

## **Kaiser Permanente Medicare Advantage (HMO) offered by Kaiser Foundation Health Plan of Washington**

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

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

This material describes changes to our plan's costs and benefits next year. 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, 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.
- 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 a notice once the *Evidence of Coverage* for your group's 2026 contract period is posted online 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 1-888-901-4600 (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 Medicare 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 of Washington (Health Plan). When it says “plan” or “our plan,” it means Kaiser Permanente Medicare Advantage.

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## SECTION 1 Changes to Benefits & Costs for Next Year

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### Section 1.1 Changes to the Monthly 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 1 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.

### Section 1.3 Changes to the Provider Network

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

- Visit our website at([kp.org/directory](https://kp.org/directory)).

- Call Member Services at 1-888-901-4600 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider 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 1-888-901-4600 (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*.

## Section 1.4 Changes to the Pharmacy Network

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.

Our network of pharmacies has changed for next year. Review the 2026 *Pharmacy Directory* ([kp.org/directory](https://kp.org/directory)) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [kp.org/directory](https://kp.org/directory).
- Call Member Services at 1-888-901-4600 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

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 1-888-901-4600 (TTY users call 711) for help.

## Section 1.5 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Prior authorization from our plan</b>		
Prior authorization must be obtained from our plan by your provider before you receive the following services:		
<ul style="list-style-type: none"> <li>• Mental Health Specialty and Psychiatric Services</li> <li>• Opioid Treatment Program Services</li> </ul>	Prior authorization is required.	<b>Prior authorization is not required.</b>

<ul style="list-style-type: none"> <li>• Outpatient Substance Abuse Services</li> </ul>		
<ul style="list-style-type: none"> <li>• Fitting and Evaluation for Hearing Aid(s)</li> <li>• Observation Services for planned stays</li> </ul>	Prior authorization is not required.	<b>Prior authorization is required.</b>

### Referrals from your PCP

Referrals are needed from your PCP before you can get care for the following Medicare-covered services:

<ul style="list-style-type: none"> <li>• Fitting and Evaluation for Hearing Aid(s)</li> <li>• Observation Services for planned stays</li> </ul>	Referral not required.	<b>Referral required.</b>
<ul style="list-style-type: none"> <li>• Opioid Treatment Program Services</li> </ul>	Referral required.	<b>Referral not required.</b>

## Section 1.6 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](https://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 Chapter 9 of 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 1-888-901-4600 (TTY users call 711) for more information.

## Section 1.7 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 1-888-901-4600 (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**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

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

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
<b>Yearly Deductible</b>	Because we have no deductible, this payment stage doesn't apply to you.	<b>Because we have no deductible, this payment stage doesn't apply to you.</b>

## 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 Chapter 6 of 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).

	2025 (this year)	2026 (next year)
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.	Once you have paid <b>\$2,000</b> out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once you have paid <b>\$2,100</b> out of pocket for Part D drugs, you will 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 Chapter 6, Section 6 in your *Evidence of Coverage*.

## SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
<p><b>Term of Evidence of Coverage</b></p> <p>The “Term of the Evidence of Coverage” section in your <i>Evidence of Coverage</i> is amended as shown in the 2026 column.</p>	<p>If your group renews its Agreement 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 Kaiser Permanente Medicare 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 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 <i>Evidence of Coverage</i> is revised to be in effect for the months in which you are enrolled in Kaiser Permanente Medicare 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 current <i>Evidence of Coverage</i> 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><b>Formulary exception for brand-name drugs</b></p> <p>A type of coverage decision that, if approved, allows you to get a drug that is not on our formulary (a</p>	<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</p>	<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</p>

	2025 (this year)	2026 (next year)
<p>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>	<p>that applies to drugs in Tier 4 for nonpreferred drugs.</p>	<p>that applies to drugs in Tier 5 for specialty drugs.</p>
<p><b>Medicare Prescription Payment Plan</b></p>	<p>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). You may be participating in this payment option.</p>	<p><b>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.</b></p> <p><b>To learn more about this payment option, call us at 1-888-901-4600 (TTY users call 711) or visit <a href="http://www.Medicare.gov">www.Medicare.gov</a>.</b></p>

## 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

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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 Washington Early Intervention Program. 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 Early Intervention Program at 1 877 376 9316. 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 SPAP and 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 1-888-901-4600 (TTY users call 711) or visit [www.Medicare.gov](http://www.Medicare.gov).

## SECTION 5 Questions?

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### Get Help from our plan

- **Call Member Services at 1-888-901-4600. (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 a notice once the *Evidence of Coverage* for your group's 2026 contract period is posted online 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](https://www.kp.org)**

Our website has the most up-to-date information about our provider network (*Provider Directory/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.

### Get 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).

Call SHIBA to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHIBA at 1-800-562-6900 (TTY users should call 1-360-586-0241). Learn more about SHIBA by visiting <https://www.insurance.wa.gov/shiba>.

### 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](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://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](https://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](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



## Kaiser Permanente Medicare Advantage Member Services

Method	Member Services – Contact Information
Call	<b>1-888-901-4600</b> Calls to this number are free. 7 days a week, 8 a.m. to 8 p.m. Member Services 1-888-901-4600 (TTY users call 711) also has free language interpreter services available for non-English speakers.
TTY	<b>711</b>  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	<a href="https://kp.org">kp.org</a>