January 1–December 31, 2026

2026
Summary of Benefits

Kaiser Permanente Senior Advantage Bronze DM Plan (HMO-POS),
Kaiser Permanente Senior Advantage Core DM Plan (HMO),
Kaiser Permanente Senior Advantage Silver DM Plan (HMO-POS), and
Kaiser Permanente Senior Advantage Gold Plan (HMO-POS)

Denver Metropolitan service area

H0630_26SB13151625_M
PBP #: 013, 015, 016 & 025
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About this Summary of Benefits

Thank you for considering Kaiser Permanente Senior 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 benefits (Advantage Plus)
- Additional benefits, including Point-of-Service (POS) benefits for Bronze, Silver, and Gold plan members
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care
- Medicare prescription payment plan

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 4 Kaiser Permanente Senior Advantage plans, Bronze DM (referred to in this document as the “Bronze plan”), Core DM (referred to in this document as the “Core plan”), Silver DM (referred to in this document as the “Silver plan”) and Gold Plan. 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/eocco** or ask for a copy from Member Services by calling **1-800-476-2167** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Kaiser Permanente Senior Advantage Bronze, Silver and Gold plans have a Point-of-Service (POS) benefit. “Point-of-Service” means you can use providers outside the plan’s network for certain services. Not all services are covered under POS. Covered services under POS are noted in the “Additional benefits” section and also in your **EOC**.

Have questions?

- If you’re not a member, please call **1-877-408-3492** (TTY **711**).
- If you’re a member, please call Member Services at **1-800-476-2167** (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	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
Monthly plan premium	**$0**	**$0** Also, your Medicare Part B premium may be reduced by **$7** per month.	**$45**	**$189**
Deductible	**$0**	**$0**	**$0**	**$0**
Your maximum out-of-pocket responsibility Doesn't include Medicare Part D drugs.	**$5,900**	**$3,800**	**$3,000**	**$2,900**
Inpatient hospital services*† There's no limit to the number of medically necessary inpatient hospital days.	**$350** per day for days 1–6 of your stay and **$0** for the rest of your stay	**$245** per day for days 1–6 of your stay and **$0** for the rest of your stay	**$225** per day for days 1–6 of your stay and **$0** for the rest of your stay	**$215** per day for days 1–6 of your stay and **$0** for the rest of your stay
Outpatient hospital services*†	**$350** per visit	**$245** per visit	**$225** per visit	**$215** per visit
Ambulatory Surgical Center (ASC)*†	**$185** per visit	**$135** per visit	**$100** per visit	**$125** per visit
Doctor's visits • Primary care providers	**$0**	**$0**	**$0**	**$0**
• Specialists*	**$35** per visit	**$20** per visit	**$15** per visit	**$15** per visit
Preventive care • Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Bone mass measurements • Cardiovascular disease screenings	**$0** Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of	**$0** Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of	**$0** Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of	**$0** Any additional preventive services approved by Medicare during the contract year will be covered. See your **EOC** for frequency of

Benefits and premiums	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay

• Cardiovascular disease (behavioral therapy)
• Cervical & vaginal cancer screenings
• Colorectal cancer screenings
  ○ Blood-based biomarker tests
  ○ Colonoscopies
  ○ Computed tomography (CT) colonography
  ○ Fecal occult blood tests
  ○ Flexible sigmoidoscopies
  ○ Multi-target stool DNA tests
• Counseling to prevent tobacco use & tobacco-caused disease
• Depression screenings
• Diabetes screenings
• Diabetes self-management training
• Glaucoma screenings
• Hepatitis B shots
• Hepatitis B Virus (HBV) infection screenings
• Hepatitis C virus screenings
• HIV screenings
• Lung cancer screenings
• Mammograms (screening)
• Medical nutrition therapy services
• Medicare Diabetes Prevention Program
• Obesity behavioral therapy
• One-time “Welcome to Medicare” preventive visit
	covered services.	covered services.	covered services.	covered services.

Benefits and premiums	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay

• Pre-exposure prophylaxis (PrEP) for HIV prevention
• Prostate cancer screenings
• Sexually transmitted infections screenings & counseling
• Shots:
  ○ COVID-19 vaccines
  ○ Flu shots
  ○ Hepatitis B shots
  ○ Pneumococcal shots
• Yearly “Wellness” visit				

