

# 2020 Kaiser Medicare Advantage Plan Information

Thank you for your interest in applying for the Kaiser Permanente Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an "Enrollment Verification Call" from Kaiser Permanente within 7 days of the application receipt.

## Enrollment Packet – click links below to view the information

[Star Rating](#)

[Online Application](#)

[Application download](#)

Benefits: [Vital, Essential & Optimal](#) / [Basic](#) / [Harbor](#) / [Centennial & Columbia](#) / [Key](#)

[Provider Search](#)

[Pharmacy Search](#)

[Formulary](#)

### Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1<sup>st</sup> effective date for your new plan.

### Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15<sup>th</sup> and December 7<sup>th</sup>. *If they are signed prior to October 15<sup>th</sup> they will be returned to you with a new application.* If they are received after December 7<sup>th</sup>, you will not be able to change plans until the next AEP for January of the following year.

### Special Enrollment Period (SEP)

There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:

#### CDA Insurance LLC

PO Box 26540

Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470

Secure File Upload: [Click here](#)

Email: [cs@cda-insurance.com](mailto:cs@cda-insurance.com)

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://medicare-washington.com>

Y0062\_MULTIPLAN\_CDA INSURANCE Washington 2020

January 1–December 31, 2020

# 2020 Summary of Benefits

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Kaiser Permanente Medicare Advantage Centennial Plan (HMO) and Kaiser Permanente Medicare Advantage Columbia Plan (HMO)

*These plans include Medicare Part D prescription drug coverage and are available in Spokane County.*

## About this Summary of Benefits

Thank you for considering Kaiser Permanente Medicare Advantage. You can use this **Summary of Benefits** to learn more about our plans. It includes information about:

- Premiums
- Benefits and costs
- Part D prescription drugs
- Optional supplemental dental benefits
- Fitness benefit
- Who can enroll
- Coverage rules
- Getting care

For definitions of some of the terms used in this booklet, see the glossary at the end.

### For more details

This document is a summary of 2 Kaiser Permanente Medicare Advantage plans. It doesn't include everything about what's covered and not covered or all the plan rules. For details, see the **Evidence of Coverage (EOC)**, which is located on our website at [kp.org/wa/eocs](https://kp.org/wa/eocs) or ask for a copy from Member Services by calling **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

The 2 plans in this document include Medicare Part D prescription drug coverage. We also offer a plan without Part D drug coverage. If you'd like information about our other plan, call **1-800-446-8882 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week or go to [kp.org/wa/medicare](https://kp.org/wa/medicare).

### Have questions?

- If you're not a member, please call **1-800-446-8882 (TTY 711)**.
- If you're a member, please call Member Services at **1-888-901-4600 (TTY 711)**.
- 7 days a week, 8 a.m. to 8 p.m.

## What's covered and what it costs

\*Your plan provider may need to provide a referral

†Prior authorization may be required.

Benefits and premiums	Centennial plan, you pay	Columbia plan, you pay
<b>Monthly plan premium</b>	<b>\$0</b>	<b>\$99</b>
<b>Deductible</b>	<b>None</b>	<b>None</b>
<b>Your maximum out-of-pocket responsibility</b> Doesn't include Medicare Part D drugs	<b>\$5,500</b>	<b>\$4,300</b>
<b>Inpatient hospital coverage*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$400</b> per day for days 1 through 4 of your stay and <b>\$0</b> for the rest of your stay	<b>\$250</b> per day for days 1 through 4 of your stay and <b>\$0</b> for the rest of your stay
<b>Outpatient hospital coverage*†</b>	<b>\$275</b> per visit	<b>\$200</b> per visit
<b>Ambulatory Surgery Center*†</b>	<b>\$275</b> per visit	<b>\$200</b> per visit
<b>Doctor's visits</b>		
• Primary care providers	<b>\$5</b> per visit	<b>\$10</b> per visit
• Specialists*†	<b>\$45</b> per visit	<b>\$35</b> per visit
<b>Preventive care*†</b> See the <b>EOC</b> for details.	<b>\$0</b>	<b>\$0</b>
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$90</b> per Emergency Department visit	<b>\$90</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$35</b> per urgent care facility visit	<b>\$25</b> per urgent care facility visit
<b>Diagnostic services, lab, and imaging*</b>		
• Lab tests	<b>\$0–\$15</b> depending on the test (see <b>EOC</b> for details)	<b>\$0</b>
• X-rays	<b>\$15</b> per visit	<b>\$0</b>
• Diagnostic tests and procedures (like EKG)	<b>\$20</b> per visit	<b>\$0</b>
• Other imaging procedures (like MRI, CT, and PET)†	<b>\$300</b> per visit	<b>\$250</b> per visit
<b>Hearing services*†</b>		
• Evaluations to diagnose medical conditions	<b>\$5</b> per visit with your PCP or an audiologist or <b>\$45</b> per visit with other providers	<b>\$10</b> per visit with your PCP or an audiologist or <b>\$35</b> per visit with other providers
• Routine hearing exam (1 per calendar year)		

