

# 2026 Summary of Benefits

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Kaiser Permanente Medicare Advantage Liberty Plan (HMO)

*This plan doesn't include Medicare Part D prescription drug coverage*



# About this Summary of Benefits

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

- Premiums
- Benefits and costs
- Optional supplemental benefits (Advantage Plus)
- Additional benefits
- Member discounts for products and services
- Who can enroll
- Coverage rules
- Getting care

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

## For more details

This document is a summary. 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/eocmas** or ask for a copy from Member Services by calling **1-888-777-5536 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

This plan does not include Medicare Part D prescription drug coverage. We also offer other plans that do include Part D drug coverage. If you'd like information about our other plans, call **1-877-408-8607 (TTY 711)**, 8 a.m. to 8 p.m., 7 days a week or go to **kp.org/medicare**.

### Have questions?

- If you're not a member, please call **1-877-408-8607 (TTY 711)**.
- If you're a member, please call Member Services at **1-888-777-5536 (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	You pay
<b>Monthly plan premium</b>	<b>\$0</b>
<b>Deductible</b>	<b>\$0</b>
<b>Your maximum out-of-pocket responsibility</b> Includes copays and other costs for medical services for the year.	<b>\$5,900</b>
<b>Inpatient hospital services*†</b> There's no limit to the number of medically necessary inpatient hospital days.	<b>\$295</b> per day for days 1–6 of your stay and <b>\$0</b> for the rest of your stay
<b>Outpatient hospital services*†</b>	<b>\$0–\$195</b> per visit
<b>Ambulatory Surgical Center (ASC)*†</b>	<b>\$195</b> per visit
<b>Doctor's visits</b> • Primary care providers	<b>\$15</b> per visit
• Specialists*†	<b>\$40</b> per visit
<b>Preventive care</b> • Abdominal aortic aneurysm screenings*† • Alcohol misuse screenings & counseling • Bone mass measurements*† • Cardiovascular disease screenings*† • 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	<b>\$0</b> Any additional preventive services approved by Medicare during the contract year will be covered. See your <b>EOC</b> for frequency of covered services.

Benefits and premiums	You pay
<ul style="list-style-type: none"> <li>• Glaucoma screenings</li> <li>• Hepatitis B shots</li> <li>• Hepatitis B Virus (HBV) infection screenings</li> <li>• Hepatitis C virus screenings</li> <li>• HIV screenings</li> <li>• Lung cancer screenings</li> <li>• Mammograms (screening)</li> <li>• Medical nutrition therapy services*†</li> <li>• Medicare Diabetes Prevention Program</li> <li>• Obesity behavioral therapy</li> <li>• One-time “Welcome to Medicare” preventive visit</li> <li>• Pre-exposure prophylaxis (PrEP) for HIV prevention</li> <li>• Prostate cancer screenings</li> <li>• Sexually transmitted infections screenings &amp; counseling</li> <li>• Shots: <ul style="list-style-type: none"> <li>○ COVID-19 vaccines</li> <li>○ Flu shots</li> <li>○ Hepatitis B shots</li> <li>○ Pneumococcal shots</li> </ul> </li> <li>• Yearly “Wellness” visit</li> </ul>	
<b>Emergency care</b> We cover emergency care anywhere in the world.	<b>\$130</b> per Emergency Department visit
<b>Urgently needed services</b> We cover urgent care anywhere in the world.	<b>\$40</b> per office visit
<b>Diagnostic services, lab, and imaging*†</b> <ul style="list-style-type: none"> <li>• Lab tests</li> <li>• Diagnostic tests and procedures (like EKG)</li> </ul>	<b>\$0</b>
<ul style="list-style-type: none"> <li>• X-rays</li> </ul>	<b>\$10</b> per visit
<ul style="list-style-type: none"> <li>• Ultrasounds</li> </ul>	<b>\$10</b> per procedure
<ul style="list-style-type: none"> <li>• Other imaging procedures (like MRI, CT, and PET)</li> </ul>	<b>\$150</b> per procedure
<b>Hearing services*†</b> <ul style="list-style-type: none"> <li>• Evaluations to diagnose medical conditions</li> </ul>	<b>\$40</b> per visit
<ul style="list-style-type: none"> <li>• Hearing aid fitting or evaluation exam</li> </ul>	<b>\$0</b>