Emergency care We cover emergency care anywhere in the world.	**$130** per Emergency Department visit	**$130** per Emergency Department visit	**$150** per Emergency Department visit	**$150** per Emergency Department visit
Urgently needed services We cover urgent care anywhere in the world.	**$40** per visit	**$30** per visit	**$30** per visit	**$35** per visit
Diagnostic services, lab, and imaging* • Lab tests† • Diagnostic tests and procedures (like EKG)†	**$0**	**$0**	**$0**	**$0**
• X-rays	**$0**	**$0**	**$0**	**$0**
• Ultrasounds†	**$80** per ultrasound	**$40** per ultrasound	**$35** per ultrasound	**$45** per ultrasound
• Other imaging procedures (like MRI, CT, and PET)†	**$350** per procedure, per body part studied	**$280** per procedure, per body part studied	**$275** per procedure, per body part studied	**$230** per procedure, per body part studied
Hearing services • Evaluations to diagnose medical conditions • Routine hearing exams • Hearing aid fitting or evaluation exam	**$0**	**$0**	**$0**	**$0**

Benefits and premiums	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
• Hearing aid allowance every two years to purchase hearing aids* Note: This hearing aid benefit may not be available next year. Note: If you sign up for optional benefits, the allowance is combined (see Advantage Plus Options 1 & 2 for details).	**$550 allowance** per ear If your hearing aid purchase is more than $550, you pay the difference.	**$550 allowance** per ear If your hearing aid purchase is more than $550, you pay the difference.	**$600 allowance** per ear If your hearing aid purchase is more than $600, you pay the difference.	**$500 allowance** per ear If your hearing aid purchase is more than $500, you pay the difference.
Dental services Preventive and comprehensive dental care provided by either Delta Dental Medicare Advantage PPO™ and/or Delta Dental Medicare Advantage Premier® dentists (see the **Provider Directory** for network dentists): • Oral exam (limited to two oral exams per year) • Prophylaxis (limited to two cleanings per year) • Topical fluoride (once in 12 months) • Full mouth or panoramic X-rays (once per 60 months) • Bitewing X-rays (one set per 12 months) • Periapical X-rays (four per 12 months) • Occlusal X-rays (two per 12 months) • Pulp vitality tests Comprehensive covered services include, but are not limited to fillings, crowns, endodontics, and periodontics. Comprehensive services vary by plan. See coverage by plan to the right.	**$0** for preventive services up to the combined annual benefit limit specified below. **$0** for periodontal maintenance and scaling in presence of generalized moderate or severe gingival inflammation and palliative treatment of dental pain. **50%** coinsurance for comprehensive services, including fillings, crowns, extractions, dentures, bridges, endodontics, and periodontics until the plan has paid **$2,000 (combined annual benefit limit)** for preventive and	**$0** for preventive services up to the combined annual benefit limit specified below. **$0** for periodontal maintenance and scaling in presence of generalized moderate or severe gingival inflammation and palliative treatment of dental pain. **50%** coinsurance for comprehensive services, including fillings, endodontics, periodontics and adjunctive services until the plan has paid **$1,000 (combined annual benefit limit)** for preventive and comprehensive services. When you reach the $1,000	**$0** for preventive services up to the combined annual benefit limit specified below. **$0** for periodontal maintenance and scaling in presence of generalized moderate or severe gingival inflammation and palliative treatment of dental pain. **50%** coinsurance for comprehensive services, including fillings, crowns, extractions, dentures, bridges, endodontics, and periodontics until the plan has paid **$1,500 (combined annual benefit limit)** for preventive and	**$0** for preventive services up to the combined annual benefit limit specified below. **$0** for periodontal maintenance and scaling in presence of generalized moderate or severe gingival inflammation and palliative treatment of dental pain. **50%** coinsurance for comprehensive services, including fillings, crowns, extractions, dentures, bridges, endodontics, and periodontics until the plan has paid **$1,500 (combined annual benefit limit)** for preventive and

