

Georgia Medicare 2025 BROKER TOOLKIT

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Christel Finley Broker Sales Manager



800-700-7131



404-895-8985



ga-medicarebrokersupport@kp.org

Important Contact Information for Brokers & KP Medicare Members in Georgia

Please keep the contact information below at your fingertips and refer to it when you or the KP Medicare members you helped enroll have a question. There are a variety of resources that are just a call or click away.

Important KP Contact			
Contact	Number (s) / Contact Info.	For Questions About	Hours of Operation
FMO Support <ul style="list-style-type: none"> • Commissions • Escalations 	Contact your FMO	<ul style="list-style-type: none"> • Systemic, operational, or administrative issues • Commissions • Contracting, Licensing & appointment process • Escalations 	Dependent on FMO
Kaiser Permanente Medicare Broker Service Support	Email: GA-MedicareBrokerSupport@kp.org Phone: 1-800-700-7131	<ul style="list-style-type: none"> • Regional Value Prop training • Products • Billing • Sales • Systemic operational or administrative issues • Agent of record and book of business 	Monday-Friday 8:30 a.m.-5 p.m.
Broker or Client website for checking on Application/Enrollment Status	https://medicareselfservice.kp.org/home	<ul style="list-style-type: none"> • Has the application been accepted? • Is the application being processed? • What is the enrollment status of the client in the Medicare plan with Kaiser Permanente? 	
Kaiser Permanente Medicare Member Service Contact Center (Medicare MSCC) <i>If a member needs assistance with or has questions about their health plan or specific benefits, they can speak with one of our Member Service representatives.</i>	1-800-232-4404 (TTY 711)	<ul style="list-style-type: none"> • Enrollment status and effective date • Eligibility (coverage span, eligible Medicare entitlement) • Terminations • Benefit clarification • Appeals and complaints • Obtaining forms • Member ID cards • Member level demographic changes • ANOC and EOC 	Monday-Sunday 8 a.m.- 8 p.m.
Medical Advice/Make or Cancel Appointments	404-365-0966 or 1-800-611-1811 (TTY 711).♦	<ul style="list-style-type: none"> • Medical advice • Make appointments • Cancel appointment 	24 hours a day, 7 days a week.
New Member Welcome Desk and Website	404-760-3540 kp.org/newmember	<ul style="list-style-type: none"> • New Member Onboarding (PCP selection, Rx transfers, continuity of care, KP.org registration) 	Monday-Friday 7 a.m.- 7 p.m.
New Member Pharmacy Consult	404-504-5578	<ul style="list-style-type: none"> • Refills, assistance with mail order, medication questions, clinical assistance, transfer prescriptions 	Monday-Friday 8:30 a.m.- 5:30 p.m.

Prescription Refills	770-434-2008	<ul style="list-style-type: none"> • Refill a prescription 	24 hours a day, 7 days a week.
Member Away from Home Travel Line	951-268-3900 (TTY 711) Long-distance charges may apply and collect calls will not be accepted. kp.org/travel	<ul style="list-style-type: none"> • Understand what services are covered • Helpful resources to help plan for your trip • Claim forms in case the member has to file a claim for reimbursement after their trip 	Anytime, anywhere. (Closed major holidays)
Medical Financial Assistance Program	404-949-5112 or TTY 1-800-255-0056 kp.org/mfa/ga	<ul style="list-style-type: none"> • Request program information • Request application • General questions about program and qualifications 	Monday-Friday 8:30 a.m.- 4:30 p.m.
External Contact			
Medicare	1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048	<ul style="list-style-type: none"> • Billing -Part B • Low income subsidy (LIS) • Late enrollment penalty • Claims • Medical records • Expenses 	24 hours a day, 7 days a week
Social Security	1-800-772-1213 or TTY 1-800-325-0778	<ul style="list-style-type: none"> • Contact Social Security to request a replacement Medicare card • Ask for a form SSA-1020 to apply for help with Medicare prescription drug costs 	Monday-Friday 7 a.m.- 7 p.m.
OnePass (for KP members)	1-877-614-0618 (TTY 711) youronepass.com	<ul style="list-style-type: none"> • KP members accessing fitness locations • Membership questions/issues 	Monday-Friday 8 a.m.- 8 p.m.
Delta Dental (DeltaCare USA)	1-844-519-8693 (TTY 711) kp.org/dental/ga/medicare	<ul style="list-style-type: none"> • Member services • Benefits questions 	Monday-Friday 8 a.m.- 9 p.m.
Non-Emergency Medical Transportation	1-855-955-7433 (TTY 711)	<ul style="list-style-type: none"> • Schedule a Ride • Check Ride Balance 	Monday-Saturday 7 a.m.- 6 p.m.
Healthy Food Card	1-800-232-4404 (TTY 771) otcnetwork.com	<ul style="list-style-type: none"> • Download the app • Questions regarding Healthy Food Card 	7 Days a Week 8 a.m. – 8 p.m.
Over-the-Counter Wellness Credit	1-844-232-6906 (TTY 711) kp.org/otc/ga	<ul style="list-style-type: none"> • Place an Order • Check on Product Availability 	Monday-Friday 8 a.m.- 8 p.m.
My Advocate	1-855-368-9644 kp.myadvocatehelps.com	<ul style="list-style-type: none"> • Advocacy for qualifying for various resources/programs (ie: Medicaid, LIS, etc.) 	Monday-Friday 8 a.m.- 8 p.m.

Vendor Code of Conduct

Your Responsibility to Commit to Ethics and Compliance

Kaiser Permanente¹ is committed to conducting business ethically, with integrity, and in compliance with all applicable laws, regulations, and Kaiser Permanente policies. Our Vendors² play an integral role in helping us meet these commitments. The Vendor Code of Conduct sets forth minimum standards and expectations of all Vendors, their employees, contractors, and sub-contractors when providing goods and services to Kaiser Permanente.



As a Kaiser Permanente Vendor, you have the responsibility to:

- Understand and comply with the Kaiser Permanente Vendor Code of Conduct and applicable laws, regulations, policies, and procedures as they apply to you.
- Provide the Kaiser Permanente Vendor Code of Conduct to your employees, contractors, sub-contractors, and anyone else who provides products and/or services to Kaiser Permanente on your behalf.
- Seek guidance when in doubt about your responsibilities.

Your Responsibility to Protect Our Information

Privacy and Security

Kaiser Permanente and its vendors are required to maintain the privacy and security of non-public Kaiser Permanente information, including but not limited to information about members, patients, and KP Personnel³, in accordance with federal and state laws and Kaiser Permanente's privacy and security policies.

- If a Vendor's business relationship includes access to credit card data, the Vendor must meet the requirements of the Payment Card Industry Security Standards Council®.
- If a Vendor's business relationship with Kaiser Permanente requires access to or the disclosure of Protected Health Information (PHI) as defined by the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations, the Vendor may be required to sign Kaiser Permanente's business associate agreement.
- The Vendor shall not transfer or store non-public Kaiser Permanente information, including PHI and Personal Identifiable Information (PII), outside of the United States.
- Vendors are prohibited from utilizing online tracking technologies (e.g., pixels, cookies, beacons, tags) that track and/or collect any user website or digital application activity unless authorized by Kaiser Permanente in writing and deployed in accordance with applicable laws.
- Vendors are prohibited from conducting marketing activities targeting existing or prospective Kaiser Permanente members unless authorized by Kaiser Permanente in writing and done in accordance with applicable laws.
- Vendors are required to protect Kaiser Permanente's non-public information when using any form of social media.
- Vendors are required to protect Kaiser Permanente's non-public information when using any form of Artificial Intelligence (AI), including but not limited to ChatGPT.

Vendors are responsible for assuring that all their employees and contractors who provide products and/or services to Kaiser Permanente report privacy and security incidents to Kaiser Permanente using methods prescribed in the contract/Business Associates Agreement and/or to PrivacyIncidents@kp.org.

Appropriate and Limited Use of Kaiser Permanente's Information

Non-public information in any form or format that is created, acquired, accessed, collected, received, disclosed, transmitted, used, stored, maintained, or otherwise processed from a Vendor or on behalf of Kaiser Permanente should only be used in connection with contracted services.

Vendor shall not aggregate Kaiser Permanente information or deidentify Personally Identifiable Information or Protected Health Information for any purpose, including the Vendor's own internal business purposes, unless explicitly authorized in writing in advance by Kaiser Permanente.

Intellectual Property

Vendors are not permitted to use names, trade names, service marks, trade dress, or logos of Kaiser Permanente in any advertising, publicity, training and/or any learning and awareness materials on the internet or otherwise without first obtaining Kaiser Permanente's consent.