Benefits and premiums	You pay
<ul style="list-style-type: none"> <li>Hearing aids (allowance per ear, every three years)</li> </ul> <p>Note: This hearing aid benefit may not be available next year.</p> <p>Note: If you sign up for optional benefits, you receive additional hearing benefits (see Advantage Plus for details).</p>	<p><b>\$1,000</b> allowance</p> <p>If your hearing aid purchase is more than \$1,000, you pay the difference.</p>
<p><b>Dental services</b></p> <ul style="list-style-type: none"> <li>Preventive dental care (limited to 2 visits a year for oral exams and teeth cleaning, 1 fluoride treatment per year, and intraoral series X-rays limited to one per three years and 1 bitewing X-ray per year)</li> </ul>	<p><b>\$0</b></p>
<ul style="list-style-type: none"> <li>Comprehensive dental care†</li> </ul> <p>See the <b>EOC</b> for more information about comprehensive dental services.</p> <p>Note: If you sign up for optional benefits, you receive additional dental benefits (see Advantage Plus for details).</p>	<p><b>50%</b> coinsurance for comprehensive dental care until the plan has paid <b>\$500 (annual benefit limit)</b>. When you reach the \$500 annual benefit limit for comprehensive dental care, you pay 100% for the rest of the year.</p>
<p><b>Vision services</b></p> <ul style="list-style-type: none"> <li>Visits to diagnose and treat eye diseases and conditions*†</li> <li>Routine eye exams*†</li> </ul>	<ul style="list-style-type: none"> <li><b>\$15</b> per visit with an optometrist</li> <li><b>\$40</b> per visit with an ophthalmologist</li> </ul>
<ul style="list-style-type: none"> <li>Preventive glaucoma screening</li> <li>Diabetic retinopathy services*†</li> </ul>	<p><b>\$0</b></p>
<ul style="list-style-type: none"> <li>Eyeglasses or contact lenses after cataract surgery*†</li> </ul>	<p><b>20%</b> coinsurance up to Medicare's limit and you pay any amounts beyond that limit</p>
<ul style="list-style-type: none"> <li>Other eyewear (allowance every two years)*†</li> </ul> <p>Note: This eyewear benefit may not be available next year.</p> <p>Note: If you sign up for optional benefits, you receive additional eyewear benefits (see Advantage Plus for details).</p>	<p>If your eyewear costs more than <b>\$200</b>, you pay the difference.</p>
<p><b>Mental health services†</b></p> <ul style="list-style-type: none"> <li>Inpatient mental health*</li> </ul>	<p>You pay <b>\$295</b> per day for days 1–6 (<b>\$0</b> for the rest of your stay)</p>
<ul style="list-style-type: none"> <li>Outpatient group therapy</li> </ul>	<p><b>\$10</b> per visit</p>
<ul style="list-style-type: none"> <li>Outpatient individual therapy</li> </ul>	<p><b>\$20</b> per visit</p>
<p><b>Skilled nursing facility*†</b></p>	<p>Per benefit period:</p>

Benefits and premiums	You pay
We cover up to 100 days per benefit period.	<ul style="list-style-type: none"> <li>• <b>\$0</b> per day for days 1 through 20</li> <li>• <b>\$218</b> per day for days 21 through 100</li> </ul>
<b>Physical therapy</b> *†	<b>\$40</b> per visit
<b>Ambulance</b> †	<b>\$250</b> per one-way trip
<b>Transportation</b>	Not covered
<b>Medicare Part B drugs</b> † Medicare Part B drugs are covered when you get them from a plan provider. See the <b>EOC</b> for details and the Pharmacy Directory for preferred and standard plan pharmacy locations. <ul style="list-style-type: none"> <li>• Drugs that must be administered by a health care professional</li> </ul>	<b>0%–20%</b> coinsurance depending on the drug. Some drugs may be less than 20% if those drugs are determined to exceed the amount of inflation.
<ul style="list-style-type: none"> <li>• Up to a 30-day supply of a generic drug</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$15</b> at a preferred plan pharmacy</li> <li>• <b>\$20</b> at a standard plan pharmacy</li> </ul>
<ul style="list-style-type: none"> <li>• Up to a 30-day supply of a brand-name drug</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$45</b> at a preferred plan pharmacy, except you pay <b>\$35</b> for Part B insulin drugs furnished through an item of DME.</li> <li>• <b>\$47</b> at a standard plan pharmacy, except you pay <b>\$35</b> for Part B insulin drugs furnished through an item of DME.</li> </ul>