Benefits and premiums	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
A summary of comprehensive services is listed in the **EOC**. For more information, visit **kp.org/seniorhealth/extras**. Note: If you sign up for optional benefits, you receive additional comprehensive dental coverage (see Advantage Plus Option 1 for details).	comprehensive services. When you reach the $2,000 combined annual benefit limit, you pay **100%** for the rest of the year.	combined annual benefit limit, you pay **100%** for the rest of the year.	comprehensive services. When you reach the $1,500 combined annual benefit limit, you pay **100%** for the rest of the year.	comprehensive services. When you reach the $1,500 combined annual benefit limit, you pay **100%** for the rest of the year.
Vision services • Visits to diagnose and treat eye diseases and conditions • Preventive glaucoma screening • Routine eye exams	**$0**	**$0**	**$0**	**$0**
• Eyeglasses or contact lenses after cataract surgery	**$0** up to Medicare's limit, but you pay any amounts beyond that limit	**$0** up to Medicare's limit, but you pay any amounts beyond that limit	**$0** up to Medicare's limit, but you pay any amounts beyond that limit	**$0** up to Medicare's limit, but you pay any amounts beyond that limit
• Other eyewear Note: If you sign up for optional benefits, the allowance is combined (see Advantage Plus Option 1 for details).	**$500 allowance** every 12 months. If your eyewear costs more than $500, you pay the difference.	**$400 allowance** every 12 months. If your eyewear costs more than $400, you pay the difference.	**$450 allowance** every 12 months. If your eyewear costs more than $450, you pay the difference.	**$350 allowance** every 12 months. If your eyewear costs more than $350, you pay the difference.
Mental health services • Inpatient mental health*†	You pay **$350** per day for days 1–6 (**$0** for the rest of your stay).	You pay **$245** per day for days 1–6 (**$0** for the rest of your stay).	You pay **$225** per day for days 1–6 (**$0** for the rest of your stay).	You pay **$215** per day for days 1–6 (**$0** for the rest of your stay).
• Outpatient group therapy	**$5** per visit	**$5** per visit	**$0**	**$0**
• Outpatient individual therapy	**$10** per visit	**$10** per visit	**$5** per visit	**$5** per visit
Skilled nursing facility*†	**Per benefit period:**	**Per benefit period:**	**Per benefit period:**	**Per benefit period:**

Benefits and premiums	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
We cover up to 100 days per benefit period.	• **$0** per day for days 1–20 • **$203** per day for days 21–50 • **$0** per day for days 51–100	• **$0** per day for days 1–20 • **$203** per day for days 21–39 • **$0** per day for days 40–100	• **$0** per day for days 1–20 • **$203** per day for days 21–35 • **$0** per day for days 36–100	• **$0** per day for days 1–10 • **$20** per day for days 11–100
Physical therapy*	**$25** per visit	**$10** per visit	**$10** per visit	**$10** per visit
Ambulance†	**$350** per one-way trip	**$325** per one-way trip	**$300** per one-way trip	**$250** per one-way trip
Transportation We cover a certain amount of one-way trips per calendar year as noted on the right (limited to 65 miles one-way) to get you to or from a plan provider when provided by our transportation provider. For more information, visit **kp.org/seniorhealth/extras**. Note: If you sign up for optional benefits, the number of trips is combined (see Advantage Plus Option 2 for details).	**$0** for up to 18 one-way trips per calendar year to get you to and from plan providers.	**$0** for up to 12 one-way trips per calendar year to get you to and from plan providers.	**$0** for up to 26 one-way trips per calendar year to get you to and from plan providers.	**$0** for up to 40 one-way trips per calendar year to get you to and from plan providers.
Medicare Part B drugs† Medicare Part B drugs are covered when you get them from a plan provider. See the **EOC** for details and the **Pharmacy Directory** for preferred and standard plan pharmacy locations. • Drugs that must be administered by a health care professional	**0%–20%** coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.	**0%–20%** coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.	**0%–20%** coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.	**0%–20%** coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.
• Up to a 30-day supply of a generic drug	• **$7** at a preferred plan pharmacy.	• **$3** at a preferred plan pharmacy.	• **$0** at a preferred plan pharmacy.	• **$0** at a preferred plan pharmacy.

Benefits and premiums	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
	• **$20** at a standard plan pharmacy.	• **$20** at a standard plan pharmacy.	• **$20** at a standard plan pharmacy.	• **$20** at a standard plan pharmacy.
• Up to a 30-day supply of a brand-name drug	• **$45** at a preferred plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME. • **$47** at a standard plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME.	• **$45** at a preferred plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME. • **$47** at a standard plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME.	• **$45** at a preferred plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME. • **$47** at a standard plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME.	• **$45** at a preferred plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME. • **$47** at a standard plan pharmacy, except you pay **$35** for Part B insulin drugs furnished through an item of DME.

Medicare Part D prescription drug coverage†

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

- The plan you enroll in (Bronze, Core, Silver or Gold).
- 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/seniorrx** or call Member Services to ask for a copy at **1-800-476-2167 (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.
- The type of plan pharmacy that fills your prescription (preferred pharmacy, standard pharmacy, or our mail-order pharmacy). To find our pharmacy locations, see the **Pharmacy Directory** at **kp.org/directory**. Note: Not all drugs can be mailed.
- The coverage stage you're in (deductible, initial coverage or catastrophic coverage stages).

Note: Medicare provides Extra Help to pay prescription drug costs for people who have limited income and resources. If you are entitled to Extra Help, the cost-sharing below may not apply to you; instead, please refer to the **Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs**.