Business Record Retention

Kaiser Permanente requires Vendors to comply with all applicable laws, regulatory, and contractual requirements related to record retention.

This includes:

- creation, retention, and disposition of records (paper and electronic) related to Kaiser Permanente business, and
- making business records available to Kaiser Permanente in full compliance with all applicable laws, regulatory, and contract requirements.

Your Responsibility to Comply with Laws, Regulations, and Kaiser Permanente Policies and Standards

Non-Discrimination and Harassment

Kaiser Permanente requires Vendors to commit to an environment free of prohibited discrimination, harassment, and abuse. Kaiser Permanente forbids discrimination and harassment based on sex, age, race, color, religion, national origin, sexual orientation, gender identity, disability, veteran status, physical, verbal, psychological, sexual harassment, and other categories protected by federal, state, and local laws.

Labor Practices

Kaiser Permanente requires Vendors to protect human rights in their operations and not to use forced labor or engage in any other unlawful practices, including but not limited to human trafficking and child labor use.

First Tier, Downstream and Related Entities (FDR) & Downstream and Delegated Entities

Kaiser Permanente requires Vendors to conduct business activities in compliance with laws applicable to individuals and entities receiving federal funds. To the extent a vendor is a first tier, downstream, and/or related entity (FDR), and/or downstream and delegated entity (DDE), Vendors are obligated at a minimum to understand and adhere to compliance obligations as listed on the [Kaiser Permanente's Vendor Information website](#).

Ineligible Vendors

Kaiser Permanente requires Vendors to assume full responsibility for taking all necessary steps to assure that officers, directors, employees, and contractors directly or indirectly involved in providing goods and services to Kaiser Permanente, have not been and are not currently excluded from participation in any federal program. Kaiser Permanente recommends Vendors screen their employees against federal and state watchlists prior to hire and monthly thereafter.

Kaiser Permanente will not do business or pay claims with any Vendor if the Vendor or any of its officers, directors, employees, or contractors are, or become, excluded by, debarred from, or ineligible to:

- participate in any federal health care program, or
- convicted of a criminal offense in relation to the provision of health care.

Anti-Bribery, Anti-Corruption, and Anti-Boycott

Kaiser Permanente requires Vendors to comply with all applicable anti-bribery and anti-corruption laws. Accordingly, Vendors may not directly or indirectly engage in any kind of bribery or kickbacks, including by promising, paying, offering, providing, or authorizing anything of value to a government official or political entity to gain an unfair business advantage.

Kaiser Permanente also requires Vendors to comply with anti-boycott laws and prohibits them from taking actions in furtherance or support of a boycott maintained by a foreign country against a country friendly to the United States.

Visitation Requirements

Kaiser Permanente requires Vendors to comply with the applicable Kaiser Permanente supplier visitation policies and procedures; these are available at facilities upon request when visiting Kaiser Permanente facilities. Vendor representatives are required to schedule appointments and must register prior to visiting any Kaiser Permanente medical facility. Representatives will be required to state the area to be visited, and visits must be restricted to those location(s) only. Visitor badges provided by the facility must be worn at all times.

Occupational Safety

Kaiser Permanente requires Vendors to maintain licenses and certifications required by all applicable laws and safety orders of the city, county, state, and country where the Vendor is located and where services are delivered or performed.



Sustainable Procurement

Kaiser Permanente is committed to purchasing products and services that have minimal impact on the environment and human health. Kaiser Permanente expects Vendors to offer products and services at competitive prices that meet our [Environmentally Preferable Purchasing Standards](#) for waste and chemicals of concern and support our environmental purchasing objectives. In support of Kaiser Permanente's greenhouse gas emissions reduction goals, Vendors are expected to establish their goals and take actions to reduce their greenhouse gas emissions and environmental footprint.

Supplier Diversity

Kaiser Permanente has a long tradition of support for programs that foster diversity in our organization, our communities, and our supply chain. Kaiser Permanente expects its Vendors to mirror our commitment to diversity by providing diverse businesses — defined as businesses who maintain a valid certification as being minority, woman, veteran, disabled, or LGBTQ+ owned — the maximum opportunity to participate in contracts in support of our business and in alignment with federal subcontracting requirements.

Your Responsibility to Meet our Ethical Standards

Conflicts of Interest

Vendors are required to avoid actions that may result in actual or perceived conflicts of interest. A “conflict of interest” exists when personal interest interferes in any way with the interests of Kaiser Permanente.

Vendors are required to disclose any actual, potential, or perceived conflicts of interest, in writing, to a Kaiser Permanente manager, who doesn't have a relationship with the Vendor. The Kaiser Permanente manager will contact the applicable compliance officer for guidance.

Example of a Conflict of Interest:

- KP Personnel working for a Vendor on Kaiser Permanente business.

Gifts and Business Courtesies

Kaiser Permanente discourages Vendors from providing gifts, meals, entertainment, or other business courtesies to KP Personnel.

The following gifts are prohibited:

- Gifts that exceed \$25.00 in value
- Gifts, meals, or entertainment that **are given** on a regular, recurring basis
- Cash or cash-equivalents, such as checks, gift certificates, gift cards, stocks, coupons, or anything redeemable for cash
- Gifts, entertainment, discounts, rebates, favors, or other incentives that reasonably could be perceived as a bribe, payoff, deal, kickback, or any other attempt to gain advantage
- Tickets to attend sporting events, amusement parks, and any other type of entertainment
- Anything of value given to KP Personnel involved in Kaiser Permanente purchasing and contracting decisions, and
- Gifts or entertainment that violate laws, regulations, or Kaiser Permanente policy

Some Kaiser Permanente business units and markets have adopted stricter limits on acceptance of gifts and business courtesies, in which case, the Vendor must follow the more stringent policy.



Your Responsibility to Protect our Reputation

Publicity

Kaiser Permanente's Vendors are not permitted to speak about or on behalf of Kaiser Permanente, including in the news media, social media, other external/public communications advertising, press releases, or any other public announcement regarding their products or services in Kaiser Permanente facilities unless having obtained prior written authorization from Kaiser Permanente Corporate Communications.

Requests for Vendor References

Vendors seeking to interview a Kaiser Permanente representative or receive a reference regarding their products or services must obtain permission, in writing, from the Vice President of Sourcing.

Your Responsibility to Report Violations

Compliance Hotline

Anyone aware of a violation of this Vendor Code of Conduct or any suspected wrongdoing or misconduct should promptly report to Kaiser Permanente. The Kaiser Permanente Compliance Hotline is an anonymous reporting mechanism that is convenient for Vendors to report, without fear of retaliation, actual and suspected wrongdoing, fraud, waste, and abuse, safety concerns, and compliance violations, including violations by any individual acting on behalf of Kaiser Permanente or one of our vendors.

How to Report:

- **Call our Compliance Hotline**, which is available 24 hours a day, 365 days a year at:
 - US Toll-free Compliance Hotline at **1-888-774-9100**
- **Submit an online report** at kp.org/compliancehotline.

Appropriate action is taken against those found to have violated applicable law or Kaiser Permanente policy.



Fraud, Waste and Abuse (FWA)

Kaiser Permanente will investigate allegations of Vendor FWA, and, where appropriate, will take corrective action, including but not limited to civil suit or referral for governmental civil or criminal action. The Federal False Claims Act and similar state laws make it a crime to present a false claim to the government for payment. These laws also protect “whistleblowers” — people who report noncompliance, fraud, or who assist in investigations — from retaliation. Kaiser Permanente’s policy prohibits retaliation of any kind against individuals exercising their rights under the Federal False Claims Act or similar state laws.

Your Responsibility to Uphold our Standards

Thank you for your commitment to upholding our high standards of ethical and compliant conduct. Together, we can maintain Kaiser Permanente’s reputation for excellence.

For more information on Kaiser Permanente’s policies and standards, or if you have any questions about what is expected of you, please contact your contract manager or visit [Kaiser Permanente’s Vendor Information website](#)⁴.

Footnote: As used in this Vendor Code of Conduct

¹ “Kaiser Permanente” consists of the entities participating in the integrated health care delivery organization doing business as Kaiser Permanente® and its affiliates, which includes, without limitation, Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, The Permanente Federation, the Permanente Medical Groups, Kaiser Permanente Insurance Company, Kaiser Permanente Ventures, and all subsidiaries and successors of the foregoing, and Risant Health, Inc.

² “Vendor(s)” include any contractors, manufacturers, suppliers, distributors, wholesalers, service companies, and other businesses that provide, or seek to provide, products and/or services to Kaiser Permanente and/or Kaiser Permanente members or patients.

