-of-pocket amount. Your contribution toward your group's premium and costs for Medicare Part D prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$2,500</p>	<p>\$2,500</p> <p>Once you have paid the maximum out-of-pocket amount 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.</p>

Section 1.3. Changes to the provider network

Our network has changed more than usual for 2020. An updated **Provider Directory** is located on our website at wa-medicare.kp.org/providers. You may also call Member Services for updated provider information or to ask us to mail you a **Provider Directory**. We strongly suggest that you review our current **Provider Directory** to see if your providers (primary care provider, specialists, hospitals, etc.) are still 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 the pharmacy network

Amounts you pay for your prescription drugs may 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.

There are changes to our network of pharmacies for next year. An updated **Pharmacy Directory** is located on our website at wa-medicare.kp.org/providers. You may also call Member Services for updated pharmacy information or to ask us to mail you a **Pharmacy Directory**. Please review the 2020 **Pharmacy Directory** to see which pharmacies are in our network.

Section 1.5. Changes to benefits and costs for medical services

Our plan is not requiring any changes to medical services during the 2020 contract year. However, your group may make changes that are not reflected in this document.

Section 1.6. Changes to Part D prescription 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 provided electronically at kp.org/wa/medicare/formulary.

Certain drugs may be covered for some medical conditions, but are considered non-formulary for other medical conditions. Drugs that are covered for only select medical conditions will be identified on our Drug List and in Medicare Plan Finder, along with the specific medical conditions that they cover. We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.

If you are affected by a change in drug coverage, you can:

- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug. We encourage current members to ask for an exception before next year.
 - ◆ To learn what you must do to ask for an exception, see Chapter 9 of your **Evidence of Coverage**, "What to do if you have a problem or complaint (coverage decisions, appeals, and complaints)" or call Member Services.
- Work with your doctor (or other prescriber) to find a different drug that we cover. You can call Member Services to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy.

Note: Certain drugs have been removed from our 2020 Drug List. If your drug has been removed from our Drug List, you can discuss with your physician if there are other drugs on our Drug List that will work for you. If your physician determines that the other drugs will not work for you, you or your physician can request that we make a formulary exception. If we approve your request, you will pay the cost-sharing applicable to Tier 4 drugs (nonpreferred brand-name). In addition, if we approved a formulary exception for you during 2019, you or your physician will need to ask us for a formulary exception for 2020.

Most of the changes in our Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to our Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to reflect drug changes. (To learn more about changes we may make to our Drug List, see Chapter 5, Section 6, of the **Evidence of Coverage**.)

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Changes to prescription drug costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), the information about costs for Part D prescription drugs does not apply to you. We sent you a separate document, called the "**Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and haven't received this rider by September 30, 2019, please call Member Services and ask for the "LIS Rider." Phone numbers for Member Services are in Section 6.1 of this booklet.

There are four "drug payment stages." How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 6, Section 2, of your **Evidence of Coverage** for more information about the stages.)

The information below shows the changes for next year to your prescription drug payments. To get information about your costs in these stages, look at Chapter 6 Sections 6 and 7, in the **Evidence of Coverage**.)

Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to your cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, "Types of out-of-pocket costs you may pay for covered drugs," in your **Evidence of Coverage**.

Stage	2019 (this year)	2020 (next year)
<p>Stage 2: Initial Coverage Stage</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>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.</p>	<p>Once you have paid \$5,100 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$6,350 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

Because there is no coverage gap for the plan, this section does not apply to you. The other two drug coverage stages—the Coverage Gap Stage and the Catastrophic Coverage Stage—are for people with high drug costs. Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage. For information about your costs in these stages, look at Chapter 6 in your **Evidence of Coverage**.

Section 2. Administrative changes

Process	2019 (this year)	2020 (next year)
<p>Term of Evidence of Coverage</p> <p>The "Term of the Evidence of Coverage" section in your Evidence of Coverage is amended as shown in the 2020 column.</p>	<p>If your group renews its Agreement with us on January 1st, the term of your current Evidence of Coverage is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan between January 1, 2019, and December 31, 2019, unless amended. If your group's Agreement renews at a later date in 2019, the term of your current Evidence of Coverage is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan during that contract period, unless amended.</p>	<p>If your group renews its Agreement with us on January 1st, the term of your current Evidence of Coverage is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan between January 1, 2020, and December 31, 2020, unless amended. If your group's Agreement renews at a later date in 2020, the term of your current Evidence of Coverage is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare Advantage (HMO) Employer Group Plan during that contract period, unless amended.</p>