Deductible stage

Because we have no deductible, this payment stage does not apply to you 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 out-of-pocket costs reach **$2,100**. If you reach the $2,100 limit in 2026, you move on to the catastrophic stage and your coverage changes.

Drug tier	Retail plan pharmacy					
	Up to a 30-day supply		31- to 60-day supply		61- to 90-day supply	
	Preferred pharmacy	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**	**Preferred pharmacy**	**Standard pharmacy**
Tier 1 (Preferred generic)	**$0**	**$15**	**$0**	**$30**	**$0**	**$45**
Tier 2 (Generic) • **Bronze** plan members	**$7**	**$20**	**$14**	**$40**	**$21**	**$60**
• **Core** plan members	**$3**	**$20**	**$6**	**$40**	**$9**	**$60**
• **Silver** and **Gold** plan members	**$0**	**$20**	**$0**	**$40**	**$0**	**$60**
Tier 3 (Preferred brand-name)	**$45**	**$47**	**$90**	**$94**	**$135**	**$141**
Tier 4 (Nonpreferred)	**$90**	**$100**	**$180**	**$200**	**$270**	**$300**
Tier 5 (Specialty-tier)	**33%**					
Tier 6* (Injectable Part D vaccines)	**$0**		**N/A**			

*Our plan covers most Injectable Part D vaccines at no cost to you.

Drug tier	Mail-order plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 90-day supply
Tier 1 (Preferred generic)	**$0**		
Tier 2 (Generic)	**$0**		

Drug tier	Mail-order plan pharmacy		
	Up to a 30-day supply	31- to 60-day supply	61- to 90-day supply
Tier 3 (Preferred brand-name) • **Bronze, Silver** and **Gold** plan members	**$45**	**$90**	**$135**
• **Core** plan members	**$45**	**$90**	
Tier 4 (Nonpreferred)	**$90**	**$180**	**$270**
Tier 5 (Specialty-tier)	**33%**		

Note: Tier 6 (Injectable Part D vaccines) are not available through mail order.

Important message about what you pay for insulin: You won't pay more than **$35** for up to a one-month supply, **$70** for up to a two-month supply or **$105** for up to a three-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic coverage stage

If you or others on your behalf spend **$2,100** on your Part D prescription drugs in 2026, you'll enter the catastrophic coverage stage. Most people never reach this stage, but if you do, you pay nothing for covered Part D drugs in 2026.

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 preferred 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 standard 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.

Advantage Plus (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy one or both optional supplemental benefit packages. We call the packages Advantage Plus Option 1 and Advantage Plus Option 2. The packages give you extra coverage for an additional monthly cost that's added to your monthly plan premium. See the **Evidence of Coverage** for details.

*Your plan provider may need to provide a referral.

Advantage Plus Option 1 benefits and premium	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
Additional monthly premium	**$45**	**$45**	**$45**	**$45**

Advantage Plus Option 1 benefits and premium	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
Eyewear An additional **$200** allowance to buy eyewear every 12 months.	A **$200** allowance is added to the **$500** allowance described in "Vision services" above. If your eyewear costs more than the combined allowance of **$700**, you pay the difference.	A **$200** allowance is added to the **$400** allowance described in "Vision services" above. If your eyewear costs more than the combined allowance of **$600**, you pay the difference.	A **$200** allowance is added to the **$450** allowance described in "Vision services" above. If your eyewear costs more than the combined allowance of **$650**, you pay the difference.	A **$200** allowance is added to the **$350** allowance described in "Vision services" above. If your eyewear costs more than the combined allowance of **$550**, you pay the difference.
Hearing aids* **$500** allowance to buy 1 aid per ear every 2 years. Note: This hearing aid benefit may not be available next year. Note: If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is **$1,000** per ear, which is added to the allowance described in "Hearing services."	A **$500** allowance is added to the **$550** allowance described in "Hearing services" above. the combined allowance of **$1,050** per ear, you pay the difference.	A **$500** allowance is added to the **$550** allowance described in "Hearing services" above. the combined allowance of **$1,050** per ear, you pay the difference.	A **$500** allowance is added to the **$600** allowance described in "Hearing services" above. the combined allowance of **$1,100** per ear, you pay the difference.	A **$500** allowance is added to the **$500** allowance described in "Hearing services" above. the combined allowance of **$1,000** per ear, you pay the difference.
Comprehensive dental care Covered services include, but are not limited to fillings, crowns, extractions, bridges, endodontics, periodontics, implants and dentures when provided by either Delta Dental Medicare Advantage PPO™ and/or Delta Dental Medicare Advantage Premier® dentists (see the **Provider Directory** for network dentists): • Additional annual benefit limit: **$1,000** Note: Advantage Plus adds extra coverage on top of the benefits described in	A **$1,000** allowance is added to your **$2,000** allowance described in "Dental services" above. When you reach the **$3,000 combined annual benefit limit** for preventive and comprehensive dental care provided by Delta Dental Medicare Advantage PPO™ and/or Delta Dental Medicare Advantage	A **$1,000** allowance is added to your **$1,000** allowance described in "Dental services" above. When you reach the **$2,000 combined annual benefit limit** for preventive and comprehensive dental care provided by Delta Dental Medicare Advantage PPO™ and/or Delta Dental Medicare Advantage	A **$1,000** allowance is added to your **$1,500** allowance described in "Dental services" above. When you reach the **$2,500 combined annual benefit limit** for preventive and comprehensive dental care provided by Delta Dental Medicare Advantage PPO™ and/or Delta Dental Medicare Advantage	A **$1,000** allowance is added to your **$1,500** allowance described in "Dental services" above. When you reach the **$2,500 combined annual benefit limit** for preventive and comprehensive dental care provided by Delta Dental Medicare Advantage PPO™ and/or Delta Dental Medicare Advantage

