Kaiser Permanente Senior Advantage (HMO) offered by Kaiser Foundation Health Plan, Inc., Northern and Southern California Regions

2022 Annual Notice of Changes for CalPERS

You are currently enrolled as a member of Kaiser Permanente Senior Advantage. Next year, there will be some changes to our plan's costs and benefits. This booklet tells about some of the changes effective January 1, 2022.

2022 changes

We're sending you this **Annual Notice of Changes** to tell you about changes effective January 1, 2022, for all Kaiser Permanente Senior Advantage CalPERS members, in accord with the Centers for Medicare & Medicaid Services (CMS) requirements and your group.

What to do now

1. **Ask:** Which changes apply to you?

   ☐ Check the changes to our benefits and costs to see if they affect you.

   - ♦ It's important to review your coverage now to make sure it will meet your needs next year.
   - ♦ Do the changes affect the services you use?
   - ♦ Look in Section 1 for information about benefit and cost changes for our plan.

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

   - ♦ Will your drugs be covered?
   - ♦ Are your drugs in a different tier, with different cost-sharing?
   - ♦ Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
   - ♦ Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
   - ♦ Look in Section 1.6 for information about changes to our drug coverage.
   - ♦ Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices, visit **go.medicare.gov/drugprices**, and click the "dashboards" link in the middle of the second Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year

drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- ☐ Check to see if your doctors and other providers will be in our network next year.
  - ♦ Are your doctors, including specialists you see regularly, in our network?
  - ♦ What about the hospitals or other providers you use?
  - ♦ Look in Section 1.3 for information about our **Provider Directory**.

If you decide to change plans in 2022:

- 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

- This document is available for free in Spanish. Please contact our Member Services number at **1-800-443-0815** for additional information. (TTY users should call **711**.) Hours are 8 a.m. to 8 p.m., 7 days a week.
- Este documento está disponible de forma gratuita en español. Si desea información adicional, por favor llame al número de nuestro Servicio a los Miembros al **1-800-443-0815** (los usuarios de la línea TTY deben llamar al **711**). El horario es de 8 a. m. a 8 p. m., los 7 días de la semana.
- This document is available in braille, large print, or CD 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 Senior 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** says "we," "us," or "our," it means Kaiser Foundation Health Plan, Inc., Northern and Southern California Regions (Health Plan). When it says "plan" or "our plan," it means Kaiser Permanente Senior Advantage (Senior Advantage).

Annual Notice of Changes

Table of Contents

Section 1 — Changes to benefits and 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.

- 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

To protect you, Medicare requires all health plans to limit how much you pay "out-of-pocket" during the year. This limit is called the "maximum out-of-pocket amount." Once you reach this amount, you generally pay nothing for covered Part A and Part B services (and other health care services not covered by Medicare as described in Chapter 4 of the **Evidence of Coverage**) for the rest of the year.

Cost	2021 (this year)	2022 (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.	**$1,500**	**$1,500** 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 network

There are changes to our network of providers for next year. Early in October 2021, we will post our 2022 **Provider Directory** on our website at **kp.org/directory**. You may also call Member Services for updated provider information or to ask us to mail you a **Provider Directory**. Please review our 2022 **Provider Directory** to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan, but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment, you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 1.4 – Changes to the pharmacy network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. Early in October 2021, we will post our 2022 **Pharmacy Directory** on our website at **kp.org/directory**. You may also call Member Services for updated pharmacy information or to ask us to mail you a **Pharmacy Directory**. Please review our 2022 **Pharmacy Directory** to see which pharmacies are in our network.

Section 1.5 – Changes to benefits and costs for medical services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, "Medical Benefits Chart (what is covered and what you pay)," in your **Evidence of Coverage**.

Cost	2021 (this year)	2022 (next year)
Home medical care not covered by Medicare (Advanced Care at Home) - This change only applies to Northern California members who live in Contra Costa and Solano counties 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 and post-acute care services in the home to support your recovery, including the following services and items **in accord with your home treatment plan**: • 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. • Meals while receiving acute care in the home.	Not covered.	You pay **$0** when prescribed as part of your home treatment plan, otherwise not covered (see the **Evidence of Coverage** for details).
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, labs, and EKGs, outpatient hospital services, durable medical equipment (DME), and medical supplies.	You pay the applicable cost-sharing described in your **Evidence of Coverage**, Chapter 4, Medical Benefits Chart.	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).

