Advantage Plus Enrollment Form

Mid-Atlantic States Region

Thank you for your interest in our Advantage Plus plan. Combining the benefits of Advantage Plus with your Kaiser Permanente Medicare health plan can enhance your health and well-being. Please read all pages of this enrollment form carefully before signing.

Enrollment periods

The Advantage Plus optional supplemental benefits package is **only** available to members who are enrolled in or have recently applied for a Kaiser Permanente Medicare Advantage (HMO) plan for individuals.

- **New Medicare health plan member:** If you are a new Medicare health plan member, you can add Advantage Plus within 30 days of your Medicare health plan effective date.
- **Existing Medicare health plan member:** If you already have a Kaiser Permanente Medicare health plan, you can sign up for Advantage Plus from October 15, 2020, until March 31, 2021 (your enrollment form must be received in our office by this date).

How to enroll in Advantage Plus

Online: You can complete the entire enrollment process online. Enrolling is fast and easy at **kp.org/advantageplus**.

Mail: To enroll by mail, complete and mail pages 2 and 3 of this form.

Please keep a copy of this form for your records. Do not send cash or check. You will be billed.

If you have questions, please call us at **1-888-777-5536** (TTY **711**), 7 days a week, 8 a.m. to 8 p.m.

Return the signed form to: Kaiser Permanente
Medicare Unit
P.O. Box 232407
San Diego, CA 92193-9914

Important information: Print in CAPITAL LETTERS and use blue or black ink only. Fill in check boxes with an "X" to mark your responses.

A. Plan benefits

The Advantage Plus supplemental benefits package includes dental, hearing, and eyewear coverage for **$25** per month. A **$25** monthly premium for Advantage Plus benefits will be added to your Kaiser Permanente Medicare health plan monthly premium.

B. Subscriber information

Last name

First name

MI

Gender

☐ Male ☐ Female

Kaiser Permanente medical/health record #

Medicare number (found on your Medicare card)

Home phone number

Mobile phone number

Date of birth (mm/dd/yyyy)

Permanent residence street address (P.O. box is not allowed)

City

State

ZIP code

Mailing address, if different from permanent residence (P.O. box is OK)

City

State

ZIP code

Email address

Subscriber name

C. Conditions of enrollment

By completing this application form:

- I agree to adding the Advantage Plus optional supplemental benefits package that gives me dental, hearing, and eyewear coverage for **$25** per month, which is in addition to my Medicare and Kaiser Permanente Medicare Advantage premiums.
- I understand that the Advantage Plus optional supplemental benefits package is only available to members enrolled in a Kaiser Permanente Medicare health plan for individuals.
- I understand that I must get covered care from network providers, except for emergency or urgently needed services.
- I understand that the dental, hearing, and eyewear coverage supplements my Medicare health plan coverage and is subject to the terms and conditions stated in the Kaiser Permanente Medicare Advantage **Evidence of Coverage.**
- I understand that I can disenroll from Advantage Plus coverage at any time. If I disenroll, I will not be eligible to enroll until the next Advantage Plus annual election period for coverage effective January 1, 2022.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application (including the "Conditions of enrollment" section above). If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment; and 2) documentation of this authority is available upon request by Kaiser Permanente or by Medicare.

Signature

Today's date (mm/dd/yyyy)
/ /

If you are the authorized representative, you must sign above and provide the following information:

Name

Address

City

State

ZIP code

Phone number
- -

Relationship to member

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 **1-888-777-5536** (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 2101 East Jefferson Street, Rockville, MD 20852 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, 1-800-537-7697 (TDD)**. Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

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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 **1-888-777-5536** (TTY: **711**).

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-888-777-5536** (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 **1-888-777-5536**（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 **1-888-777-5536** (TTY: **711**).

Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-777-5536** (TTY: **711**).

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

1-888-777-5536 (TTY: **711**)번으로 전화해 주십시오.

Russian
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-888-777-5536** (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。
1-888-777-5536（TTY:**711**）まで、お電話にてご連絡ください。

Thai
เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร **1-888-777-5536** (TTY: **711**).

Hindi
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

1-888-777-5536 (TTY: **711**) पर कॉल करें।

Amharic
ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ **1-888-777-5536** (መስማት ለተሳናቸው: **711**).

Farsi

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با (**711** :TTY) **1-888-777-5536** تماس بگیرید

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-888-777-5536** (رقم هاتف الصم والبكم: -**711**).

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-777-5536** (TTY: **711**).

French

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-888-777-5536** (ATS : **711**).

Yoruba

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o.
E pe ero ibanisoro yi **1-888-777-5536** (TTY: **711**).

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para **1-888-777-5536** (TTY: **711**).

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-888-777-5536** (TTY: **711**).

Bengali

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন **1-888-777-5536** (TTY: **711**)।

Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں ۔ کال کریں **1-888-777-5536** (TTY: **711**).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-888-777-5536** (TTY: **711**).

Gujarati

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો **1-888-777-5536** (TTY: **711**).