Advantage Plus Option 1 benefits and premium	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
"Dental services" above. The benefit limits combine, as shown on the right. A summary of comprehensive services is listed in the **EOC.** For more information, visit **kp.org/seniorhealth/extras**.	Premier® dentists, you pay **100%** for the rest of the year.	Premier® dentists, you pay **100%** for the rest of the year.	Premier® dentists, you pay **100%** for the rest of the year.	Premier® dentists, you pay **100%** for the rest of the year.
• Comprehensive services	**50%** coinsurance for comprehensive dental services up to the combined annual benefit limit.	**50%** coinsurance for comprehensive dental services up to the combined annual benefit limit.	**50%** coinsurance for comprehensive dental services up to the combined annual benefit limit.	**50%** coinsurance for comprehensive dental services up to the combined annual benefit limit.

Advantage Plus Option 2 benefits and premium	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
Additional monthly premium	**$20**	**$20**	**$20**	**$20**
Acupuncture 16 visits per calendar year	**$15** per visit	**$15** per visit	**$15** per visit	**$15** per visit
Hearing aids* **$500** allowance to buy 1 aid per ear every 2 years. Note: This hearing aid benefit may not be available next year. Note: If you enroll in both Advantage Plus options (Option 1 and Option 2), the allowance is **$1,000** per ear, which is added to the allowance described in "Hearing services."	A **$500** allowance is added to the **$550** allowance described in "Hearing services" above. If your hearing aid costs more than **$1,050** per ear, you pay the difference.	A **$500** allowance is added to the **$550** allowance described in "Hearing services" above. If your hearing aid costs more than **$1,050** per ear, you pay the difference.	A **$500** allowance is added to the **$600** allowance described in "Hearing services" above. If your hearing aid costs more than **$1,100** per ear, you pay the difference.	A **$500** allowance is added to the **$500** allowance described in "Hearing services" above. If your hearing aid costs more than **$1,000** per ear, you pay the difference.
Transportation We cover up to 20 one-way trips per calendar year (limited to 65 miles one-way) to get you to or from a plan provider when	**$0** This benefit and the benefit described in "Transportation" are combined to	**$0** This benefit and the benefit described in "Transportation" are combined to	**$0** This benefit and the benefit described in "Transportation" are combined to	**$0** This benefit and the benefit described in "Transportation" are combined to

Advantage Plus Option 2 benefits and premium	With our **Bronze Plan**, you pay	With our **Core Plan**, you pay	With our **Silver Plan**, you pay	With our **Gold Plan**, you pay
provided by our transportation provider. For more information, visit **kp.org/seniorhealth/extras**.	give you 38 one-way trips per calendar year.	give you 32 one-way trips per calendar year.	give you 46 one-way trips per calendar year.	give you 60 one-way trips per calendar year.
In-home-support We cover up to 60 hours of non-medical, in-home support services per year to address assistance with ADLs and IADLs within the home. Each visit must be at least 3 hours and there is a maximum of 8 hours per shift. For more information, visit **kp.org/seniorhealth/extras**.	**$0** 60 hours of support per year	**$0** 60 hours of support per year	**$0** 60 hours of support per year	**$0** 60 hours of support per year

Additional benefits

*Your plan provider may need to provide a referral.

†Prior authorization may be required.