Vendor(s) does not include contractors who provide direct medical services (e.g., physicians and hospitals).

³ “KP Personnel” means Kaiser Permanente physicians, dentists, employees, volunteers, and contingent staff.

⁴ Kaiser Permanente’s Vendor Information website: <https://supplier.kp.org/formsregs/>

Convenient Kaiser Permanente locations in Georgia



- KP Kaiser Permanente Medical Facilities
- KP Kaiser Permanente Comprehensive Medical Centers
- H Affiliated Hospitals
- Expanded service area

With 25 Kaiser Permanente offices and over 600 doctors throughout metro Atlanta – plus pharmacy, lab, and X-ray usually right in the same building – you'll enjoy unmatched convenience. Plus, you won't have to pay for parking.

CHEROKEE COUNTY

Holly Springs Medical Office
684 Sixes Road; Suite 275
Holly Springs, GA 30115
Kp.org/Hollysprings

CLAYTON COUNTY

24/7 URGENT CARE
Southwood Comprehensive Medical Center
2400 Mt. Zion Parkway
Jonesboro, GA 30236
Kp.org/Southwood

Southwood Specialty Center
2470 Mt. Zion Parkway
Jonesboro, GA 30236
Kp.org/Southwoodspecialty

COBB COUNTY

Cumberland Medical Center
2525 Cumberland Parkway, SE
Atlanta, GA 30339
Kp.org/Cumberland

24/7 URGENT CARE
TownPark Comprehensive Medical Center
750 TownPark Lane, NW
Kennesaw, GA 30144
Kp.org/TownPark

West Cobb Medical Center
3640 Tramore Pointe Parkway
Austell, GA 30106
Kp.org/Westcobb

COWETA COUNTY

Newnan Medical Office
203 Newnan Crossing Bypass
Newnan, GA 30265
Kp.org/Newnan

DEKALB COUNTY

Crescent Medical Center
200 Crescent Centre Parkway
Tucker, GA 30084
Kp.org/Crescent

Downtown Decatur Medical Office
201 W. Ponce de Leon Avenue
Suite A, Decatur, GA 30030
Kp.org/Decatur

Panola Medical Center
5440 Hillandale Drive
Lithonia, GA 30058
Kp.org/Panola

Stonecrest Medical Center
8011 Mall Parkway
Lithonia, GA 30038
Kp.org/Stonecrest

DOUGLAS COUNTY

Douglasville Medical Office
6875 Douglas Boulevard, Suite A
Douglasville, GA 30135
Kp.org/Douglasville

FAYETTE COUNTY

Fayette Medical Office
101 Banks Station
Fayetteville, GA 30214
Kp.org/Fayette

FORSYTH COUNTY

Forsyth Medical Office
1400 Northside Forsyth Drive
Suite 350
Cumming, GA 30041
Kp.org/Forsyth

FULTON COUNTY

Alpharetta Medical Center
3550 Preston Ridge Road
Alpharetta, GA 30005
Kp.org/Alpharetta

Brookwood At Peachtree Medical Office
1745 Peachtree Street NE, Suite U
Atlanta, GA 30309
Kp.org/Brookwood

Cascade Medical Center
1175 Cascade Parkway
Atlanta, GA 30311
Kp.org/Cascade

Glenlake Comprehensive Specialty Center
20 Glenlake Parkway
Sandy Springs, GA 30328
Kp.org/Glenlake

Sandy Springs Medical Office
1100 Lake Hearn Drive, NE,
Suites 250 and 500,
Sandy Springs, GA 30342
Kp.org/SandySprings

GWINNETT COUNTY

Lawrenceville Medical Office
455 Philip Boulevard, Suite 130
Lawrenceville, GA 30046
Kp.org/Lawrenceville

24/7 URGENT CARE
Gwinnett Comprehensive Medical Center
3650 Steve Reynolds Boulevard
Duluth, GA 30096
Kp.org/Gwinnett

Snellville Medical Office
2240 Fountain Drive
Snellville, GA 30078
Kp.org/Snellville

Sugar Hill-Buford Medical Center
1435 Broadmoor Boulevard
Sugar Hill, GA 30518
Kp.org/Sugarhill

HENRY COUNTY

Henry Towne Centre Medical Center
1125 Towne Centre Village Drive
McDonough, GA 30253
Kp.org/Henry

ROCKDALE COUNTY

Conyers Medical Office
1478 Dogwood Drive
Conyers, GA 30013
Kp.org/Conyers

Specialties, we've got you covered.

Services you can expect at most Kaiser Permanente medical offices:



Primary, Pediatric, Family Medicine



Lab



Pharmacy



X-Ray

But when your need calls for specialty care, you'll find these services offered in our Medical Centers in and around metro Atlanta.

- 24/7 Advanced Care
- Adult Medicine
- Audiology
- Behavioral Health
- Cardiology
- Child & Adolescent Psychiatry
- CT/MRI
- Dermatology
- DEXA Scan
- Endocrinology
- Express Care
- Family Medicine
- Gastroenterology
- General Surgery
- Geriatrics
- Hand Surgery
- Health Education
- Heart Failure Clinic
- Hematology/Oncology
- Infectious Diseases
- Infusion Center
- Lab Services
- Nephrology
- Neurology
- Nuclear Medicine
- Nutrition
- OB/GYN
- Oncology
- Ophthalmology
- Optometry
- Orthopedic Surgery
- Pain Management
- Palliative Care
- Pediatrics/Adolescent Medicine
- Pharmacy
- Plastic Surgery
- Podiatry
- Psychiatry
- Psychology
- Pulmonology
- Rheumatology
- Routine Mammography
- Sleep Medicine
- Sports Medicine
- Telehealth
- Ultrasound
- Urgent Care
- Urogynecology
- Urology
- Vascular Surgery
- Weight Management
- X-ray

HOSPITALS

More care options when you need them Kaiser Permanente has partnered with several leading hospitals and many urgent care facilities. In fact, our own doctors practice at some of Atlanta's top hospitals. For medical emergencies, you have access to any hospital emergency room, even if it's not affiliated with Kaiser Permanente. *Hospital facility addresses, telephone numbers, and hours of operation are subject to change. The continued availability and/or participation of any hospital cannot be guaranteed.

