

Dear Member:

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

We are providing important information about your Medicare health care and prescription drug coverage effective January 1, 2026. Included are the following documents with important information for you.

1. Please start by reading the *Annual Notice of Change and Evidence of Coverage Amendment* for 2026. It gives you a summary of changes we are making to your benefits and costs effective January 1, 2026, unless otherwise noted. This notice only describes changes that our plan is making (or as required by Medicare for Part D plans).
 - a. Please review this notice within a few days of receiving it to see how the changes might affect you. We will send you the *Evidence of Coverage* for your group's 2026 contract period shortly after your group renews its contract in 2026. 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 2026 contract period, please contact your group's benefits administrator.
 - b. 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.
 - c. 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 *Plan Information* that explains how to get information about provider or pharmacy locations or our formulary, how to request a print copy of our 2026 *Formulary/Drug List* or directories, or how to view them online.

If you have questions, we're here to help. Please call Member Services toll free at 1-800-805-2739 (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.

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

Sincerely,

Kaiser Permanente

Kaiser Permanente Senior Advantage (HMO) offered by Kaiser Foundation Health Plan, Inc., Hawaii Region

Annual Notice of Change and Evidence of Coverage Amendment for Group Members for 2026

You're enrolled as a member of Kaiser Permanente Senior Advantage.

This material describes changes to our plan's costs and benefits next year, unless otherwise noted. It also amends your current *Evidence of Coverage*.

- We're sending you this *Annual Notice of Change and Evidence of Coverage Amendment* to tell you about the changes our plan is making effective January 1, 2026 (unless otherwise noted), for all Kaiser Permanente Senior 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.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. We will send you the *Evidence of Coverage* for your group's 2026 contract period shortly after your group renews its contract in 2026. Review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

If you decide to change plans in 2026:

- 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.

More Resources

- Call Member Services at 1-800-805-2739 (TTY users call 711) for more information. Hours are 8 a.m. to 8 p.m., 7 days a week. This call is free.
- This document is available in braille, large print, audio file, or data CD if you need it by calling Member Services.

About Kaiser Permanente Senior Advantage

- Kaiser Permanente is an HMO plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Kaiser Foundation Health Plan Inc., Hawaii Region (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Senior Advantage (Senior Advantage).

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SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Plan 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.

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your contribution to your group's premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- **Extra Help** - Your contribution to your group's premium may be less if you are receiving Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

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've paid this amount, you generally pay nothing for covered Part A and Part B services (and other health services not covered by Medicare as described in Chapter 4 of your *Evidence of Coverage*) for the rest of the calendar year. For the maximum out-of-pocket amount for your group's plan, see your 2026 *Evidence of Coverage* when you receive it.

Section 1.3 Changes to the Provider and Pharmacy Networks

Our network of providers and pharmacies has changed for next year. Review the 2026 *Provider and Pharmacy Directory* (kp.org/directory) to see if your providers (primary care provider, specialists, hospitals, etc.) or pharmacies are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at kp.org/directory.
- Call Member Services at 1-800-805-2739 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-805-2739 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Amounts you pay for your prescription drugs can 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.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-805-2739 (TTY users call 711) for help.

Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Emergency Department visits* (This change does NOT apply to all members.) This change does not apply to all group plans. Please check your 2026 <i>Evidence of Coverage</i> when you receive it, to see if this change applies to you.	You pay \$100 per visit.	You pay \$110 per visit.

*This change is effective upon your group's contract renewal date. This means that the change is effective January 1, 2026, if your group's renewal date is January 1. Otherwise, this change will be effective sometime between February 1, 2026, and December 1, 2026, depending on your group's renewal date. Your group's benefits administrator can tell you when your group's contract renews.

Section 1.5 Changes to Part D 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, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-805-2739 (TTY users call 711) for more information.

Section 1.6 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2025, call Member Services at 1-800-805-2739 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

If your group plan does **not** include a Yearly Deductible Stage, this payment stage doesn’t apply to you.

If your group plan includes a Yearly Deductible Stage, you start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you’ve reached the yearly deductible.

- Stage 2: Initial Coverage**

If your group plan includes a Yearly Deductible Stage, once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach \$2,100.

- Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don’t count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

If your group plan includes a Yearly Deductible Stage, see your *Evidence of Coverage* for your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	\$590, if your group plan includes a Yearly Deductible Stage.	\$615, if your group plan includes a Yearly Deductible Stage.

Drug Costs in Stage 2: Initial Coverage

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. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply, or for mail-order prescriptions, go to your *Evidence of Coverage*.

Once you’ve paid **\$2,100** out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs.