These benefits are available to you as a plan member:	**You pay**
Fitness benefit – One Pass™ You have access to the One Pass complete fitness program for the body and mind. One Pass includes: • A large premium gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location. • Live, on-demand, and digital fitness programs at home. • Social clubs and activities available on the One Pass member website and mobile app. • One home fitness kit annually for strength, yoga, or dance. • Online brain health cognitive training programs. For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit	**$0**

These benefits are available to you as a plan member:	You pay
www.YourOnePass.com or call **1-877-614-0618** (TTY **711**), Monday through Friday, 7 a.m. to 8 p.m.	
Home medical care not covered by Medicare (Advanced Care at Home)*† We cover 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. Prior authorization and referral required. See the **EOC** for details.	**$0** when prescribed as part of your home treatment plan, otherwise you pay the applicable cost share
Medicare Explorer by Kaiser Permanente (point-of-service supplemental benefit) for Bronze, Silver, and Gold plan members only If you travel outside any Kaiser Permanente service area, but inside the United States or its territories, we cover preventive, routine, follow-up, or continuing care office visits obtained from out-of-network Medicare providers not to exceed a benefit maximum of **$1,000** in covered plan charges per calendar year. Covered services, include, but are not limited to: • Preventive services covered at **$0** under Original Medicare. • Primary care and specialty care visits. • Outpatient diagnostic tests and services. • X-rays and ultrasounds. • Mental health care outpatient visits. • Medicare Part B drugs. For coverage details, including a full list of covered services, how to locate an eligible provider, how to schedule an appointment, claims, and how to determine if you are outside a Kaiser Permanente service area, please see Chapter 4, Section 2.2, in the **Evidence of Coverage**.	**Bronze, Silver, and Gold plan members:** You pay the following up to the **$1,000** annual benefit limit: • **$80** per ultrasound for Bronze plan members, **$35** per ultrasound for Silver plan members, and **$45** per ultrasound for Gold plan members. • **$35** per specialty care visit for Bronze plan members, **$15** per specialty care visit for Silver or Gold plan members. • **$35** per individual specialty care visit and **$0** per group visit for cardiac rehabilitation and intensive cardiac rehabilitation for Bronze plan members, **$15** per individual specialty care visit and **$0** per group visit for cardiac rehabilitation and intensive cardiac rehabilitation for Silver or Gold plan members. • **$35** per kidney disease education specialty care visit and **$0** per kidney disease education primary care visit for Bronze plan members, **$15** per kidney disease education specialty care visit and **$0** per kidney disease education primary care visit for Silver or Gold plan members. • **$35** per specialty care visit and **$0** per primary care visit for other healthcare professionals for Bronze plan members, **$15** per specialty care visit and **$0** per primary care visit for other healthcare professionals for Silver or Gold plan members. • **$35** per opioid treatment program services visit for Bronze plan members, **$15** per opioid treatment program services for Silver or Gold plan members.

These benefits are available to you as a plan member:	You pay
	• **$35** per podiatry visit for Bronze plan members, **$15** per podiatry visit for Silver or Gold plan members. • **$25** per visit for physical, speech, and occupational therapy for Bronze plan members and **$10** per visit for physical, speech, and occupational therapy for Silver or Gold plan members. • **$15** per chiropractic visit for Bronze or Gold plan members, and **$20** per chiropractic visits for Silver plan members. • **$10** per individual therapy visit and **$5** per group therapy visit for mental health, psychiatric and substance abuse care for Bronze plan members, and **$5** per individual therapy visit and **$0** per group therapy visit for mental health, psychiatric and substance abuse care for Silver or Gold plan members. • **$5** per visit for pulmonary rehabilitation. • **$0** for primary care visits. • **$0** for lab tests, and diagnostic tests. • **$0** per X-ray. • **$0** for preventive care visits. • **$0** for blood, including storage and administration. • **$0** for annual physical exams. • **$0** for diabetes self-management training. • **$0** for Medicare-covered hearing exams. • **$0** for Medicare-covered ophthalmology services. • You pay **0%–20% of physician allowed charges** for Medicare Part B drugs administered in an office or clinic. Some drugs may be less than **20**% if those drugs are determined to exceed the amount of inflation. Once you reach the maximum plan benefit coverage amount of **$1,000** per calendar year, you pay any amounts that exceed the benefit maximum.
Over-the-counter (OTC) items You will receive a preloaded healthy extras card with the quarterly benefit limit listed on the right to purchase eligible OTC items online and at participating retail stores. Your card will be reloaded on January 1, April 1, July 1, and	**$0** up to the quarterly benefit limit for your plan: • **$40** for Bronze plan members. • **$25** for Core plan members. • **$30** for Silver plan members. • **$35** for Gold plan members.