## Advantage Plus (optional benefits)

In addition to the benefits that come with your plan, you can choose to buy a supplemental benefit package called Advantage Plus. Advantage Plus gives 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.

†Prior authorization may be required.

Advantage Plus Option 1 benefits and premium	You pay
<b>Additional monthly premium</b>	<b>\$18</b>
<b>Additional eyewear allowance</b> *† Every 24 months, a <b>\$275</b> allowance is added to the eyewear allowance described in "Vision services" above. Note: This eyewear benefit may not be available next year.	A <b>\$275</b> allowance is added to the <b>\$200</b> allowance described in "Vision services" above. If your eyewear costs more than the combined allowance of <b>\$475</b> , you pay the difference.

Advantage Plus Option 1 benefits and premium	You pay
<b>Hearing aids*†</b> Every 3 years, a <b>\$1,000</b> allowance per ear is added to the hearing aid allowance described in "Hearing services". Note: This hearing aid benefit may not be available next year.	A <b>\$1,000</b> allowance is added to the <b>\$1,000</b> allowance described in "Hearing services" above. If your hearing aid costs more than the combined allowance of <b>\$2,000</b> per ear, you pay the difference.
<b>Comprehensive dental services†</b> <ul style="list-style-type: none"> <li>Every year, a <b>\$500</b> annual benefit limit is added to the comprehensive dental allowance described in "Dental services" above.</li> <li>See the <b>EOC</b> for more information about comprehensive dental services.</li> </ul>	<b>50%</b> coinsurance for comprehensive dental care until the plan has paid the <b>\$1,000 (combined annual benefit limit)</b> . When you reach the \$1,000 combined annual benefit limit for comprehensive dental care, you pay <b>100%</b> for the rest of the year.

Advantage Plus Option 2 benefit and premium	You pay
<b>Additional monthly premium</b>	<b>\$23</b>
<b>Comprehensive dental services†</b> Every year, a <b>\$1,000</b> annual benefit limit is added to the comprehensive dental allowance described in "Dental services" above. See the <b>EOC</b> for more information about comprehensive dental services.	<b>50%</b> coinsurance for comprehensive dental care until the plan has paid <b>\$1,500 (combined annual benefit limit)</b> . When you reach the \$1,500 combined annual benefit limit for comprehensive dental care, you pay <b>100%</b> for the rest of the year. If you enroll in both Option 1 and Option 2, the benefits are combined to give you a <b>\$1,500</b> annual benefit limit in addition to your plan's comprehensive dental allowance described in "Dental services" above.

## Additional benefits

These benefits are available to you as a plan member:	You pay
<b>Fitness benefit – One Pass™</b> You have access to the One Pass complete fitness program for the body and mind. One Pass includes: <ul style="list-style-type: none"> <li>A large core gym network featuring national, local, and community fitness centers and boutique fitness studios. You can use any in-network location.</li> </ul>	<b>\$0</b>