BARTOW COUNTY

Cartersville Medical Center

960 Joe Frank Harris Pkwy, SE
Cartersville, GA 30120
770-387-8161

CHEROKEE COUNTY

Northside Hospital Cherokee

450 Northside Cherokee Blvd
Canton, GA 30115-9295
770-224-1000

COWETA COUNTY

Piedmont Newnan Hospital

745 Poplar Road
Newnan, GA 30265-1618
770-400-1000

FAYETTE COUNTY

Piedmont Fayette Hospital

1255 Highway 54 West
Fayetteville, GA 30214-4526
770-719-7000

FORSYTH COUNTY

Northside Hospital Forsyth

1200 Northside Forsyth Drive
Cumming, GA 30041-7659
770-844-3200

DEKALB COUNTY

Emory Decatur Hospital

2701 N Decatur Rd
Decatur, GA 30033
404-501-1000

Emory University Orthopedic Hospital

1455 Montreal Rd
Tucker, GA 30084
404-778-7777

Emory Hillandale Hospital

2801 DeKalb Medical Pkwy
Lithonia, GA 30058
404-501-8000

FULTON COUNTY

Emory Johns Creek Hospital

6325 Hospital Parkway
Duluth, GA 30097-5775
678-474-7000

Emory Saint Joseph's Hospital

5665 Peachtree Dunwoody
Road, NE
Atlanta, GA 30342-1701
404-851-7001

Emory University Hospital

1364 Clifton Road, NE
Atlanta, GA 30322-1059
404-778-5002

Grady Memorial Hospital

80 Jesse Hill Jr Dr, SE Atlanta,
GA 30303
404-616-1000

Northside Hospital

1000 Johnson Ferry Road, NE
Atlanta, GA 30342-1606
404-851-8000

Piedmont Hospital

1968 Peachtree Road, NW
Atlanta, GA 30309-1281
404-605-5000

GWINNETT COUNTY

Eastside Medical Center

1700 Medical Way
Snellville, GA 30078
770-979-0200

Eastside Medical Center - South

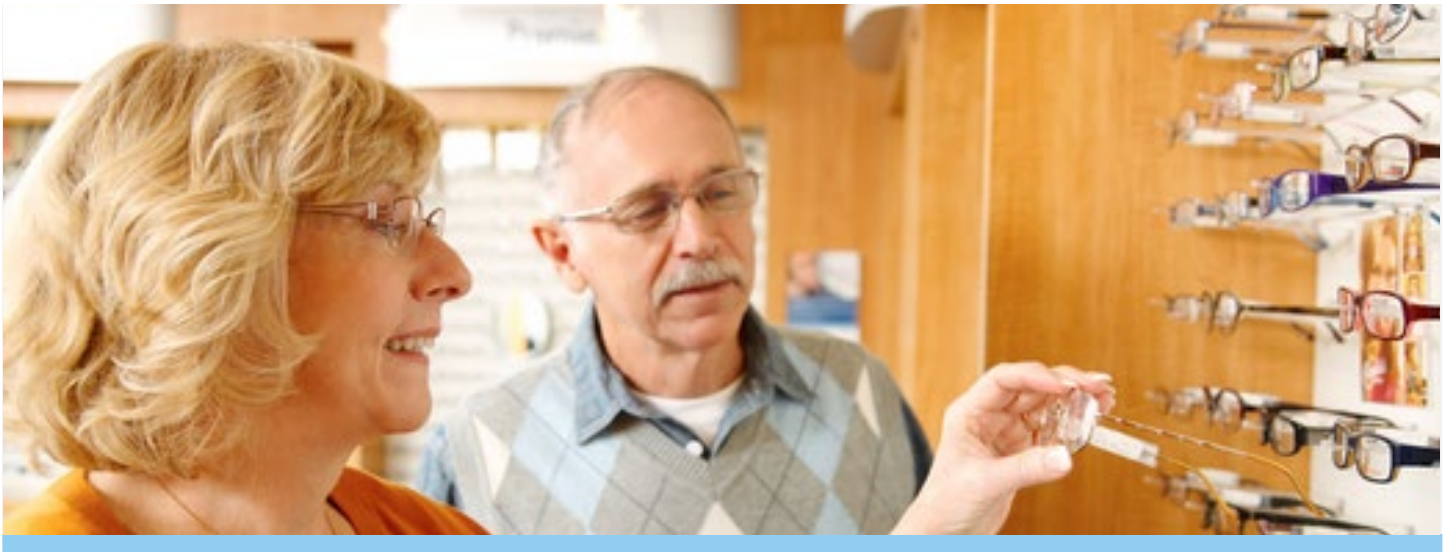
2160 Fountain Dr
Snellville, GA 30078
770-985-6460

Northside Hospital Duluth

3620 Howell Ferry Road
Duluth, GA 30096-1465
678-312-6800

Northside Hospital Gwinnett

1000 Medical Center Boulevard
Lawrenceville, GA 30046-7694
678-312-1000



Vision Office Locations

A list of locations to get vision hardware for Medicare members

- A Plus Optique
- Athens Eye Associates
- Athens Family Vision Clinic
- Atlanta Eyecare Associates
- Atlanta Vision Group
- B.spectacled
- Belvedere Eye Center
- Brookwood Eyecare
- Clarkson EyeCare
- Commerce Vision Center
- Complete Family Eyecare & Optique
- Dawson Eye
- Digital Vision Group
- Every Eye Care
- Eye 1st Vision Center
- Eye Associates of Locust Grove
- Eye Associates of Smyrna
- Eye Center of Atlanta
- Eye Elements
- Eye Site Optical of Marietta
- Eyecare One Vision Center
- Ferdon Eye Care
- Focus Vision
- For Eyes
- Gazal Eyecare
- Gowdy Vision
- Gwinnett Eye Clinic
- LAC Optometric Services
- Low Country Eye Care
- Marvin Howell OD & Associates
- Mobley Eye Care
- Monique Batchelor
- Moore Eyecare
- MyEyeDr.
- Norcross Eye Center
- North Georgia Family Eye Care
- Optiks
- Southern Eye Specialists
- Sugarloaf Eyecare
- Sugarloaf Vision Center
- The Eye Gallery
- Todd Smith & Associates GA
- Xavier Eye Care

* Locations and hours of operation are subject to change. The continued availability and/or participation of any provider cannot be guaranteed.



Save money on healthy and nutritious foods with your Kaiser Permanente **HEALTHY FOOD CARD**



Buy. Save. THRIVE!

Buy eligible healthy foods from participating retailers with ease.

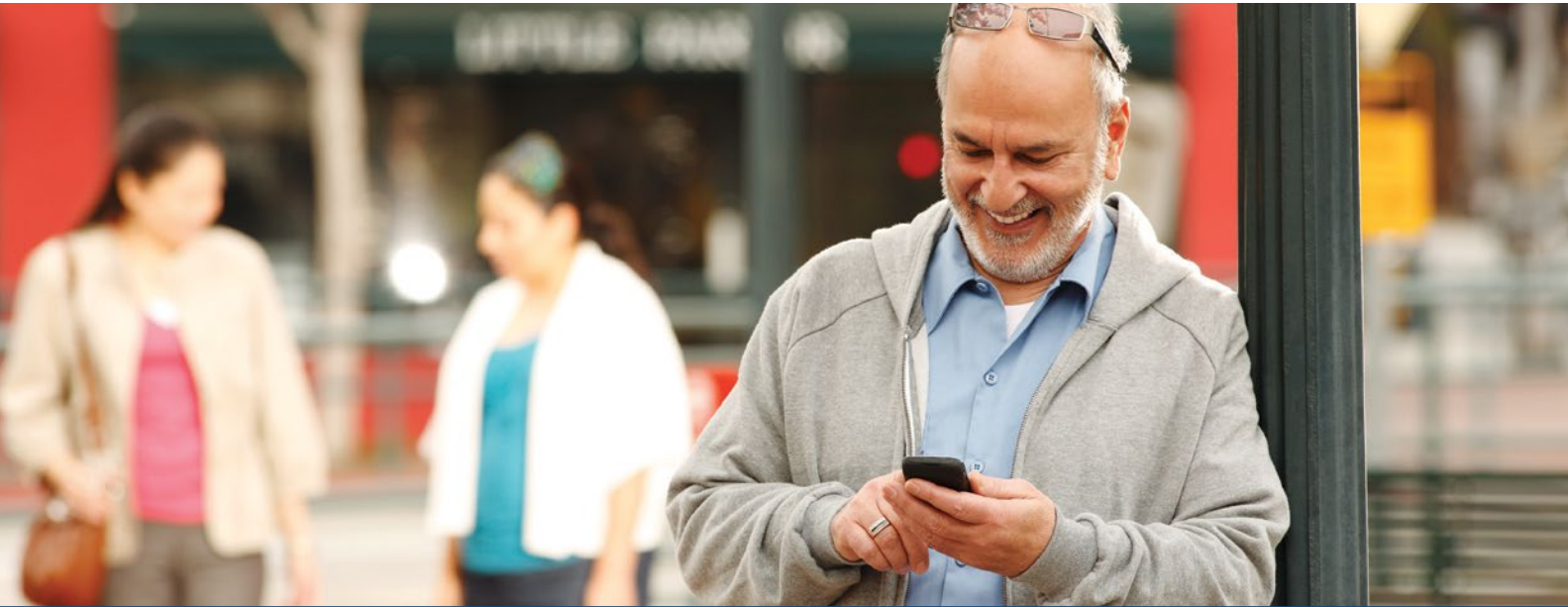
The Kaiser Permanente Healthy Food Card provides a quarterly allowance¹ for qualified members² to purchase eligible healthy foods from participating retailers.³



Eligible food will automatically be paid for up to the available balance on the card. Use another form of payment for any remaining balance due, if needed.

The card can be used at participating stores including online shopping with select retailers such as Walmart.com and Farmboxrx.com. Visit MyBenefitsCenter.com to see where and how you can shop.





Staying up to date with your **HEALTHY FOOD CARD** is easy—online and in-store!



Online

Plan ahead to shop and save with your Healthy Food Card¹ by visiting the online member portal at mybenefitscenter.com. You'll be able to:

- View your card balance
- Review your transaction history
- Find participating retailers in your area
- Search for eligible items by retailer




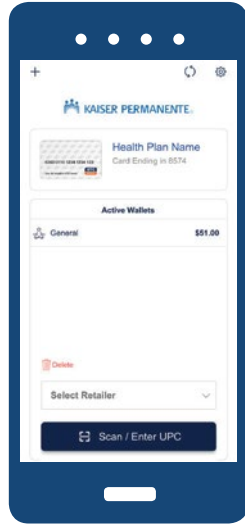
On the Go

With the convenience of the OTC Network mobile app, you'll also be able to scan items for eligibility while you shop and view your card balance in-store before you check out. Visit the iTunes App Store or GooglePlay and search "OTC Network" to download.