These benefits are available to you as a plan member:	You pay
October 1. Any unused portion of the quarterly benefit limit doesn't roll over to the next quarter. For more information, please see the **EOC**, visit **mybenefitscenter.com**, or call **1-833-365-7674** (TTY **711**), 7 days a week, 6 a.m. to 6 p.m. MST.	

Out-of-network/non-contracted providers are not required to treat plan members, except in emergency situations. Please call our customer service number or see your **Evidence of Coverage** for more information, including the cost-sharing that applies to out-of-network services.

Member discounts for products and services

Kaiser Permanente partners with leading companies to support your health, safety, and well-being — and offer substantial savings and discounts.

Lively™ Mobile Plus

Get a personal emergency response system that provides 24/7 help with the push of a button. Receive a reduced one-time device fee and choice of two monthly service plans (coverage limits may apply). Visit **greatcall.com/KP** or call **1-800-205-6548** (TTY **711**) for more information.

CareLinx

Kaiser Permanente has partnered with CareLinx to provide you with a discount for purchasing non-medical, in-home help with daily activities. Your caregiver can help you live an independent lifestyle in your own home by assisting with personal care, meal preparation, companionship and more. Visit **carelinx.com/kp-affinity** or call toll-free **1-844-636-4592** Monday-Friday, 7 a.m. – 6 p.m. MST, and on weekends, 9 a.m.– 5 p.m. MST.

Comfort Keepers® in-home care and assistance

In-home care services to help you maintain independence at home with everything from 24-hour care, respite and personal care, meal preparation, and light housekeeping. Receive a discount on all services and get a free in-home safety assessment. Visit **comfortkeepers.com/kaiser-permanente** or call **1-800-611-9689** (TTY **711**) for more information.

Mom's Meals® healthy meal delivery

Getting the right nutrition is essential to achieving and maintaining good health. Receive delivery of refrigerated ready-to-heat-and-eat meals to homes nationwide. Crafted by chefs and registered dietitians, meals are medically tailored to support most major chronic conditions and overall wellness. Kaiser Permanente members enjoy discounted pricing and free shipping from Mom's Meals. Visit **www.momsmealsnc.com/kp/home.aspx** or call **1-866-224-9483** (TTY **711**) for more information.

Kaiser Permanente members may continue to use or select these products or services from any company of their choice but Kaiser Permanente discounts are only available with the partner listed above. The products and services described above are neither offered nor guaranteed under our contract with the Medicare program. In addition, they are not subject to the Medicare appeals process. Any disputes regarding these products and services may be subject to the Kaiser Permanente Senior Advantage

grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies.

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 live in the service area for these plans, which includes all of Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, Jefferson and Park counties.

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
    - For Bronze, Silver, and Gold plan members only, care covered under the Medicare Explorer point-of-service benefit. See the **Evidence of Coverage** for details.
    - 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
    - Routine care from a Colorado Permanente Medical Group (CPMG) physician at a Kaiser Permanente medical office in our Northern or Southern Colorado service areas.

    Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. If you receive non-covered care or services, you must pay the full cost.

For details about coverage rules, including non-covered services (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** or **Pharmacy**

Directory at **kp.org/directory** or ask us to mail you a copy by calling Member Services at **1-800-476-2167** (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 **1-855-208-7221** (TTY **711**), weekdays 7 a.m. to 5:30 p.m. or at **kp.org**.

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.

Part B premium giveback

The Core DM plan offers a Medicare Part B premium reduction of **$7** per month. Depending on how you pay your Medicare Part B premium, your reduction may be reflected on your Medicare Part B premium statement or your Social Security check. To be eligible, members must pay their own Part B premiums. Medicare sometimes takes several months to issue the credit, but you will receive a full credit once it is issued.

Medicare prescription payment plan

The Medicare Prescription Payment Plan is a payment option that can help you manage your drug costs by spreading them out during the year as monthly payments. This program is available to anyone with Medicare Part D and works with your drug coverage. It can be especially helpful to people with high drug cost sharing earlier in the plan year and help manage out-of-pocket drug costs, but it doesn't save you money or lower your drug costs. Contact us or visit **medicare.gov** to learn more about this program.

Notices

Appeals and grievances

You can ask us to provide or pay for an item or service you think should be covered by submitting a claim to us within a specific time period that includes the date you received the item or service. 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** for details about the processes for making complaints and making coverage decisions and appeals, including fast or urgent decisions for drugs, services, or hospital care.

Privacy

We protect your privacy. See the **Evidence of Coverage** or view our **Notice of Privacy Practices** at **kp.org/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

It's the amount you must pay for 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.