<b>Benefits and premiums</b>	<b>Centennial plan, you pay</b>	<b>Columbia plan, you pay</b>
<ul style="list-style-type: none"> <li>Hearing aid fitting and evaluation exam</li> </ul>	<b>\$0</b> (1 exam per calendar year)	<b>\$0</b> (1 exam per calendar year)
<ul style="list-style-type: none"> <li>Hearing aids</li> </ul>	<b>\$350 allowance</b> to purchase hearing aids every calendar year. If your hearing aid purchase is more than \$350, <b>you pay the difference.</b>	<b>\$350 allowance</b> to purchase hearing aids every calendar year. If your hearing aid purchase is more than \$350, <b>you pay the difference.</b>
<b>Dental services</b> Preventive and comprehensive dental coverage	<b>\$100 allowance</b> per calendar year. If the dental care you receive costs more than \$100, <b>you pay the difference.</b>	Not covered unless you sign up for optional benefits (see “Optional supplemental dental benefits” for details).
<b>Vision services</b> <ul style="list-style-type: none"> <li>Visits to diagnose and treat eye diseases and conditions</li> <li>Routine eye exam (1 per calendar year)</li> </ul>	<b>\$5</b> per visit with an optometrist or <b>\$45</b> with an ophthalmologist	<b>\$10</b> per visit with an optometrist or <b>\$35</b> with an ophthalmologist
<ul style="list-style-type: none"> <li>Preventive glaucoma screening*†</li> </ul>	<b>\$0</b>	<b>\$0</b>
<ul style="list-style-type: none"> <li>Eyeglasses or contact lenses after cataract surgery</li> </ul>	<b>\$0</b> up to Medicare’s limit, but you pay any amounts beyond that limit.	<b>\$0</b> up to Medicare’s limit, but you pay any amounts beyond that limit.
<ul style="list-style-type: none"> <li>Other eyewear</li> </ul>	<b>\$100 allowance</b> per calendar year. If your eyewear costs more than \$100, <b>you pay the difference.</b>	<b>\$150 allowance</b> per calendar year. If your eyewear costs more than \$150, <b>you pay the difference.</b>
<b>Mental health services†</b> <ul style="list-style-type: none"> <li>Outpatient group therapy</li> </ul>	<b>\$30</b> per visit	<b>\$25</b> per visit
<ul style="list-style-type: none"> <li>Outpatient individual therapy</li> </ul>	<b>\$40</b> per visit	<b>\$35</b> per visit
<b>Skilled nursing facility*†</b> We cover up to 100 days per benefit period.	Per benefit period: <ul style="list-style-type: none"> <li><b>\$0</b> per day for days 1 through 20</li> <li><b>\$160</b> per day for days 21 through 100</li> </ul>	Per benefit period: <ul style="list-style-type: none"> <li><b>\$0</b> per day for days 1 through 20</li> <li><b>\$160</b> per day for days 21 through 100</li> </ul>
<b>Physical therapy*†</b>	<b>\$40</b> per visit	<b>\$35</b> per visit
<b>Ambulance</b>	<b>\$250</b> per one-way trip	<b>\$150</b> per one-way trip
<b>Transportation</b> To and from plan providers	<b>\$0</b> for up to 4 round trips per calendar year	<b>\$0</b> for up to 6 round trips per calendar year
<b>Medicare Part B drugs†</b> A limited number of Medicare Part B drugs are covered when you get them from a plan	<b>20%</b> coinsurance	<b>20%</b> coinsurance

Benefits and premiums	Centennial plan, you pay	Columbia plan, you pay
provider. See the <b>EOC</b> for details.		

