

Dear Member,

This information is being provided to all Kaiser Permanente Medicare health plan members for educational purposes only about opioid pain medicines. Opioid pain medicines such as Oxycodone (Percocet®), Hydrocodone (Norco®), Fentanyl, and Morphine are strong medications. They carry serious risks of addiction and overdose. As your health plan provider, we want you to be informed about the potential risks of using opioids.

What are opioid pain medicines?

Opioid medicines can be used to help treat moderate to severe pain when other options have not worked. They may not improve all your pain and over time opioids may also change the way your brain handles pain signals. This may lead to even more pain and/or other health symptoms like change in mood or sleep and less ability to perform daily activities. For these reasons, long-term use of opioids should be monitored closely by a doctor.

What are the side effects and long-term risks of taking opioids?

- **Tolerance** – Over time, opioids are less effective, with people needing higher doses to get the same level of pain relief.
- **Physical dependence** – Withdrawal symptoms can happen when either suddenly stopping the medicine or lowering the dose by a large amount.
- **Addiction** – You may not be able to control your opioid use.
- **Physical side effects** – Opioids can cause nausea, vomiting, and constipation.
- **Drowsiness** – Opioids can affect judgment and decision making. These side effects can cause falls and motor vehicle accidents with serious injuries.
- **Problems thinking clearly, low energy, and depression** – These side effects can impact a person's ability to work and do daily activities.
- **Sleep apnea or impaired breathing while sleeping** – Opioids may cause sleep problems that can cause daytime fatigue, impair thinking, and in some cases slow or even stop your breathing with inappropriate use.
- **Low hormone levels** – Long-term opioid use may lead to low sex drive, low energy, depressed mood, slower recovery from muscle injuries, and thinning of the bones.
- **Accidental overdose and death** – These risks increase the longer a person takes opioids.

How do I safely take opioid medicines?

- **Follow directions carefully.** Always follow your doctor's directions and never share your medicines with others.
- **Be cautious.** Do not take your medicines more often than prescribed. Talk to your doctor or pharmacist before you take any extra doses.
- **Stay away from dangerous drug interactions.** Talk to your doctor or pharmacist about all the medicines you take. Mixing opioids with any of the following can greatly add to the risk of overdose: **alcohol**, **sleeping pills** (such as zolpidem [Ambien®] or zaleplon [Sonata®]), **anxiety drugs** (such as diazepam [Valium®], alprazolam [Xanax®], and lorazepam [Ativan®]), and **muscle relaxers** (such as carisoprodol [Soma®], baclofen [Lioresal®], and others).

- **Talk to your doctor about alternative pain relievers.** If your pain is under control, ask your doctor if you should take them less often or change to other pain relief options.
- **Naloxone: Ask your doctor or pharmacist about a naloxone rescue kit.** Opioids can sometimes slow or even stop your breathing. Naloxone is a medicine that can undo the effect of opioids in your body. Naloxone is safe and can save your life. Talk to your doctor or pharmacist to see if it should be prescribed to you. Having naloxone on hand is recommended for all patients taking opioids regularly.
- **Safe storage of opioids.** Keep your opioid medicines in their original package and with the original labels. Store them in a place that is out of reach of children and cannot be easily accessed by others (e.g., locked cabinet).
- **Follow safe disposal procedures.** For safety reasons, unused medicines should be promptly disposed of by depositing medication into a collection kiosk available at many Kaiser Permanente pharmacies, using an approved send-away envelope, or at a "Drug Take Back Day" event. Send-away envelopes are available for members at select Kaiser Permanente pharmacies.

What alternative pain management options should I consider?

Talk to your doctor about ways to manage your pain that do not involve opioids and what is most appropriate for you. Some of these options may work better and have fewer risks and side effects. Depending on the type of pain you are experiencing, options may include:

- Over-the-counter medications such as ibuprofen (Motrin®), acetaminophen (Tylenol®), naproxen (Aleve®), or topicals like capsaicin, diclofenac gel (Voltaren®), or trolamine salicylate (Aspercreme®).
- Prescription-strength anti-inflammatory medications such as meloxicam (Mobic®), diclofenac (Voltaren®), and etodolac (Lodine®). Long-term use is not recommended for older adults due to risk of side effects.
- Some prescription non-opioid medications that target pain-producing nerves, such as gabapentin (Neurontin®) and pregabalin (Lyrica®).
- Chiropractor services, physical and other therapies, heat or cold compresses, exercise, acupuncture, and cognitive behavioral therapy.

Your doctor may recommend treatment options that your plan does not cover. If this happens, contact Member Services at the phone number on the back of your ID card or visit the CMS web page that describes coverage under Medicare Parts A and B to understand your options (<https://www.medicare.gov/coverage/pain-management>).

What Opioid Treatment Services are available?

Medicare under Part B (medical insurance) covers Opioid Treatment Programs (OTPs) for opioid use disorder (OUD) treatment. For information on your *plan's benefits* related to treatment for prescription drug abuse, including medication-assisted treatment, mental health, and counseling services, please see your **Evidence of Coverage** or call Member Services at the phone number on the back of your ID card.