These benefits are available to you as a plan member:	You pay
<ul style="list-style-type: none"> <li>• Live, on-demand, and digital fitness programs at home.</li> <li>• Social clubs and activities available on the One Pass member website and mobile app.</li> <li>• One home fitness kit annually for strength, yoga, or dance.</li> </ul> <p>For more information about participating gyms and fitness locations, the program's benefits, or to set up your online account, visit <b>YourOnePass.com</b> or call <b>1-877-614-0618 (TTY 711)</b>, Monday through Friday, 9 a.m. to 10 p.m.</p>	
<p><b>Over-the-counter (OTC) items</b></p> <p>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 October 1. Any unused portion of the quarterly benefit limit doesn't roll over to the next quarter.</p> <p>For more information, please see the <b>EOC</b>, visit <b>mybenefitscenter.com</b>, or call <b>1-833-524-7035 (TTY 711)</b>, 7 days a week, 8 a.m. to 8 p.m. EST.</p>	<p><b>\$0</b> up to the <b>\$25</b> quarterly benefit limit for your plan.</p>

## 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 Medicare Advantage grievance process. BEST BUY HEALTH, GREATCALL, LIVELY and LINK are trademarks of Best Buy and its affiliated companies. ©2022 Best Buy. All rights reserved.

## **Who can enroll**

You can sign up for our plan 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, which is:
  - The District of Columbia
  - These counties in Maryland: Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, Howard, Montgomery, and Prince George's
  - These ZIP codes in Calvert County, MD: 20639, 20678, 20689, 20714, 20732, 20736, and 20754
  - These ZIP codes in Charles County: 20601–04, 20607, 20612–13, 20616–17, 20637, 20640, 20643, 20645–46, 20658, 20675, 20677, and 20695
  - These ZIP codes in Frederick County: 20842, 20871, 21701–05, 21709–10, 21714, 21716–18, 21754–55, 21757–59, 21762, 21769–71, 21774–77, 21787, 21790–93
  - These counties in Virginia: Arlington, Fairfax, Loudoun, Prince William, Spotsylvania, and Stafford
  - These independent cities in Virginia: Alexandria, Falls Church, Fairfax, Fredericksburg, Manassas, and Manassas Park

## **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**. But there are exceptions to this rule. We also cover:
  - Care from plan providers in another Kaiser Permanente Region
  - Emergency care
  - Out-of-area dialysis care
  - Out-of-area urgent care (covered inside the service area from plan providers and in rare situations from non-plan providers)
  - Referrals to non-plan providers if you got approval in advance (prior authorization) from our plan in writing

Note: You pay the same plan copays and coinsurance when you get covered care listed above from non-plan providers. 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 and lab work. To find our provider locations, see our **Provider Directory** at [kp.org/directory](https://kp.org/directory) or ask us to mail you a copy by calling Member Services at **1-888-777-5536 (TTY 711)**, 7 days a week, 8 a.m. to 8 p.m.

The provider network may change at any time. You will receive notice when necessary.

## Your personal doctor

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

## 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](http://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. 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.

### Evidence of Coverage

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

### Maximum out-of-pocket responsibility

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

### Medically necessary

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

**Non-plan provider**

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

**Plan**

Kaiser Permanente Medicare Advantage.

**Plan premium**

The amount you pay for your Kaiser Permanente Medicare Advantage health care 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 Medicare Part B prescriptions at preferred copays. These pharmacies are usually located at plan medical offices. 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 Medicare Part B prescriptions at standard copays. These pharmacies aren't usually located at plan medical offices. 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 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 the Mid-Atlantic States, Inc. (Kaiser Health Plan) complies with applicable federal civil rights laws and does not discriminate, exclude people or treat them differently on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes).

Kaiser Health Plan:

- Provides 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, 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 **1-800-777-7902** (TTY: **711**)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or phone at: Kaiser Permanente, Appeals and Correspondence Department, Attn: Kaiser Civil Rights Coordinator, 4000 Garden City Drive, Hyattsville, MD 20785, telephone number: 1-800-777-7902.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/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 **1-800-777-7902** (TTY: **711**).

**አማርኛ (Amharic) ትኩረት:** አማርኛ የሚናገሩ ከሆነ ተገቢ የሆኑ ረዳት መርጃዎችን እና አገልግሎቶችን ጨምሮ የቋንቋ እርዳታ አገልግሎቶች በነጻ ይገኛሉ። በ **1-800-777-7902** 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 **1-800-777-7902** (TTY: **711**).