## Medicare Part D prescription drug coverage†

The amount you pay for drugs will be different depending on:

- The plan you enroll in (Centennial or Columbia).
- The tier your drug is in. There are 6 drug tiers. To find out which of the 6 tiers your drug is in, see our Part D formulary at [kp.org/wa/medicare/formulary](http://kp.org/wa/medicare/formulary) or call Member Services to ask for a copy at **1-888-901-4600** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.
- The day supply quantity you get (like a 30-day or 90-day supply). Note: A supply greater than a 30-day supply isn't available for all drugs.
- When you get a 31- to 90-day supply, whether you get your prescription filled by one of our retail plan pharmacies or our mail-order pharmacy. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial, coverage gap, or catastrophic coverage stages).

### Deductible stage

For the **Columbia** plan, there is no deductible and you start the year in the initial coverage stage.

For the **Centennial** plan, there is a deductible stage for drugs in Tiers 3, 4, and 5 and you must pay the full cost of those drugs until you have spent **\$150** for them in 2020. After you have met the **\$150** deductible, you move on to the initial coverage stage. For drugs in Tiers 1, 2, and 6, there is no deductible and you start the year in the initial coverage stage.

### Initial coverage stage

You pay the copays and coinsurance shown in the chart below until your total yearly drug costs reach **\$4,020**. (Total yearly drug costs are the amounts paid by both you and any Part D plan during a calendar year.) If you reach the \$4,020 limit in 2020, you move on to the coverage gap stage and your coverage changes.

Drug tier	Centennial plan, you pay	Columbia plan, you pay
<b>Tier 1</b> (Preferred generic)	<b>\$3</b> (up to a 30-day supply)	<b>\$3</b> (up to a 30-day supply)
<b>Tier 2</b> (Generic)	<b>\$7</b> (up to a 30-day supply)	<b>\$7</b> (up to a 30-day supply)
<b>Tier 3</b> (Preferred brand-name)	<b>\$45</b> (up to a 30-day supply)**	<b>\$40</b> (up to a 30-day supply)
<b>Tier 4</b> (Nonpreferred brand-name)	<b>\$95</b> (up to a 30-day supply)**	<b>\$90</b> (up to a 30-day supply)
<b>Tier 5</b> (Specialty)	<b>25%</b> coinsurance**	<b>33%</b> coinsurance
<b>Tier 6</b> (Vaccines)	<b>\$0</b>	<b>\$0</b>

\*\*After you have met the deductible

When you get a 31- to 90-day supply of drugs in **Tier 1** from our mail-order pharmacy, you pay **\$0**.

For all other prescriptions, the copays listed above in the chart will be multiplied as follows:

- If you get a 31- to 60-day supply from one of our retail pharmacies, you pay 2 copays.
- If you get a 61- to 90-day supply from one of our retail pharmacies, you pay 3 copays.
- If you get a 31- to 90-day supply of drugs in Tiers 2, 3, or 4 from our mail-order pharmacy, you pay 2 copays.

Note: For a 31- to 90-day supply of Tier 5 drugs, you pay the coinsurance listed above in the chart.

### Coverage gap stage

The coverage gap stage begins if you or a Part D plan spends **\$4,020** on your drugs during 2020. You pay the following copays and coinsurance during the coverage gap stage:

Drug tier	You pay
<b>Tiers 1, 2, and 6</b>	The same copays listed above that you pay during the initial coverage stage
<b>Tiers 3, 4, and 5</b>	<b>25%</b> coinsurance

### Catastrophic coverage stage

If you spend **\$6,350** on your Part D prescription drugs in 2020, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, your copays and coinsurance will change for the rest of 2020. You pay the following per prescription during the catastrophic coverage stage:

Drug	You pay
<b>Generic drugs</b>	<b>5%</b> coinsurance or <b>\$3.60</b> , whichever is greater
<b>Brand-name drugs</b>	<b>5%</b> coinsurance or <b>\$8.95</b> , whichever is greater

### Long-term care, plan home-infusion, and non-plan pharmacies

- If you live in a **long-term care facility** and get your drugs from their pharmacy, you pay the same as at a retail plan pharmacy and you can get up to a 31-day supply.
- Covered Part D **home infusion** drugs from a plan home-infusion pharmacy are provided at no charge.
- If you get covered Part D drugs from a **non-plan pharmacy**, you pay the same as at a retail plan pharmacy and you can get up to a 30-day supply. Generally, we cover drugs filled at a non-plan pharmacy only when you can't use a network pharmacy, like during a disaster. See the **Evidence of Coverage** for details.