Cost	2021 (this year)	2022 (next year)
Dental services – pre-transplant Certain dental services not covered by Medicare necessary to ensure the oral cavity is clear of infection prior to being placed on the transplant wait list. (Refer to the **Evidence of Coverage** for the full list of covered dental services.)	Not covered.	You pay the cost share required for services provided by a plan provider as described in your **Evidence of Coverage**.
Fitness benefit (the Silver&Fit® Healthy Aging and Exercise 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.	You pay **$0** for all of the following: • A standard gym membership. • Two home fitness kits from a variety of kits.	You pay **$0** for all of the following: • A standard gym membership. • A choice of one home fitness kit from a variety of kits.
House calls (Physician visit) By a network physician (or network provider who is a registered nurse) inside our service area when care can best be provided in your home as determined by a network provider.	**$0**	You pay **$10** per visit.

Section 1.6 – Changes to Part D prescription drug coverage

Changes to our Drug List

Our list of covered drugs is called a formulary, or Drug List. A copy of our Drug List is provided electronically at **kp.org/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.

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

- Work with your doctor (or other prescriber) and ask the plan to make an exception to cover the drug. We encourage current members to ask for an exception before next year.

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

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, Section 5.2 of the **Evidence of Coverage**.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

Note: Certain drugs have been removed from our 2022 Drug List. If your drug has been removed from our Drug List, you can discuss with your physician if there are other drugs on our Drug List that will work for you. If your physician determines that the other drugs will not work for you, you or your physician can request that we make a formulary exception. If we approve your request, you will pay the cost-sharing applicable to brand-name drugs. In addition, if we approved a formulary exception for you during 2021, you or your physician will need to ask us for a formulary exception for 2022.

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

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

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 if you haven't received this rider by September 30, 2021, please call Member Services and ask for the "LIS Rider."

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

The information below shows the changes for next year to the first stage—the Initial Coverage Stage. (Most members do not reach the other stage—the Catastrophic Coverage Stage.) To get information about your costs in these stages, look at Chapter 6, Sections 5 and 7, in the **Evidence of Coverage**.

Changes to your cost-sharing in the Initial Coverage Stage

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

Stage	2021 (this year)	2022 (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.	Once you have paid **$6,550** out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).	Once you have paid **$7,050** out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The other drug coverage stage—the Catastrophic Coverage Stage—is for people with high drug costs. Most members do not reach the Catastrophic Coverage Stage. For information about your costs in this stage, look at Chapter 6, Section 7, in your **Evidence of Coverage**.

Section 2 — Deciding which plan to choose

Section 2.1 – 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 2.2 – 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 3 — Programs that offer free counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state. In California, the SHIP is called the Health Insurance Counseling and Advocacy Program (HICAP).

The Health Insurance Counseling and Advocacy Program is independent (not connected with any insurance company or health plan). It is a state program that gets money from the federal government to give free local health insurance counseling to people with Medicare. The Health Insurance Counseling and Advocacy Program 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 the Health Insurance Counseling and Advocacy Program at **1-800-434-0222** (TTY users should call **711**). You can learn more about the Health Insurance Counseling and Advocacy Program by visiting their website (**www.aging.ca.gov/HICAP/**).

Section 4 — Programs that help pay for prescription drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare**. People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
  - **1-800-MEDICARE** (**1-800-633-4227**). TTY users should call **1-877-486-2048**, 24 hours a day/7 days a week;
  - The Social Security office at **1-800-772-1213** between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call **1-800-325-0778** (applications); or
  - Your state Medicaid office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS**. The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/underinsured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the **California AIDS Drug Assistance Program (ADAP).** For information on eligibility criteria, covered drugs, or how to enroll in the program, please call the ADAP call center at **1-844-421-7050** between 8 a.m. and 5 p.m., Monday through Friday (excluding holidays).