Process	2019 (this year)	2020 (next year)
Claims Department address change	Kaiser Foundation Health Plan of Washington Claims Department P.O. Box 34585 Seattle, WA 98124-1585	Kaiser Foundation Health Plan of Washington Claims Department P.O. Box 30766 Salt Lake City, UT 84130-0766
Vision network policy change when using your plan's eyewear allowance	You can use your plan's eyewear allowance to get covered eyewear from network providers only.	<p>You can use your plan's eyewear allowance to get covered eyewear from network or out-of-network providers. When you get covered eyewear from a network provider, the allowance will automatically be provided and you pay the difference between the cost of your eyewear and the allowance.</p> <p>If you get eyewear from an out-of-network provider, you will need to pay for the eyewear then submit a claim to us to request reimbursement of your allowance (our Claims Department's address is listed above).</p> <p>Note: This change does not apply to eyewear following cataract surgery because you must use network providers.</p>

Section 3. Deciding which plan to choose

Section 3.1. If you want to stay in our plan

Your group determines eligibility for enrollment under its group plan, including the plans that are available through your group and the times when you can switch to another plan offered by your group.

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, you must check with your group's benefits administrator before you change your plan. This is important because you may lose benefits you currently receive under your employer or retiree group coverage if you switch plans.

Section 4. Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In Washington, the SHIP is called State Health Insurance Benefits Advisors (SHIBA).

SHIBA 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. SHIBA 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 SHIBA at **1-800-562-6900** (TTY users should call **1-360-586-0241**). You can learn more about SHIBA by visiting their website (insurance.wa.gov/shiba).

Section 5. 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).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the **Washington Early Intervention Program**. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the **Washington Early Intervention Program** at **1-877-376-9316**.

Section 6. Questions?

Section 6.1. Getting help from our plan

Questions? We're here to help. Please call Member Services at **1-888-901-4600**. (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 Evidence of Coverage (it has details about benefits and costs)

This **Annual Notice of Changes and Evidence of Coverage Amendment** gives you a summary of some changes in your benefits and costs for 2020 that our plan is making and it amends your current **Evidence of Coverage**. We will send you a 2020 **Evidence of Coverage** after your group's 2020 renewal date. Please keep in mind that groups can make changes to your group plan at any time.

Visit our website

You can also visit our website at **kp.org/wa**. As a reminder, our website has the most up-to-date information about our provider network (**Provider Directory**) and our complete list of covered drugs (**Formulary/Drug List**).

Section 6.2. 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**.

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and doesn't discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Kaiser Permanente doesn't exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. 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 isn't English, such as:
 - ◆ Qualified interpreters
 - ◆ Information written in other languages

If you need these services, call Member Services at **1-888-901-4600 (TTY 711)**, 8 a.m. to 8 p.m., 7 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 Member Services by writing to P.O. Box 35191, Seattle, WA 98124-5191 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, 1-800-537-7697 (TDD)**. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 (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 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (Tagalog): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer): របស់គ្រូ ប្រើសិទ្ធិអភិវឌ្ឍន៍, សេចក្តីជំនួយផ្នែក យេមិនគិតល គឺចង់សំបប់ឃ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

日本語 (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。1-888-901-4636 (TTY: 1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዙዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 رقم هاتف الصم والبكم: (711 / 1-800-833-6388).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍ່ ລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມ ໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS: 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi Adamawa, e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. یا 1-888-901-4636 تماس بگیرید. (TTY: 1-800-833-6388 / 711)

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Kaiser Permanente Medicare Advantage (HMO) Employer Group Member Services

METHOD	Member Services – contact information
CALL	1-888-901-4600 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 Foundation Health Plan of Washington P.O. Box 9010 Renton, WA 98057-9010 RCR-A1N-08, Member Services
WEBSITE	kp.org/wa

State Health Insurance Benefits Advisors (Washington 's SHIP)

State Health Insurance Benefits Advisors (SHIBA) is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

METHOD	Contact information
CALL	1-800-562-6900
TTY	1-360-586-0241
WRITE	SHIBA Office of the Insurance Commissioner P.O. Box 40255 Olympia, WA 98504-0255
WEBSITE	insurance.wa.gov/shiba