## Optional supplemental dental benefits

In addition to the benefits that come with your plan, you can choose to buy an optional supplemental dental benefit for an additional monthly cost that's added to your monthly plan premium. See the **Evidence of Coverage** for details.

Dental HMO benefits and premiums (services provided by Delta Dental of Washington)	You pay
<b>Additional monthly premium</b>	<b>\$54</b>
<b>Annual benefit limit for preventive and comprehensive dental care</b>	<b>\$1,500</b> (You pay 100% for the rest of the calendar year after our plan has paid \$1,500 for dental care.)
<b>Annual deductible for comprehensive dental care</b>	<b>\$100</b> (You pay 100% at the beginning of the year for comprehensive dental care until you have spent \$100.)
<b>Preventive/Basic dental</b> <ul style="list-style-type: none"> <li>• Oral exam (2 per calendar year)</li> <li>• Teeth cleaning (2 per calendar year)</li> <li>• Topical fluoride (2 per calendar year)</li> <li>• X-rays (2 per calendar year)</li> </ul>	<b>\$0</b>
<b>Comprehensive/Major dental*†</b> <ul style="list-style-type: none"> <li>• Covered services include fillings, extractions, crowns, endodontics, periodontics, and dentures</li> </ul>	After the deductible is met, <b>20% or 50%</b> coinsurance, depending on the service

## Fitness benefit

The Silver&Fit® Program	You pay
You pay no additional cost for basic membership to any of the participating fitness centers or select YMCAs in the Silver&Fit program. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit is a federally registered trademark of ASH and used with permission herein.	<b>\$0</b>

## Who can enroll

You can sign up for one of our plans if:

- You have both Medicare Part A and Part B. (To get and keep Medicare, most people must pay Medicare premiums directly to Medicare. These are separate from the premiums you pay our plan.)
- You're a citizen or lawfully present in the United States.
- You don't have end-stage renal disease (ESRD) unless you got ESRD when you were already a member of one of our plans or you were a member of a different plan that ended.
- You live in the service area for these plans, which is all of Spokane County.



## Coverage rules

We cover the services and items listed in this document and the **Evidence of Coverage**, if:

- The services or items are medically necessary.
- The services and items are considered reasonable and necessary according to Original Medicare's standards.
- You get all covered services and items from plan providers listed in our **Provider Directory** and **Pharmacy Directory**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region
  - Covered care from designated providers in Maricopa and Pima counties in Arizona
  - Emergency care
  - Out-of-area dialysis care
  - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
  - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers.

For details about coverage rules, including services that aren't covered (exclusions), see the **Evidence of Coverage**.

## Getting care

At most of our plan facilities, you can usually get all the covered services you need, including specialty care, pharmacy, and lab work. To find our provider locations, see our **Provider Directory** and **Pharmacy Directory** at [wa-medicare.kp.org/providers](http://wa-medicare.kp.org/providers) or ask us to mail you a copy by calling Member Services at **1-888-901-4600 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

## Your personal doctor

Your personal doctor (also called a primary care physician) will give you primary care and will help coordinate your care, including hospital stays, referrals to specialists, and prior authorizations. Most personal doctors are in internal medicine or family practice. You must choose one of our available plan providers to be your personal doctor. You can change your doctor at any time and for any reason. You can choose or change your doctor by calling Member Services.

## Help managing conditions

If you have more than one ongoing health condition and need help managing your care, we can help. Our case management programs bring together nurses, social workers, and your personal doctor to help you manage your conditions. The program provides education and teaches self-care skills. If you're interested, please ask your personal doctor for more information.

# Notices

## Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered. If we say no, you can ask us to reconsider our decision. This is called an appeal. You can ask for a fast decision if you think waiting could put your health at risk. If your doctor agrees, we'll speed up our decision.

If you have a complaint that's not about coverage, you can file a grievance with us. See the **Evidence of Coverage** ([kp.org/wa/eocs](http://kp.org/wa/eocs)) for details.

## Kaiser Foundation Health Plan

Kaiser Foundation Health Plan of Washington is a nonprofit corporation and a Medicare Advantage plan. We offer several Kaiser Permanente Medicare Advantage plans in our larger Washington Region's service area, which you can read about in the **Evidence of Coverage**.

Each plan has different benefits, copays, coinsurance, premiums, and plan service areas. But you can get care from plan providers anywhere in our Washington Region's service area, which includes parts of Grays Harbor and Mason counties and all of King, Kitsap, Lewis, Island, Pierce, Skagit, Snohomish, Spokane, Thurston, and Whatcom counties.