Section 5 — Questions?

Section 5.1 – Getting help from our plan

Questions? We're here to help. Please call Member Services at **1-800-443-0815**. (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 2022 Evidence of Coverage (it has details about benefits and costs)

This **Annual Notice of Changes** gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 **Evidence of Coverage** for our plan. The **Evidence of Coverage** is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A notice that tells you where you can view your **Evidence of Coverage** online and how to order a print copy is included on the back of this booklet.

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 (**Kaiser Permanente 2022 Comprehensive Formulary/Drug List**). Note: 2022 plan documents will be posted on our website early in October 2021.

Section 5.2 – Getting help from Medicare

To get information directly from Medicare:

- **Call 1-800-MEDICARE (1-800-633-4227)**
  - You can call **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.
- **Visit the Medicare website**
  - You can visit the Medicare website (**www.medicare.gov**). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to **www.medicare.gov/plan-compare**).
- **Read Medicare & You 2022**
  - You can read the **Medicare & You** 2022 handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (**www.medicare.gov**) or by calling **1-800-MEDICARE** (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

KAISER PERMANENTE®

Kaiser Permanente Senior Advantage Member Services

METHOD	Member Services – contact information
CALL	**1-800-443-0815** 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	Member Services office located at a network facility (refer to our **Provider Directory** for locations).
WEBSITE	**kp.org**

Notice of nondiscrimination

Kaiser Permanente complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. We also:

- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters.
  - Written information in other formats, such as large print, audio, and accessible electronic formats.
- Provide no cost language services to people whose primary language is not English, such as:
  - Qualified interpreters.
  - Information written in other languages.

If you need these services, call Member Services at **1-800-443-0815** (TTY **711**), 8 a.m. to 8 p.m., seven days a week.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator by writing to One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612 or calling Member Services at the number listed above. You can file a grievance by mail or phone. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

KAISER PERMANENTE®

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 **1-800-443-0815** (TTY: **711**).

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-443-0815** (TTY: **711**).

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 **1-800-443-0815**（TTY：**711**）。

Vietnamese
CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-443-0815** (TTY: **711**).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-443-0815** (TTY: **711**).

Korean
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

1-800-443-0815 (TTY: **711**)번으로 전화해 주십시오.

Armenian
ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-800-443-0815** (TTY (հեռատիպ)՝ **711**):

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-443-0815** (телетайп: **711**).

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。**1-800-443-0815**（TTY:**711**）まで、お電話にてご連絡ください。

Punjabi
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।

1-800-443-0815 (TTY: **711**) 'ਤੇ ਕਾਲ ਕਰੋ।

KAISER PERMANENTE®

Cambodian
ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល
គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ **1-800-443-0815** (TTY: **711**)។

Hmong
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.
Hu rau **1-800-443-0815** (TTY: **711**).

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-800-443-0815 (TTY: **711**) पर कॉल करें।

Thai
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-800-443-0815**
(TTY: **711**).

Farsi
توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-800-443-0815** (TTY: **711**) تماس بگیرید.

Arabic
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم - **1-800-443-0815** (رقم هاتف الصم والبكم: -**711**).

Plan information

Provider directories

If you need help finding a network provider or pharmacy, please visit **kp.org/directory** to search our online directory (Note: the 2022 directories will be available online starting 10/15/2021 in accord with Medicare requirements).

To get a Provider Directory or a Pharmacy Directory mailed to you, you can call Kaiser Permanente at **1-800-443-0815** (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 (Note: the 2022 formulary will be available online starting 10/15/2021 in accord with Medicare requirements) at **kp.org/seniorrx**.

To get a formulary mailed to you, you can call Kaiser Permanente at **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

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 **kp.org/CalPERS** to view your EOC online (Note: the 2022 EOC for CalPERS will be available online by 8/20/2021 in accord with Medicare requirements).

To get an EOC mailed to you, you can call Kaiser Permanente at **1-800-443-0815** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.