For specific information about your costs in the Catastrophic Coverage Stage, go to your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Term of Evidence of Coverage The "Term of the Evidence of Coverage" section in your <i>Evidence of Coverage</i> is amended as shown in the 2026 column.	If your group renews its <i>Agreement</i> with us on January 1st, the term of your current <i>Evidence of Coverage</i> is revised to be in effect for the months in which you are enrolled in Senior Advantage between January 1, 2025, and December 31, 2025, unless amended. If your group's <i>Agreement</i> renews at a later date in 2025 , the term of your current <i>Evidence of Coverage</i> is revised	If your group renews its <i>Agreement</i> with us on January 1st, the term of your current <i>Evidence of Coverage</i> is revised to be in effect for the months in which you are enrolled in Senior Advantage between January 1, 2026, and December 31, 2026, unless amended. If your group's <i>Agreement</i> renews at a later date in 2026, the term of your

	2025 (this year)	2026 (next year)
	to be in effect for the months in which you are enrolled in Senior Advantage during that contract period, unless amended.	current <i>Evidence of Coverage</i> is revised to be in effect for the months in which you are enrolled in Senior Advantage during that contract period, unless amended.
<p>Formulary exception for brand-name drugs</p> <p>A type of coverage decision that, if approved, allows you to get a drug that is not on our formulary (a formulary exception). If we agree to cover a Part D drug not on our Drug List, you will need to pay the cost-sharing amount specified on the right.</p> <p>For more information about how to file a formulary exception, please see the <i>Evidence of Coverage</i>.</p>	If you request and we agree to cover a Part D brand-name drug not on our Drug List, you will need to pay the cost-sharing amount that applies to drugs in Tier 4 for nonpreferred drugs.	If you request and we agree to cover a Part D brand-name drug not on our Drug List, your cost share will vary depending on your plan.
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December).	<p>If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026.</p> <p>To learn more about this payment option,</p>

	2025 (this year)	2026 (next year)
	You may be participating in this payment option.	call us at 1-800-805-2739 (TTY users call 711) or visit www.Medicare.gov .

SECTION 3 How to Change Plans

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.

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 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state

residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the **HIV Drug Assistance Program (HDAP)**. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call the HIV Drug Assistance Program (HDAP) at 1-808-733-9360. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 1-800-805-2739 (TTY users call 711) or visit www.Medicare.gov.

SECTION 5 Questions?

Get Help from our plan

- **Call Member Services at 1-800-805-2739. (TTY users call 711.)**

We're available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2026 Evidence of Coverage**

This *Annual Notice of Change and Evidence of Coverage Amendment* gives you a summary of some changes in your benefits and costs for 2026 that our plan is making and it amends your current *Evidence of Coverage*. For details, go to the 2026 *Evidence of Coverage* for our plan. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. We will send you the *Evidence of Coverage* for your group's 2026 contract period shortly after your group renews its contract in 2026. Please keep in mind that groups can make changes to your group plan at any time.

- **Visit kp.org**

Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs* (Formulary/Drug List).

Note: 2026 plan documents will be posted on our website early in October 2025 in accord with Medicare guidelines.

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Hawaii, the SHIP is called Hawaii SHIP.

Call Hawaii SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Hawaii SHIP at 1-888-875-9229 (TTY users should call 1-866-810-4379). Learn more about Hawaii SHIP by visiting www.hawaiiiship.org.

Get Help 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 can call 1-877-486-2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Kaiser Permanente Senior Advantage Member Services

Method	Member Services – Contact Information
Call	1-800-805-2739 Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-800-805-2739 (TTY users call 711) 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 711 Kapiolani Blvd. Honolulu, HI 96813
Website	kp.org

NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan, Inc. (Kaiser Health Plan) complies with applicable Federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides free 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, braille, and accessible electronic formats
- Provides 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, call **1-800-966-5955** (TTY: **711**)

If you believe that Kaiser Health Plan 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 by mail or phone at:

Membership Services

Attn: Kaiser Civil Rights Coordinator
711 Kapiolani Blvd
Honolulu, HI 96813
1-800-966-5955

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>.

This notice is available at <https://healthy.kaiserpermanente.org/hawaii/language-assistance/nondiscrimination-notice>

HELP IN YOUR LANGUAGE

ATTENTION: If you speak English, language assistance services including appropriate auxiliary aids and services, free of charge, are available to you. Call **1-800-966-5955** (TTY: **711**).

Cebuano (Bisaya) PAGPAHIMANGNO: Kung nag-istorya ka og Cebuano, ang mga serbisyo sa tabang sa pinulongan lakip ang angay nga mga auxiliary nga mga himan ug serbisyo, libre, anaa kanimo. Tawag sa **1-800-966-5955** (TTY: **711**).