HMO-POS

An HMO-POS plan is an HMO plan with a Point-of-Service (POS) benefit. "Point-of-Service" means you can use providers outside the plan's network for certain services.

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 Senior Advantage.

Plan premium

The amount you pay for your Senior 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.

Preferred pharmacy

A plan pharmacy where you can get your prescriptions at preferred copays. These pharmacies are usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is less than you pay at other plan pharmacies that only offer standard copays, which are referred to in this document as standard pharmacies.

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.

Standard pharmacy

A plan pharmacy where you can get your prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices (see the **Pharmacy Directory** for locations). The amount you pay at these pharmacies is more than you pay at plan pharmacies that only offer preferred copays, which are referred to in this document as preferred pharmacies.

Kaiser Permanente is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal. 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**.

NONDISCRIMINATION NOTICE

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

Kaiser Health Plan:

- Provides no-cost auxiliary 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 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 **1-800-632-9700** (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, ancestry, age, disability, sex,(including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, gender expression, and sex stereotypes), religion, creed, or marital status, you can file a grievance by mail at: Customer Experience Department, Attn: Kaiser Permanente Civil Rights Coordinator, 10350 E. Dakota Ave, Denver, CO 80247, or by phone at Member Services **1-800-632-9700** (TTY **711**).

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**, (TTY **1-800-537-7697**). Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

This notice is available at

https://healthy.kaiserpermanente.org/colorado/language-assistance/nondiscrimination-notice

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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 **1-800-632-9700** (TTY **711**).

አማርኛ (Amharic) ትኩረት፦ አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-632-9700** ይደውሉ (TTY **711**)።

العربية (Arabic) تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية بما في ذلك من وسائل المساعدة والخدمات المناسبة بالمجان. اتصل بالرقم **1-800-632-9700** (**TTY: 711**).

Ɓăsɔ́ɔ̀ Wùɖù (Bassa) Mbi sog: nia maa Ɓàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tsoŋ ni soŋ, niŋ ma kénŋɛn yɛ́, mbi èyɛm. Wɔ nàŋ **1-800-632-9700** (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 **1-800-632-9700**（TTY **711**）。

فارسی (Farsi) توجه: اگر به زبان فارسی صحبت می‌کنید، «تسهیلات زبانی»، از جمله کمک‌ها و خدمات پشتیبانی مناسب، به صورت رایگان در دسترس‌تان است با **1-800-632-9700** (TTY (تلفن متنی) **711**) تماس بگیرید.

Français (French) ATTENTION: si vous parlez français, des services d'assistance linguistique comprenant des aides et services auxiliaires appropriés, gratuits, sont à votre disposition. Appelez le **1-800-632-9700** (TTY **711**).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenz mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie **1-800-632-9700** an (TTY **711**).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na ị na-asụ Igbo, Ọrụ enyemaka nke asụsụ gụnyere udi enyemaka na ọrụ kwesịrị ekwesị, n'efu, dị nye gị. Kpọọ **1-800-632-9700** (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。**1-800-632-9700** 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. **1-800-632-9700** 로 전화해 주세요(TTY **711**).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę́', biniit'aa da beeso ndinish'aah t'aala'I bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih **1-800-632-9700** (TTY **711**).

नेपाली (Nepali) ध्यान दिनुहोस्: यदि तपाइँ नेपाली बोल्नुहुन्छ भने, उपयुक्त सहायक सहायता र सेवाहरू सहित भाषा सहायता सेवाहरू, नि:शुल्क उपलब्ध छन्। फोन **1-800-632-9700** (TTY: **711**).

Afaan Oromoo (Oromo) XIYYEEFFANNOO: Yoo Afaan Oromo dubbattu ta'e, Tajaajila gargaarsa afaanii, gargaarsota dabalataa fi tajaajiloota barbaachisoo kaffaltii irraa bilisa ta'an, isiniif ni jira. **1-800-632-9700** irratti bilbilaa (TTY **711**)

Русский (Russian) ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги языковой поддержки, включая соответствующие вспомогательные средства и услуги. Позвоните по номеру **1-800-632-9700** (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 **1-800-632-9700** (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 **1-800-632-9700** (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 **1-800-632-9700** (TTY **711**).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá ń sọ èdè Yorùbá, àwọn iṣẹ́ ìrànlọ́wọ́ èdè tó fi kún àwọn ohun èlò ìrànlọ́wọ́ tó yẹ àti àwọn iṣẹ́ láìsí ìdíyelé wà fún ọ. Pe **1-800-632-9700** (TTY **711**).

kp.org/medicare

Kaiser Foundation Health Plan of Colorado
10350 East Dakota Avenue
Denver, CO 80247