Create your account today at mybenefitscenter.com

All your benefits in one easy place:

- ✓ View your available balance
- ✓ Find preferred retailers or shop online
- ✓ Search covered items
- ✓ View transaction history
- ✓ Download the OTC Network mobile app to scan items in store

Need more assistance?
Call 1-833-524-7035
(TTY 711) 7 days a week,
8 a.m. to 8 p.m.



¹ The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify.

Healthy Food Card Conditions

The Healthy Food Card benefit is available members on the following individual GA

Medicare plans:

- KP Senior Advantage Basic 1
- KP Senior Advantage Enhanced 1
- KP Senior Advantage Medicare Medicaid Plan 1 (D-SNP)
- KP Senior Advantage Basic 2
- KP Senior Advantage Enhanced 2
- KP Senior Advantage Medicare Medicaid Plan 2 (D-SNP)
- KP Senior Advantage Liberty Plan

To be eligible to use the benefit, a member must have been diagnosed by a KP provider with one of the following chronic conditions:

- Chronic alcohol and other drug dependence
- Autoimmune disorders limited to:
 - o Polyarteritis nodosa
 - o Polymyalgia rheumatica
 - o Polymyositis
 - o Rheumatoid arthritis
 - o Systemic lupus erythematosus
- Cancer
- Cardiovascular disorders limited to:
 - o Cardiac arrhythmias
 - o Coronary artery disease
 - o Peripheral vascular disease
 - o Chronic venous thromboembolic disorder
- Chronic heart failure
- Dementia
- Diabetes
- End-stage liver disease
- End-stage renal disease (ESRD)
- Severe hematologic disorders limited to:
 - o Aplastic anemia
 - o Hemophilia
 - o Immune thrombocytopenic purpura
 - o Myelodysplastic syndrome
 - o Sickle-cell disease (excluding sickle-cell trait)
 - o Chronic venous thromboembolic disorder
- HIV/AIDS
- Chronic lung disorders limited to:
 - o Asthma
 - o Chronic bronchitis
 - o Emphysema
 - o Pulmonary fibrosis
 - o Pulmonary hypertension
- Chronic and disabling mental health conditions limited to:
 - o Bipolar disorders
 - o Major depressive disorders
 - o Paranoid disorder
 - o Schizophrenia
 - o Schizoaffective disorder
 - o Neurologic disorders ALS
 - o Epilepsy
 - o Extensive paralysis (i.e., hemiplegia, quadriplegia, paraplegia, monoplegia)
 - o Huntington's disease
 - o Multiple sclerosis
 - o Parkinson's disease
 - o Polyneuropathy
 - o Spinal stenosis
 - o Stroke-related neurologic deficit
- Stroke

How to use your OTC Benefit

What can I order?

Over-The-Counter (OTC) products in the 2023 OTC catalog can be ordered. For the most up-to-date listing of covered OTC products, go to kp.org/otc/ga.

Please refer to your Evidence of Coverage for details. OTC benefits may change each year on January 1. Each order must be at least \$20. Any unused portion of the quarterly benefit limit will not carry forward to the next quarter. Your order may not exceed your quarterly benefit limit. Limitations and restrictions may apply. Cash, check, credits cards, or money orders are not accepted.

It is important to note that the OTC products are intended for member's health and medical use only. The health information provided in this OTC catalog is general in nature and is not medical advice or a substitute for professional healthcare. Returns are not accepted due to the personal nature of these OTC products.

Ready to order? It's easy! Call or click

1	Confirm the amount of your quarterly OTC benefit limit by reviewing your Evidence of Coverage (EOC)
2	Choose items from the list of products within this catalog
3	Order in one of the following ways: <ul style="list-style-type: none">• Call 1-844-232-6906 Monday – Friday 8 a.m. – 7 p.m. EST• Visit kp.org/otc/ga <p>*Please have your member ID handy for phone or online orders*</p>

Notices

- The health information provided in the catalog is general in nature and is not medical advice or a substitute for professional health care.
- Please check with your physician before ordering some items in the catalog. Additionally, some items may be covered by the Plan, or original Medicare if you are not enrolled in the Plan, and if the item is determined to be medically necessary.

*Cannot ship to PO Boxes, Alaska, Hawaii, or Puerto Rico

‡Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. In order to purchase these items under the plan, your personal physician or healthcare provider must recommend them to you for a specific diagnosed condition. Please speak to your physician or healthcare provider before ordering these items.

2025 Low-Income Subsidy Premium Chart

Georgia Service Area 1

Low Income Subsidy is a Medicare prescription drug coverage that offers financial assistance to qualified beneficiaries who have limited income and resources.

The table below shows what your monthly premium will be if you get Extra Help from a Low-Income Subsidy (This does not include any Medicare Part B premium you have to pay). The monthly premiums listed below include coverage for medical services and prescription drug benefits.

If you're eligible for both **Medicare** and **Medicaid**, you may qualify for our Kaiser Permanente Dual Essential or Dual Complete Plan (HMO D-SNP). It features:

- No or low premiums (based on Extra Help you get for your Medicare Part D benefit)
- No or low copays for medical services, including doctor office visits with primary care physicians (based on your Medicaid eligibility)

Your level of Extra Help	Monthly premium: Kaiser Permanente Senior Advantage Basic ¹ (HMO)	Monthly premium: Kaiser Permanente Senior Advantage Enhanced ¹ (HMO)	Monthly premium: Kaiser Permanente Dual Essential Plan 1 (HMO D-SNP)	Monthly premium: Kaiser Permanente Dual Complete (HMO D-SNP)	Monthly premium: Kaiser Permanente Senior Advantage Care Plus (HMO-POS)	Monthly premium: Kaiser Permanente Senior Advantage Liberty (HMO)
100%	\$0	\$45	\$0	\$0	\$0	\$0

For full information on Kaiser Permanente Senior Advantage benefits, call Member Services toll free at **1-800-232-4404** or TTY **711**, 8 a.m. - 8 p.m., seven days a week.



Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

2025 Low-Income Subsidy Premium Chart

Georgia Service Area 2

Low Income Subsidy is a Medicare prescription drug coverage that offers financial assistance to qualified beneficiaries who have limited income and resources.

The table below shows what your monthly premium will be if you get Extra Help from a Low-Income Subsidy (This does not include any Medicare Part B premium you have to pay). The monthly premiums listed below include coverage for medical services and prescription drug benefits.

If you're eligible for both **Medicare** and **Medicaid**, you may qualify for our Kaiser Permanente Dual Essential 2 Plan (HMO D-SNP). It features:

- No or low premiums (based on Extra Help you get for your Medicare Part D benefit)
- No or low copays for medical services, including doctor office visits with primary care physicians (based on your Medicaid eligibility)

Your level of Extra Help	Monthly premium: Kaiser Permanente Senior Advantage Basic 2 (HMO)	Monthly premium: Kaiser Permanente Dual Essential 2 (HMO D-SNP)	Monthly premium: Kaiser Permanente Senior Advantage Liberty (HMO)
100%	\$0	\$0	\$0

For full information on Kaiser Permanente Senior Advantage benefits, call Member Services toll free at **1-800-232-4404** or TTY **711, 8 a.m. – 8 p.m., seven days a week.**



Kaiser Permanente is an HMO D-SNP plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Kaiser Permanente depends on contract renewal. You must reside in the Kaiser Permanente Medicare health plan service area in which you enroll.

Medical Financial Assistance Policy Summary

Kaiser Permanente's Medical Financial Assistance (MFA) program provides financial assistance for qualifying patients who need help paying for emergency or medically necessary care they receive in a Kaiser Permanente facility or by a Kaiser Permanente provider. Patients can apply for the MFA program in several ways including online, in person, by phone, or by completing and submitting a paper application. Patients must meet the eligibility requirements below to qualify.

Who is eligible for Financial Assistance and what are the requirements?

The program helps low-income, uninsured, or underserved patients who need help paying for all or part of their medical care. In general, patients are eligible for Financial Assistance when their Gross Household Income is at or below 300% of the Federal Poverty Guidelines (FPG)*. Evaluation of other criteria may be required. Patients should consult with a Financial Counselor to determine eligibility and for help applying. Any patient who meets special circumstance criteria may be eligible for financial assistance.

Does Kaiser Permanente screen patients for public and private program eligibility?

Kaiser Permanente provides patients with help to identify potential public and private health coverage programs that may help with health care access needs. A patient who is presumed eligible for any public or private health coverage program is required to apply for those programs.

What does the program cover?