**Bàsɔ̀ò Wùdù (Bassa) Mbi sog:** nia maa Bàsàa, njàl mbom a ka maa njàng ndol ni mbom mi tson ni son, niŋ ma kénŋen yé, mbi èyem. Wó nàŋ **1-800-777-7902** (TTY: **711**)

**বাংলা (Bengali) মনোযোগ দিন:** আপনি যদি বাংলায় কথা বলেন, আপনি বিনামূল্যে, উপযুক্ত সহায়ক পরিষেবা ও সাহায্য সমেত ভাষা সহায়তা পরিষেবা পেতে পারেন। **1-800-777-7902** (TTY: **711**)-এ ফোন করুন।

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 1-800-777-7902 (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 1-800-777-7902 (TTY: 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 1-800-777-7902 (TTY: 711).

Deutsch (German) ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen die Sprachassistenten mit entsprechenden Hilfsmitteln und Dienstleistungen kostenfrei zur Verfügung. Rufen Sie 1-800-777-7902 an (TTY: 711).

ગુજરાતી (Gujarati) ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો યોગ્ય સહાયક સહાય અને સેવાઓ સહિતની ભાષા સહાય સેવાઓ, તમારા માટે મફત ઉપલબ્ધ છે. 1-800-777-7902 (TTY: 711) પર કોલ કરો.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale kreyòl, w ap jwenn sèvis asistans lang tankou èd ak sèvis konplèman tè adapte gratis. Rele 1-800-777-7902 (TTY: 711).

हिन्दी (Hindi) ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए उपयुक्त सहायक उपकरण और सेवाओं सहित भाषा सहायता सेवाएं मुफ्त उपलब्ध हैं। 1-800-777-7902 पर कॉल करें (TTY: 711).

Igbo (Igbo) TINYE UCHE: Ọ bụrụ na i na-asụ Igbo, Ọrụ enyemaka nke asụsụ gunyere udi enyemaka na ọrụ kwesiri ekwesị, n'efu, dị nye gị. Kpọọ 1-800-777-7902 (TTY: 711).

Italiano (Italian) ATTENZIONE. Se parla italiano, può usufruire gratuitamente dei servizi di assistenza linguistica compresi gli opportuni aiuti e servizi ausiliari. Chiamare il numero 1-800-777-7902 (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。1-800-777-7902 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. 1-800-777-7902 로 전화해 주세요 (TTY: 711).

Naabeehó (Navajo) DÍÍ BAA AKÓ NÍNÍZIN: Díí saad bee yánífti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', biniit'aa da beeso ndinish'aah t'aala'l bi'aa 'anashwo' doo biniit'aa, t'aadoo baahilinigoo bits'aadoo yeel, t'áá jiik'eh, éí ná hóló, koji' hódíílnih 1-800-777-7902 (TTY: 711).

Português (Portuguese) ATENÇÃO: Se fala português, temos à sua disposição serviços gratuitos de assistência linguística, incluindo serviços e materiais de apoio adequados. Ligue para 1-800-777-7902 (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 1-800-777-7902 (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 1-800-777-7902 (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 1-800-777-7902 (TTY: 711).

ไทย (Thai) โปรดทราบ: หากท่านพูดภาษาไทย ท่านสามารถขอรับบริการช่วยเหลือด้านภาษา รวมทั้งเครื่องช่วยเหลือและบริการเสริมที่เหมาะสมได้ฟรี โทร 1-800-777-7902 (TTY: 711).

اُردو (Urdu) توجہ: اگر آپ اردو بولتے ہیں تو آپ مفت زبان کی معاونت کی خدمات حاصل کر سکتے ہیں، جیسے مناسب معاون امداد اور خدمات۔ کال کریں 1-800-777-7902 (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 1-800-777-7902 (TTY: 711).

Yorùbá (Yoruba) ÀKÍYÈSÍ: Tí o bá n sọ èdè Yorùbá, àwon isẹ̀ ìrànlowó èdè tó fi kún àwon ohun èlò ìrànlowó tó yẹ àti àwon isẹ̀ láísí ìdíyelé wà fún ọ. Pe 1-800-777-7902 (TTY: 711).

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