If you move from your plan's service area to another service area in our Washington Region, you'll have to enroll in a Kaiser Permanente Medicare Advantage plan in your new service area.

## Notice of nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable federal 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 help ensure effective communication, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, and accessible electronic 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 Kaiser Permanente.

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. Please call us if you need help submitting a grievance. The Civil Rights Coordinator will be notified of all grievances related to discrimination.

## **Kaiser Permanente**

Phone: 206-630-4600

Toll-free: 1-888-901-4600

TTY Washington Relay Service: 1-800-833-6388 or 711

TTY Idaho Relay Service: 1-800-377-3529 or 711

Electronically: [kp.org/wa/feedback](https://kp.org/wa/feedback)

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>

## **Privacy**

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at [kp.org/wa/medicare-privacy](https://kp.org/wa/medicare-privacy) to learn more.

## **Helpful definitions (glossary)**

### **Allowance**

A dollar amount you can use toward the purchase of an item. If the price of the item is more than the allowance, you pay the difference.

### **Benefit period**

The way our plan measures your use of skilled nursing facility services. A benefit period starts the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't gotten any inpatient hospital care or skilled care in an SNF for 60 days in a row. The benefit period isn't tied to a calendar year. There's no limit to how many benefit periods you can have or how long a benefit period can be.

### **Calendar year**

The year that starts on January 1 and ends on December 31.

### **Coinsurance**

A percentage you pay of our plan's total charges for certain services or prescription drugs. For example, a 20% coinsurance for a \$200 item means you pay \$40.

### **Copay**

The set amount you pay for covered services — for example, a \$20 copay for an office visit.

### **Deductible**

If you sign up for optional supplemental dental benefits, it's the amount you must pay for comprehensive dental services before our plan begins to pay. Also, if you enroll in the Centennial plan, it's the amount you must pay for certain Medicare Part D drugs before you will enter the initial coverage stage.

### **Evidence of Coverage**

A document that explains in detail your plan benefits and how your plan works.

**Maximum out-of-pocket responsibility**

The most you'll pay in copays or coinsurance each calendar year for services that are subject to the maximum. If you reach the maximum, you won't have to pay any more copays or coinsurance for services subject to the maximum for the rest of the year.

**Medically necessary**

Services, supplies, or drugs that are needed for the prevention, diagnosis, or treatment of your medical condition and meet accepted standards of medical practice.

**Non-plan provider**

A provider or facility that doesn't have an agreement with Kaiser Permanente to deliver care to our members.

**Plan**

Kaiser Permanente Medicare Advantage.

**Plan premium**

The amount you pay for your Kaiser Permanente Medicare Advantage health care and prescription drug coverage.

**Plan provider**

A plan or network provider can be a facility, like a hospital or pharmacy, or a health care professional, like a doctor or nurse.

**Prior authorization**

Some services or items are covered only if your plan provider gets approval in advance from our plan (sometimes called prior authorization). Services or items subject to prior authorization are flagged with a † symbol in this document.

**Region**

A Kaiser Foundation Health Plan organization. We have Kaiser Permanente Regions located in Northern California, Southern California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.

**Retail plan pharmacy**

A plan pharmacy where you can get prescriptions. These pharmacies are usually located at plan medical offices.

**Service area**

The geographic area where we offer Kaiser Permanente Medicare Advantage plans. To enroll and remain a member of our plan, you must live in one of our Kaiser Permanente Medicare Advantage plan's service area.

Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. This contract is renewed annually by the Centers for Medicare & Medicaid Services (CMS). By law, our plan or CMS can choose not to renew our Medicare contract.

For information about Original Medicare, refer to your “**Medicare & You**” handbook. You can view it online at **medicare.gov** or get a copy 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**.

## Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-888-901-4600 (TTY 711)** from 8 a.m. to 8 p.m., 7 days a week.

### Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit **[kp.org/wa/eocs](http://kp.org/wa/eocs)** or call **1-888-901-4600 (TTY 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

### Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums, and/or copayments/co-insurance may change on January 1, 2021.
- ☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

## 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): ប្រយ័ត្ន:** បើសិនអ្នកនិយាយខ្មែរ, សេចក្តីជួយជំនួយ យេមិនគិតថ្លៃ គឺចូលសំបុត្រអ្នក។ 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): ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚክተለው 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, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.

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