The Medical Financial Assistance program covers medically necessary care provided at a Kaiser Permanente medical office or pharmacy or provided by a Kaiser Permanente physician or Kaiser Permanente provider. The types of services not covered are premiums and dues; hearing aids; cosmetic; non-urgent and other services as defined by the program.

Is there language assistance?

Interpreters are available to you at no cost. The Medical Financial Assistance application, policy, and this policy summary may be available in your language. For more information, call **404-949-5112** or visit our website at kp.org/mfa/ga.

Does Kaiser Permanente have a Financial Assistance policy?

You may request your free copy of Kaiser Permanente's Medical Financial Assistance policy by calling **404-949-5112**, mailing ATTN: Patient Financial Services, Nine Piedmont Center, 3495 Piedmont Rd, NE, Atlanta, GA 30305-1736, or visiting our website at kp.org/mfa/ga.

Need Help?

For help or questions about the Medical Financial Assistance application process, please call **404-949-5112**, or speak to a Financial Counselor within the Patient Business Office.

How do I Apply?

You can apply for medical financial assistance in several ways -- either by requesting program information online, in person or by phone or requesting a paper application from any of the following sources:

- In person with a Financial Counselor
- Call **404-949-5112**, 8:30 a.m. to 4:30 p.m., Monday through Friday
- By mail (at no cost) ATTN: Patient Financial Services, Nine Piedmont Center, 3495 Piedmont Rd, NE, Atlanta, GA 30305-1736
- Download an application through the Kaiser Permanente Community Benefit website at kp.org/mfa/ga.

Please drop off completed applications (including all required documentation and information specified in the application instructions) in person to the Patient Business Office at your local Medical Office Building.

We will review submitted applications when they are complete and will determine whether you are eligible according to the Kaiser Permanente Medical Financial Assistance Policy. We will not consider incomplete applications but will notify and provide an opportunity to send in the missing documentation or information, by the required deadline.

Counselors are available at Kaiser Permanente facilities to provide program information and to quickly determine MFA eligibility. Counselors are available at the following medical office buildings to assist patients:

- Cascade Medical Center
- Crescent Medical Center
- Cumberland Medical Center
- Glenlake Medical Center
- Gwinnett Medical Center
- Panola Medical Center
- Southwood Medical Center
- Sugar Hill-Buford Medical Center
- Town Park Medical Center

*To find out what the current FPL is, visit the United States Department of Health & Human services online at aspe.hhs.gov/poverty.

Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any one-to-one sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Medicare Advantage Plans (Part C)

Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Special Needs Plan (D-SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

HMO Point-of-Service (HMO-POS) — A Medicare Advantage HMO plan that may allow you to get some services out-of-network for a higher copayment or coinsurance. It's important that you follow the plan's rules, like getting prior approval for a certain service when the plan requires it.

Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products above.

Please note, the person who will discuss the products is either employed or contracted by a Medicare health plan. They do not work directly for the Federal government.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare health plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Date:

Appointment Date:

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
[Plan Use Only:]	

*Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

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.

Frequently Asked Questions

Medicare Advantage Broker Sales Program

What is the Medicare Broker Program?

Kaiser Permanente has a Medicare Broker Program allowing brokers to sell Medicare Advantage plans to Medicare-eligible individuals. This program will be available in the Georgia region and will not include Medicare group sales.

What jurisdictions will the Program cover?

Brokers will be able to sell in the Georgia region, where Kaiser Permanente Medicare Advantage plans are available. **The Kaiser Permanente Medicare Advantage service area is different than the commercial business service area.**

Specifically, the full and partial counties in the Medicare Advantage service area for 2025 are below:

- **All ZIP codes in these counties for Service Area 1:** (Metro Atlanta) Fulton, Cobb, Coweta, Gwinnett, Henry, Douglas, Clayton, Forsyth, DeKalb, Cherokee, Fayette, Paulding (zip code only: 30127, 30134, 30141)
- **All ZIP codes in these counties for Service Area 2:** Walton, Barrow, Newton, Butts, Spalding, Rockdale

What plans will brokers be able to sell?

The program will allow brokers to sell all Kaiser Permanente Medicare Advantage Individual Plans available in the Georgia region. For a full list of plans, please visit kp.org/medicare.

If a broker is currently appointed to sell our KPIF and commercial group business, does this allow them to sell our Medicare business?

No, brokers appointed to sell Kaiser Permanente Individual & Family Plans, as well as commercial group business will not automatically be able to sell KP Medicare business. The licensing, certification, training, and appointment requirements are different for selling Medicare products and must be achieved separately.

How can a broker become a part of the Program?

Any broker who would like to become a part of the Kaiser Permanente Medicare Broker Program must be affiliated with at least one of our Field Marketing Organizations (FMOs) approved to sell Kaiser Permanente Medicare Advantage individual plans in the Georgia region: GS National, HealthMarkets, and Integrity. (Contact information below.)

To ensure a smooth launch of this program, Kaiser Permanente has entered into an agreement with three Field Marketing Organizations (FMOs): GS National, HealthMarkets, and Integrity. Broker commissions will be paid through our FMO partners. At this time, we cannot authorize individual agents or agencies that are not under contract with these two FMOs to sell our Medicare plans.

Brokers wishing to participate in the Medicare Broker Program, should contact one of the three organizations below to be appointed and approved.

Frequently Asked Questions

Medicare Advantage Broker Sales Program

- **GS National**
412-921-6900
agentinfo@gsnational.com
- **HealthMarkets/Golden Outlook**
888-731-4447
Hmfieldsupport@healthmarketshq.com
- **Integrity**
 - **Approved Integrity Partners - Agent Pipeline, Garity and Premier**
contracting@integritymarketing.com

Multiple trainings will be required to become an appointed broker with Kaiser Permanente, a national online product training through Miramar/Convey (formerly Gorman) as well as in-person Sales training in the region. All appropriate licenses are required as well.

What membership will I be compensated for?

The Kaiser Permanente Medicare Broker Compensation structure is designed to grow and incent net new membership growth.

1. Kaiser will pay on any eligible **NEW** to Kaiser Permanente member. Here are a few examples:
 - Individual is on a Non-Kaiser Permanente MAPD or Medigap plan and enrolls onto a KP Individual Medicare Advantage Plan.
 - An Individual has just moved to KPGA region and enrolls during SEP
 - An Individual who ages in, is new to Medicare and is a new member to Kaiser Permanente
 - A Late Retiree, new to Medicare and is a new member to Kaiser Permanente.

Contact GA-MedicareBrokerSupport@kp.org and a member of our Medicare Sales Team will respond as soon as possible. If you would like to discuss any other scenarios.

- Broker commissions will be paid through the FMOs. Brokers participating in this program can reach out to the FMO they're working with to determine exact commissions.
 - Kaiser Permanente will not pay commissions on current KP Individual and Family (KPIF) Plan members who are aging into Medicare unless they already have an Agent of Record.
 - Kaiser Permanente will work with the SunFire platform to support broker leads, applications, and book of business management.
 - All broker commission payments will be distributed via the associated FMO within 60 days after the Medicare member's effective date.
 - Brokers must maintain a production level of six new contracts per year in order to stay appointed as a Kaiser Permanente Medicare broker.
2. Kaiser Permanente will pay commissions on current Kaiser Permanente Individual and Family Plan (KPIF) members enrolling into Medicare **IF** the Agent has been the Agent of Record (AOR).

Frequently Asked Questions

Medicare Advantage Broker Sales Program

- To determine consistent broker of record across KPIF Individual coverage and Medicare coverage, we match on the National Producer Number (NPN).
- Brokers must be receiving commission payments on the non-Medicare Individual coverage for at least 3 months prior to the Medicare enrollment to be considered for Medicare commissions.
- Where we previously paid \$0 commission for existing KP members aging into Medicare in GA, CO and MAS, we will pay renewal commissions for those members beginning 2024.

How do I submit an enrollment?

Kaiser Permanente Medicare Broker Program is 100% automated, requiring electronic application submission through the FMO electronic portal (SunFire). No paper applications are accepted, and broker of record (BOR) changes only occur when there is a change in coverage; there is no separate broker of record (BOR) request process for Medicare outside of automation.

How often are commissions paid?

Commissions are paid 60 days AFTER the effective date. Payments are made once annually (including renewals) per applicant, and CMS status is confirmed before making payment. Standard pro-ration and chargeback rules apply. FMO may distribute commissions monthly, check with your agency. Commission reports are provided monthly, but commissions are only paid once per year per applicant. Payments appear on commission reports once per year unless there are chargebacks. Monthly commission reports detail every policy and broker of record paid that month. KP is unique, in that we pay all commissions up front, once per calendar year per applicant. Many other carriers pay commissions month by month.