We're here for you

If you have any questions about this information provided in this insert or you would like to find out more about ways to manage pain, please call Member Services at the phone number on the back of your ID card.

Sincerely,
Kaiser Permanente

Dear Member:

Thank you for your continued membership in **Kaiser Permanente Medicare Advantage (HMO)**.

We are providing important information about your Medicare health care and prescription drug coverage effective January 1, 2023. 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 2023**. It gives you a summary of changes we are making to your benefits and costs effective January 1, 2023. 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**, effective January 1, 2023. We will send you a notification once the **Evidence of Coverage** for your group's 2023 contract period is posted online shortly after your group renews its contract in 2023. 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 2023 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. A notice called **Additional plan information** explains how to get information about provider locations or our formulary, request a print copy of our **Formulary/Drug List** or **Provider Directory**, or view them online.

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**.

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.

2023 Annual Notice of Changes and Evidence of Coverage Amendment for Group Members

You are currently enrolled as a member of Kaiser Permanente Medicare Advantage. Next year, there will be some changes to our plan's costs and benefits. This document tells about some of the changes effective January 1, 2023. It also amends your current **Evidence of Coverage**.

2023 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 effective January 1, 2023, for all Kaiser Permanente Medicare Advantage 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

- **Ask:** Which changes apply to you?
 - ☐ Check the changes to our benefits and costs to see if they affect you.
 - ◆ Review the changes to medical care costs (doctor, hospital).
 - ◆ Review the changes to our drug coverage, including authorization requirements and costs.
 - ◆ Think about how much you will spend on premiums, deductibles, and cost-sharing.

- ☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.
- ☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.

If you decide to change plans in 2023:

- 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 www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Kaiser Permanente Medicare Advantage

- 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.

Annual Notice of Changes and Amendment for 2023

Table of Contents

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 and pharmacy networks	6
Section 1.4 – Changes to benefits and costs for medical services	6
Section 1.5 – Changes to Part D prescription drug coverage	7
Section 2 — Administrative changes	9
Section 3 — Deciding which plan to choose	10
Section 3.1 – If you want to stay in our plan	10
Section 3.2 – If you want to change plans	10
Section 4 — Programs that offer free counseling about Medicare	10
Section 5 — Programs that help pay for prescription drugs.....	10
Section 6 — Questions?	11
Section 6.1 – Getting help from our plan.....	11
Section 6.2 – Getting help from Medicare.....	11

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 – 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 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	2022 (this year)	2023 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (and certain health care services not covered by Medicare) (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.	\$2,500	\$2,500 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.

Section 1.3 – Changes to the provider and pharmacy networks

Updated directories are located on our website at **kp.org/directory**. You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2023 Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers), and pharmacies that are part of your plan during the year. If a midyear change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to benefits and costs for medical services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p>Home medical care not covered by Medicare (advanced care at home)</p> <p>Medical care in your home that is not otherwise covered by Medicare when found medically appropriate by a physician based on your health status, to provide you with an alternative to receiving acute care in a hospital, including the following services and items in accord with your home treatment plan:</p> <ul style="list-style-type: none"> • Communication devices to allow for member contact with our network provider's command center 24 hours a day, 7 days a week. • Certain equipment to ensure appropriate member monitoring in the home. • Certain safety items. 	Not covered.	You pay \$0 when prescribed as part of your home treatment plan, otherwise not covered (see the Evidence of Coverage for details).

Cost	2022 (this year)	2023 (next year)
<ul style="list-style-type: none"> Meals while receiving acute care in the home. 		
<ul style="list-style-type: none"> Certain Medicare-covered services and items prescribed as part of your home treatment plan, including, but not limited to, acute care, emergency department visits, ambulance, home visits by certain healthcare professionals, imaging and tests such as X-rays and EKGs, outpatient hospital services, durable medical equipment (DME), and medical supplies. 	<p>You pay the applicable cost-sharing described in your 2021 Evidence of Coverage, Chapter 4, Medical Benefits Chart.</p>	<p>You pay \$0 when prescribed as part of your home treatment plan, otherwise you pay the applicable cost share (see the Evidence of Coverage for details).</p>

Section 1.5 – 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/seniorrx.

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.

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. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up-to-date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your **Evidence of Coverage** and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

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 you haven't received this rider by September 30, 2022, please call Member Services and ask for the "LIS Rider."

There are four "drug payment stages."

The information below shows the changes to the first two stages—the Yearly Deductible Stage and the Initial Coverage Stage. Most members do not reach the other two stages—the Coverage Gap Stage or the Catastrophic Coverage Stage.