中文 (Chinese) 注意事項: 如果您說中文，您可獲得免費語言協助服務，包括適當的輔助器材和服務。致電 **1-800-966-5955** (TTY: **711**)。

Chuuk (Chukese) ESINESIN: Ika en mi sine Fosun Chuuk, mi kawor aninisin fosun fonu mei pachonong pisekin aninis, ese kamo, mi kawor ngonuk. Kekeru **1-800-966-5955** (TTY: **711**).

‘Ōlelo Hawai‘i (Hawaiian) E NĀNĀ MAI: Inā ho‘opuka ‘oe i ka ‘ōlelo Hawai‘i, hiki iā ‘oe ke nā lawelawe kōkua ‘ōlelo me nā kōkua kōkua kūpono a me nā lawelawe, manuahi ‘ole, loa‘a i ke kōkua manuahi. E kelepona i ka helu **1-800-966-5955** (TTY: **711**).

Iloko (Ilocano) ATENSION: No makasaoka iti Ilokano, dagiti serbisio a tulong iti pagsasao agraman dagiti maitutop a kanayonan a tulong ken serbisio, a libre, ket mabalin a mausar para kenka. Tawagan ti **1-800-966-5955** (TTY: **711**).

日本語 (Japanese) 注意: 日本語を話す場合、適切な補助機器やサービスを含む言語支援サービスが無料で提供されます。**1-800-966-5955** までお電話ください (TTY: **711**)。

한국어 (Korean) 주의: 한국어를 구사하실 경우, 필요한 보조 기기 및 서비스가 포함된 언어 지원 서비스가 무료로 제공됩니다. **1-800-966-5955** (TTY: **711**)로 전화해 주세요.

ລາວ (Laotian) ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ລວມທັງອຸປະກອນ ແລະ ການບໍລິການຊ່ວຍເຫຼືອທີ່ເໝາະສົມ ຈະມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ **1-800-966-5955** (TTY: **711**).

Kajin Majōl (Marshallese) Roñjake: Ñe kwōjelā kajin Kajin Majōl, eo ej jipañ eok ilo kajin in ekaoba jermal ko jet, ejjelōk oñāāer, repelōk ñan eok. Kūr tok **1-800-966-5955** (TTY: **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánítí'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'I bí'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, kojí' hódíílnih **1-800-966-5955** (TTY: **711**).

Lokaiahn Pohnpei (Pohnpeian) MEHN KAIR: Ma komw kin lokiaiahn Pohnpei, wasahn sawas en palien me kele mehlel oh sarawi kan me pahn limpoak, en kak sawa ni ke, lokaia kak sawas ni sohte isais. Koahl nempe **1-800-966-5955** (TTY: **711**).

Faa-Samoa (Samoan) FA'AMALU: Afai e te tautala i le Gagana Samoa, o auaunaga fesoasoani i le gagana, e aofia ai meafaigaluega talafeagai ma auaunaga, e leai ni totagi, o lo'o avanoa mo oe. Fa'amalie atu i le **1-800-966-5955** (TTY: **711**).

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística que incluyen ayudas y servicios auxiliares adecuados y gratuitos. Llame al **1-800-966-5955** (TTY: **711**).

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, available sa iyo ang serbisyo ng tulong sa wika kabilang ang mga naaangkop na karagdagang tulong at serbisyo, nang walang bayad. Tumawag sa **1-800-966-5955** (TTY: **711**).

Lea Faka-Tonga (Tongan) FAKATOKANGA: Kapau 'oku ke lea Faka-Tonga, 'oku 'i ai ha sevesi tokoni fakatonu lea pea mo ha naunau me'a fanongo, 'oku ta'etotongi, mo faingamalie kiate koe. Taa **1-800-966-5955** (TTY: **711**).

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu bạn nói tiếng Việt, bạn có thể sử dụng các dịch vụ hỗ trợ ngôn ngữ miễn phí, bao gồm các dịch vụ và phương tiện hỗ trợ phù hợp. Xin gọi **1-800-966-5955** (TTY: **711**).

Plan Information

As member of this plan, we may occasionally contact you to inform you of other Kaiser Permanente plans or products that may be available to you. If you wish to opt-out of these types of calls, please contact Member Services at the phone number on the back of your member ID card.

Provider Directories

If you need help finding a network provider or pharmacy, please visit **kp.org/directory** to search our online directory (Note: the 2026 directories are available online starting 10/15/2025 in accord with Medicare requirements).

To get a **Provider and Pharmacy Directory** mailed to you, you can call Kaiser Permanente at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

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 at **kp.org/seniorrx** (Note: the 2026 formulary is available online starting 10/15/2025 in accord with Medicare requirements).

To get a formulary mailed to you, you can call Kaiser Permanente at **1-800-805-2739 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.