Who do I contact with a question about commissions?

Agents should contact their FMO with any concerns about commission payments. Typically, the FMO can check the Status Report (sent daily) and the Payment Report (monthly) to find the needed information

- **HealthMarkets/Golden Outlook: 888-731-4447**
hmfieldsupport@healthmarketshq.com
- **Integrity:** reach out to the Partner Office you work through or contact the Contracting team contracting@integritymarketing.com
- **GS National- 412-921-6900** agentinfo@gsnational.com

- Kaiser Permanente will not pay commissions on current KP Individual and Family (KPIF) Plan members who are aging into Medicare unless they already have an Agent of Record.
 - Kaiser Permanente will work with the SunFire platform to support broker leads, applications, and book of business management.
 - All broker commission payments will be distributed via the associated FMO within 60 days after the Medicare member's effective date.
 - Brokers must maintain a production level of six new contracts per year in order to stay appointed as a Kaiser Permanente Medicare broker.
2. Kaiser Permanente will pay commissions on current Kaiser Permanente Individual and Family Plan (KPIF) members enrolling into Medicare **IF** the Agent has been the Agent of Record (AOR).
- To determine consistent broker of record across KPIF Individual coverage and Medicare coverage, we match on the National Producer Number (NPN).
 - Brokers must be receiving commission payments on the non-Medicare Individual coverage for at least 3 months prior to the Medicare enrollment to be considered for Medicare commissions.
 - We will not pay commissions on current Kaiser Permanente and Family Plan (KPIF) member unless the Agent is AOR as stated above.

Kaiser Permanente will not pay commissions on any current Kaiser Permanente Member from any line of business aging into Medicare or becoming Medicare eligible for the first time (example commercial group plan aging in/late retiree).

- **The exception** is when a KPIF Member Agent of Record is consistent for the Medicare enrollment for at least 3 months prior to the Medicare enrollment. (see bullet #2)

How do I submit an enrollment?

Kaiser Permanente Medicare Broker Program is 100% automated, requiring electronic application submission through the FMO electronic portal (SunFire). No paper applications will be accepted for enrollment in connection with this program.

How often are commissions paid?

Commission reports are provided monthly, but commissions are only paid once per year per applicant. Payments appear on commission reports once per year unless there are chargebacks. Monthly commission reports detail every policy and broker of record paid that month. KP is unique, in that we pay all commissions up front, once per calendar year per applicant. Many other carriers pay commissions month by month.

Who do I contact with a question about commissions?

Agents should contact their FMO with any concerns about commission payments. Typically, the FMO can check the Status Report (sent daily) and the Payment Report (monthly) to find the needed information

- **HealthMarkets:** [Nicole Burnley](#)
- **Integrity:** reach out to the Partner Office you work through or contact the Contracting team contracting@integritymarketing.com
- **GS National**
- 412-921-6900
agentinfo@gsnational.com

Kaiser Permanente Individual Medicare

2024–2025 Individual Medicare Field Broker Commission Schedule

This commission schedule applies to field agents selling Medicare Advantage through one of our participating Field Marketing Organizations (FMO) on behalf of Kaiser Permanente.

Participating FMOs include (1) GS National – CO, GA, MAS, and NW; (2) HealthMarkets – CO, GA, MAS, and NW; (3) Integrity Marketing – CO, GA, HI, MAS, and NW; and (4) Premier Benefit Consultants – HI only.

KP Market	Contract	Plan Year	New-to-KP Members	Existing KP Members enrolling into KP Medicare	
			Initial / Renewal	Initial (Age-in)/ Renewal	Medicare Plan Change
Colorado (KPCO)	H0630 H3138	2024	\$611 / \$306	\$611 / \$306	\$0
		2025	\$626 / \$313	\$626 / \$313	
Georgia (KPGA)	H1170	2024	\$611 / \$306	\$611 / \$306	
		2025	\$626 / \$313	\$626 / \$313	
Mid-Atlantic States (KPMAS) Maryland, Virginia & DC	H2172	2024	\$611 / \$306	\$611 / \$306	
		2025	\$626 / \$313	\$626 / \$313	
Hawaii (KPHI)	H1230	2024	\$611 / \$306	\$0 except where Individual U65 Broker of Record is consistent*	
		2025	\$626 / \$313		
Northwest (KPNW) Oregon and the southern Washington counties of Clark, Cowlitz and Wahkiakum	H9003	2024	\$611 / \$306		
		2025	\$626 / \$313		
Washington (KPWA)	H5050	Under a different Contract directly with KPWA. Out of Scope for this Schedule.			

*To determine consistent broker of record across U65 Individual coverage and Medicare coverage, we match on the National Producer Number (NPN). Brokers must be receiving commission payments on the non-Medicare Individual coverage for at least 3 months prior to the Medicare enrollment to be considered for Medicare commissions.

Additional Compensation Notes:

- Kaiser Permanente is 100% automated with electronic application submission through SunFire. (HealthMarkets agents may also submit through Connecture.) No paper applications are accepted, and broker of record changes only occur when there is a change in coverage; there is no separate broker of record request process for Medicare outside of automation.
- Commissions are paid within 60 days AFTER the effective date. Payments are made to the FMO once annually (including renewals) per applicant, and CMS status is confirmed before making payment. Standard pro-ration and chargeback rules apply. FMO may distribute commissions monthly; check with your agency.

Kaiser Permanente Senior Advantage Member FAQ

Q: If I enroll in a KP Senior Advantage plan will I lose my Original Medicare?

If you enroll in our plan you will not lose your Original Medicare. You're just choosing to allow a private company to administer your benefits instead of the federal government. You do not lose your Medicare benefits and you must continue to pay your Part B premiums.

Q: What happens if I seek services outside of Kaiser Permanente?

KP offers only HMO products. With an HMO, you will be assigned a Primary Care Provider (PCP) at a center closest to you. You can change this PCP as often as you like. Your PCP will coordinate all of your care at Kaiser and can direct you to Specialists or hospitals if you require additional care. You must get your care from providers that are in the Kaiser Permanente locations unless authorized by your PCP. If you go to a provider outside of our network without authorization, you will be responsible for the entire cost.

With the HMO, you have the freedom to choose physicians and specialists from within our network or seek care out of network. If you choose to see a provider that is not in the KP Medicare Advantage network, you may be responsible for the entire cost of that service/visit.

Kaiser Permanente members are covered both nationally and internationally for Urgent and Emergent situations.

Q: Is it possible the amount I pay each month for KP Senior Advantage coverage (insurance premium) will change throughout the year?

A: Your premium will stay the same every month during the calendar year. The only way your premium will change is if you receive a Part D Late Enrollment Penalty (LEP) from the Social Security Administration or if you add or remove the Advantage Plus rider.

Q: What is a Late Enrollment Penalty?

A: The late enrollment penalty is an amount added to your Medicare Part D monthly premium. You may owe a late enrollment penalty if, for any continuous period of 63 days or more after your Initial Enrollment Period is over, you go without one of these:

1. A Medicare Prescription Drug Plan (Part D)
2. A Medicare Advantage Plan (Part C) (like an HMO or PPO)
3. Another Medicare health plan that offers Medicare prescription drug coverage
4. Creditable prescription drug coverage

Q: If I opt to pay my KP Senior Advantage premium via automatic withdrawal from my Social Security check, how long will it take to set up?

A: It will take a minimum of 90 days to start or stop automatic withdrawal from Social Security checks.

Q: If I enroll in the Advantage Plus supplemental benefit (dental/hearing), will I receive a separate ID card?

A: No. Your KP Senior Advantage ID card and Member ID number will be accepted and recognized by the supplemental vendors, but you are also welcome to go online to Delta Dental (www.deltadentalins.com) to create an account and print a card. Hearing aid services happen at Kaiser Permanente facilities with Kaiser Permanente doctors.

Q: Can I assume that all providers in the Kaiser Permanente facilities will be in network?

A: Yes, all of our Physicians in the Kaiser Permanente facilities are in network. We do have many Community Providers outside of our facilities in network, but you should check with Member Services if you need authorization and a referral from your KP Primary Care Doctor to see them.

Q: What happens if I go to a provider who is not in network?

You will be responsible for 100% of the bill unless you received prior authorization from Kaiser Permanente. There is no out of network coverage on this plan except for Emergency, Urgent Care and Out of Area Renal Dialysis nationwide. Emergency and Urgent Care is also covered outside of the U.S.

Q: Does your HMO plan require referrals to see a specialist?

Our HMO plan requires referrals for some specialist visits. Your Primary Care Provider will help to coordinate your care with any Specialists you may require.