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (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

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost. 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.	Your cost for a one-month supply filled at a network pharmacy: <ul style="list-style-type: none"> • Tier 1 – Preferred generic drugs: You pay \$3 per prescription. • Tier 2 – Generic drugs: You pay \$7 per prescription. • Tier 3 – Preferred brand-name drugs: You pay \$40 per prescription. • Tier 4 – Nonpreferred brand-name drugs: You pay \$90 per prescription. • Tier 5 – Specialty-tier drugs: You pay \$150 per prescription. • Tier 6 – Injectable Part D vaccines: You pay \$0 per prescription. 	Your cost for a one-month supply filled at a network pharmacy: Tier 1 – Preferred generic drugs: <ul style="list-style-type: none"> • Preferred cost-sharing: You pay \$2 per prescription. • Standard cost-sharing: You pay \$4 per prescription. Tier 2 – Generic drugs: <ul style="list-style-type: none"> • Preferred cost-sharing: You pay \$6 per prescription. • Standard cost-sharing: You pay \$9 per prescription. • Tier 3 – Preferred brand-name drugs: You pay \$40 per prescription. • Tier 4 – Nonpreferred brand-name drugs: You pay \$90 per prescription.

Stage	2022 (this year)	2023 (next year)
	Once you have paid \$7,050 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	<ul style="list-style-type: none"> • Tier 5 – Specialty-tier drugs: You pay \$150 per prescription. • Tier 6 – Injectable Part D vaccines: You pay \$0 per prescription. <p>Once you have paid \$7,400 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

Section 2 — Administrative changes

Description	2022 (this year)	2023 (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 2023 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 between January 1, 2022, and December 31, 2022, unless amended. If your group's Agreement renews at a later date in 2022, 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 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 between January 1, 2023, and December 31, 2023, unless amended. If your group's Agreement renews at a later date in 2023, 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 during that contract period, unless amended.</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 an independent government program with trained counselors in every state. In Washington, the SHIP is called Statewide Health Insurance Benefits Advisors (SHIBA).

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 (<https://www.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. 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 8 a.m. and 7 p.m., Monday through Friday, for a representative. Automated messages are available 24 hours a day. TTY users should call **1-800-325-0778**; 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 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 2023 Evidence of Coverage (it has details about next year's 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 2023 that our plan is making and it amends your current **Evidence of Coverage**. We will send you a notice once the **Evidence of Coverage** for your group's 2023 contract period is posted online shortly after your group renews its contract in 2023. 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**. As a reminder, our website has the most up-to-date information about our provider network (**Provider Directory**) and our 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**
 - ◆ Visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality star ratings to help you compare Medicare health plans in your area. To view the information about plans, go to **www.medicare.gov/plan-compare**.
- **Read Medicare & You 2023**
 - ◆ Read the **Medicare & You 2023** handbook. Every 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 document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) 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**.

Kaiser Permanente Medicare Advantage 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 Permanente Member Services P.O. Box 34590 Seattle, WA 98124
WEBSITE	kp.org

(This page left blank intentionally.)

Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
 - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

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, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. 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>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/online services/cc/pub/complaintinformation.aspx>**

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 **1-888-901-4636 (TTY 711)**.

Español (Spanish): ATENCIÓN: Si habla español, tiene disponibles servicios de ayuda con el idioma sin cargo. Llame al **1-888-901-4636 (TTY 711)**.

中文 (Chinese)：注意：如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636 (TTY 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí của chúng tôi. Xin gọi số **1-888-901-4636 (TTY 711)**.

한국어 (Korean): 참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해 드립니다. **1-888-901-4636(TTY 711)**번으로 문의하십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по номеру **1-888-901-4636 (TTY 711)**.

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

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладу. Телефонуйте за номером **1-888-901-4636 (TTY 711)**.

ភាសាខ្មែរ (Khmer) ៖ សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺ មានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636 (TTY 711)**។

日本語 (Japanese): 注意事項：無料の日本語での言語サポートをご利用いただけます。
1-888-901-4636 (TTY 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic) ፡ ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፡ በነጻ ለእርስዎ ይቀርባሉ፡፡
ወደ **1-888-901-4636 (TTY 711)** ይደውሉ፡፡

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636 (TTY 711)** irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ।
1-888-901-4636 (TTY 711) 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً.
اتصل بالرقم **1-888-901-4636 (TTY 711)**

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

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ແມ່ນຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636 (TTY 711)**.

Plan information

Provider directories

If you need help finding a network provider or pharmacy, please visit kp.org/wa/medicare/providers to search our online directory (Note: the 2023 directories are available online starting 10/1/2022 in accord with Medicare requirements).

To get a Provider Directory or Pharmacy Directory (if applicable), mailed to you, you can call Kaiser Permanente Member Services at **1-888-901-4600 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week.

Medicare Part D prescription drug formulary

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 (Note: the 2023 formulary is available online starting 10/1/2022 in accord with Medicare requirements) at kp.org/wa/medicare/formulary.

To get a formulary mailed to you, you can call Kaiser Permanente at **1-888-901-4600 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week.

Evidence of Coverage (EOC)

Your EOC explains how to get medical care and prescription drugs covered through your plan. It explains your rights and responsibilities, what's covered, and what you pay as a Kaiser Permanente member. If you have a question about your coverage, visit kpwa.memberdoc.com to view your EOC online (Note: the 2023 EOC for Washington is available online starting 12/31/2022 in accord with Medicare requirements).

To get an EOC mailed to you, you can call Kaiser Permanente at **1-888-901-4600 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week.