Q: If I sign up for the Advantage Plus rider what is the premium and is there a waiting period for the benefits to begin?







Our rider has a \$9 monthly premium in addition to any plan premiums and there is no waiting period for the benefits to begin.

Q: Does Kaiser Permanente offer any financial assistance to members in need?

A: Yes. Kaiser Permanente does offer Member Financial Assistance. It is needs based and the member must meet certain income requirements to qualify. Have your member call the Medical Financial Assistance Program phone number: **404-949-5112** (TTY **800-255-0056**) or go online at www.kp.org/mfa/ga.

Kaiser Permanente enrollment platform access



Your FMO	Directions and Support
	<p>Once logged into Propelcity account, you will access SunFire through the Enrollment Section with a Single Sign On.</p> <ul style="list-style-type: none"> You will click on the Enrollment icon in the top right corner of the screen and then click on Quote & Enroll. This will automatically log you into your SunFire account. For questions/issues: agentinfo@gsnational.com or they can call at 855-330-5566. 
 	<p>You will be given access to quote and sell Kaiser Medicare Advantage via QuoteConnect.</p> <ul style="list-style-type: none"> Once you sign in to QuoteConnect, click Dashboard. Next, click Build Proposal. Continue enrollment leveraging Connecture DRX Or you have the option to use Sunfire: sunfirematrix.com/app/agent/hthmks. Permanente Medicare quoting will be available in QuoteConnect if you have completed all the Ready the to Sell Requirements For questions/issues: contact HealthMarkets' Field Support at 888-731-4447. 
	<p>You will be given access to quote and sell Kaiser Medicare Advantage via MedLink (Sunfire) in MedicareCENTER.</p> <ul style="list-style-type: none"> Please note, Kaiser quoting will be available in MedApp (Connecture), however, enrollments must be submitted via MedLink (SunFire). Log in is provided by your FMO. If you already have access, then Kaiser Permanente Medicare Advantage plans will be visible once you have completed all your Ready to Sell requirements. For questions/issues: MedicareCENTER@integritymarketing.com.

Kaiser Permanente Senior Advantage In-Person Sales Appointment Checklist

- Purpose of meeting- type of product you will discuss
- Scope of Appointment Form (non-Tele sales appts)
- What type of coverage (why are you here?)
- Review Benefits- Dental, Vision, HFC, OTC, Transportation
- Evidence of Coverage (EOC) kp.org/eocga or **1-800-232-4404**
- LIS/LEP
- Star Rating
- Continue to pay Part B (one Part D plan at a time), reside in service area
- Use of Medicare Card vs. KP ID card
- Enrollment Eligibility (include when you can join/leave a plan)
- Which hospitals, doctors, and pharmacies, locations they can use
- KP Formulary to make sure drugs are covered
- Review other pieces of the enrollment kit
- After-hours, urgent care, and emergency travel
- When coverage begins
- Next steps
- How to make first appointment/use of advice line
- My Health Manager
- Member services- kp.org/appointments or **1-800-232-4404**
- Verification calls – KP Verify Enrollment
- New Member Welcome Book- kp.org/newmembers

2025 Plan Highlights

		Service Area 1			Entire Footprint	Service Area 2
	Plan Name	Enhanced 1	Basic 1	Care Plus	Liberty	Basic 2
	Premium	\$67	\$0	\$0	\$0	\$0
	MOOP	\$4,900	\$5,900	\$6,500	\$6,000	\$5,900
Core	PCP SCP	\$0 \$15	\$0 \$25	\$0 \$35	\$0 \$40	\$0 \$25
	PT ST OT	\$15	\$25	\$35	\$40	\$25
	Inpatient Hospital	\$295, days 1-8	\$345, days 1-7	\$290, days 1-7	\$295, days 1-6	\$295, days 1-6
	SNF	\$203/Day for Days 21-100	\$203/Day for Days 21-100	\$203/Day for Days 21-100	\$203/Day for Days 21-100	\$203/Day for Days 21-100
	Ambulance	\$260	\$275	\$275	\$225	\$275
	Urgent Care ER	\$15 \$125	\$25 \$125	\$35 \$125	\$40 \$125	\$25 \$125
	Outpatient Hospital	\$0 - \$200	\$0 - \$275	\$0 - \$275	\$0 - \$275	\$0 - \$275
	Labs	\$0 in medical office				
	X-rays	\$0 in medical office	\$5 in medical office	\$10 in medical office	\$5 in medical office	\$0 in medical office
	Diag. Radiology	\$0 - \$245	\$5 - \$290	\$10 - \$290	\$0 - \$245	\$5 - \$290
	ESRD	20%				
Part D	Rx Deductible	\$0	\$0	\$0	N/A	\$0
	30-Day Retail Rx Tier 1: Pref Generic Tier 2: Generic Tier 3: Pref. Brand Tier 4: NP Brand Tier 5: Specialty	Enhanced Alternative \$0 \$0 \$47 \$95 33%	Enhanced Alternative \$0 \$0 \$47 \$95 33%	Enhanced Alternative \$0 \$0 \$47 \$95 33%	N/A	Enhanced Alternative \$0 \$6 \$47 \$95 33%
Supplementals	Vision	\$500 every 2 years				
	Hearing Aids	Buy Up Available: \$12/mo for \$500/ear/36 months				
	Dental	\$0 copays Diagnostic & Preventive / \$580 maximum copay for comprehensive				
	Fitness	Optum's One Pass (Physical + Memory Fitness)				
	NEMT	18 one-way trips				
	HFC	\$120/qtr. with SSBCI	\$100/qtr. with SSBCI	\$100/qtr. with SSBCI	\$100/qtr. with SSBCI	\$100/qtr. with SSBCI
	OTC	\$75/qtr.	\$80/qtr.	\$65/qtr.	\$75/qtr.	\$125/qtr.

2025 Plan Highlights - DSNP

		Service Area 1		Service Area 2
	Plan Name	Kaiser Permanente Dual Essential Plan 1 (008)	Kaiser Permanente Dual Complete (015)*	Kaiser Permanente Dual Essential Plan 2 (011)
	Counties	Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding		Barrow, Butts, Newton, Rockdale, Spalding, Walton
	Eligibility	Full + Partial (Anyone with Dual Eligibility)	Full	Full + Partial (Anyone with Dual Eligibility)
	Premium	\$0	\$0	\$0
	MOOP	\$8,850	\$9,350	\$8,850
Core	PCP SCP	\$0 \$0	\$0 \$0	\$0 \$0
	PT ST OT	\$20	\$0	\$15
	Inpatient Hospital	\$2,000/Stay	\$0	\$325/day, days 1-6
	SNF	\$214/Day for Days 21-100	\$0	\$214/Day for Days 21-100
	Ambulance	\$280	\$0	\$250
	Urgent Care ER	\$35 \$110	\$0	\$15 \$110
	Outpatient Hospital	\$300	\$0	\$250
	Labs	\$0 in medical office (\$35 for outpatient hospital)	\$0	\$0 in medical office (\$35 for outpatient hospital)
	X-rays	\$0 in medical office (\$35 for outpatient hospital)	\$0	\$0 in medical office (\$35 for outpatient hospital)
	Diag. Radiology	\$0 - \$290	\$0	\$0 - \$245
	ESRD	20%	\$0	20%
Part D	Rx Deductible	\$400 (Tiers 3 - 5)	\$0	\$320 (Tiers 3 - 5)
	30-Day Retail Rx Tier 1: Pref Generic Tier 2: Generic Tier 3: Pref. Brand Tier 4: NP Brand Tier 5: Specialty	Enhanced Alternative \$0 \$7 \$47 \$100 28%	Enhanced Alternative \$0	Enhanced Alternative \$0 \$0 \$47 \$100 29%
Supplementals	Vision	\$575 every 2 years	\$575 every 2 years	\$575 every 2 years
	Hearing Aids	\$500 allowance per ear every 36 months Buy Up Available: \$12/mo for additional \$500/ear/36 months	\$1,000 allowance per ear every 36 months Buy Up Available: \$12/mo for additional \$500/ear/36 months	\$500 allowance per ear every 36 months Buy Up Available: \$12/mo for additional \$500/ear/36 months
	Dental	\$0 copays - Diagnostic & Preventive care (Fluoride included). \$580 maximum copay for comprehensive dental services		
	Fitness	Optum's One Pass (Physical + Memory Fitness)		
	NEMT	36 one-way trips		
	HFC	\$245/qtr.	\$285/qtr.	\$240/qtr.
OTC	\$150/qtr.	\$255/qtr.	\$200/qtr.	



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