

2025 KELSEY-CARE ADVANTAGE PLAN GUIDE

PLAN	SIGNATURE (HMO MAPD)	FREEDOM (HMO-POS MAPD)	CORE (HMO MA-ONLY)
Monthly Premium	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0
Drug Deductible	\$100 T3,4,5	\$200 T3,4,5	N/A
INN MOOP	\$4,500	\$6,500	\$4,500
OON MOOP	N/A	\$10,000	N/A
Medical Benefits			
Doctor Services			
PCP (INN / OON)	\$0 / N/A	\$0 / \$10	\$0 / N/A
Specialist (INN / OON)	\$20 / N/A	\$35 / \$60, MD Anderson 40%	\$20 / N/A
Hospital Services			
Inpatient Hospital	\$325 per day / days 1-5	\$375 per day / days 1-5	\$325 per day / days 1-5
Outpatient Hospital	\$300	\$350	\$300
Urgently Needed Care			
Emergency Room	\$125	\$125	\$125
Urgent Care	\$25	\$40	\$25
Ambulance	\$275	\$275	\$275
Test, Labs and Imaging			
Diagnostics Tests / Procedures	\$0-25	\$0-25 / 40%	\$0-25
Lab Services	\$0	\$0 / 40%	\$0
Diagnostic Radiological Svcs	\$25-200	\$25-200 / 40%	\$25-200
Outpatient X-rays	\$0	\$0 / 40%	\$0
Medicare Covered Services			
Diabetic Supplies	\$0; meters/preferred brands Roche & LifeScan	\$0; meters/preferred brands Roche & LifeScan (40% OON)	\$0; meters/preferred brands Roche & LifeScan
Supplemental Benefits			
Dental (DBP/UHC Dental)	\$2,500 P&C limit; Prev & Comp 0% Coins. (\$0 deductible)	\$2,000 P&C limit; Prev & Comp 0% Coins. (\$0 deductible)	\$1,500 P&C limit; Prev & Comp 0% Coins. (\$25 deductible)
Dental Buy-Up \$22.50 monthly premium	N/A	N/A	\$3,000 P&C limit; Comp 50% Coins.
Vision (Spectera/UHC Vision)	\$0 eye exam/yr; \$125 eyewear/yr	\$0 eye exam/yr; \$175 eyewear/yr	\$0 eye exam/yr; \$125 eyewear/yr
Hearing	\$0 hearing exam/yr; \$1,500 every 3 years	\$0 hearing exam/yr; \$1,500 every 3 years	\$0 hearing exam/yr; \$1,500 every 3 years
OTC (Convey)	\$25/quarter	\$25/quarter	\$25/quarter
Transportation (Saferide)	10 one-way rides for all members Unlimited for qualifying chronic conditions ¹	10 one-way rides for all members Unlimited for qualifying chronic conditions ¹	Unlimited for qualifying chronic conditions only ²

Part D Coverage			
DAY SUPPLY	TIER	PREFERRED	NON-PREFERRED
30	Tier 1	\$0	\$7
	Tier 2	\$5	\$15
	Tier 3	\$40	\$47
	Tier 4	40%	40%
	Tier 5	30%	30%
	Tier 6	\$0	\$0
	Insulins	\$35	\$35
90	Tier 1	\$0	\$21
	Tier 2	\$12.50	\$45
	Tier 3	\$100	\$141
	Tier 4	40%	40%
	Tier 5	N/A	N/A
	Tier 6	\$0	\$0
	Insulins	\$87.50	\$105

DRUG DEDUCTIBLES

- **Applicable Tiers:** 3-5
- **Signature:** \$100
- **Freedom:** \$200
- **No Deductible** for Tiers 1, 2, or 6

PHARMACIES AND PRESCRIPTIONS

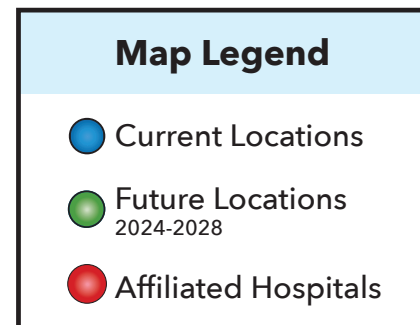
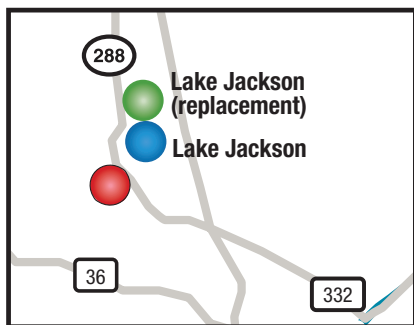
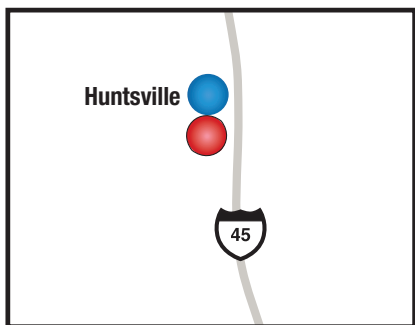
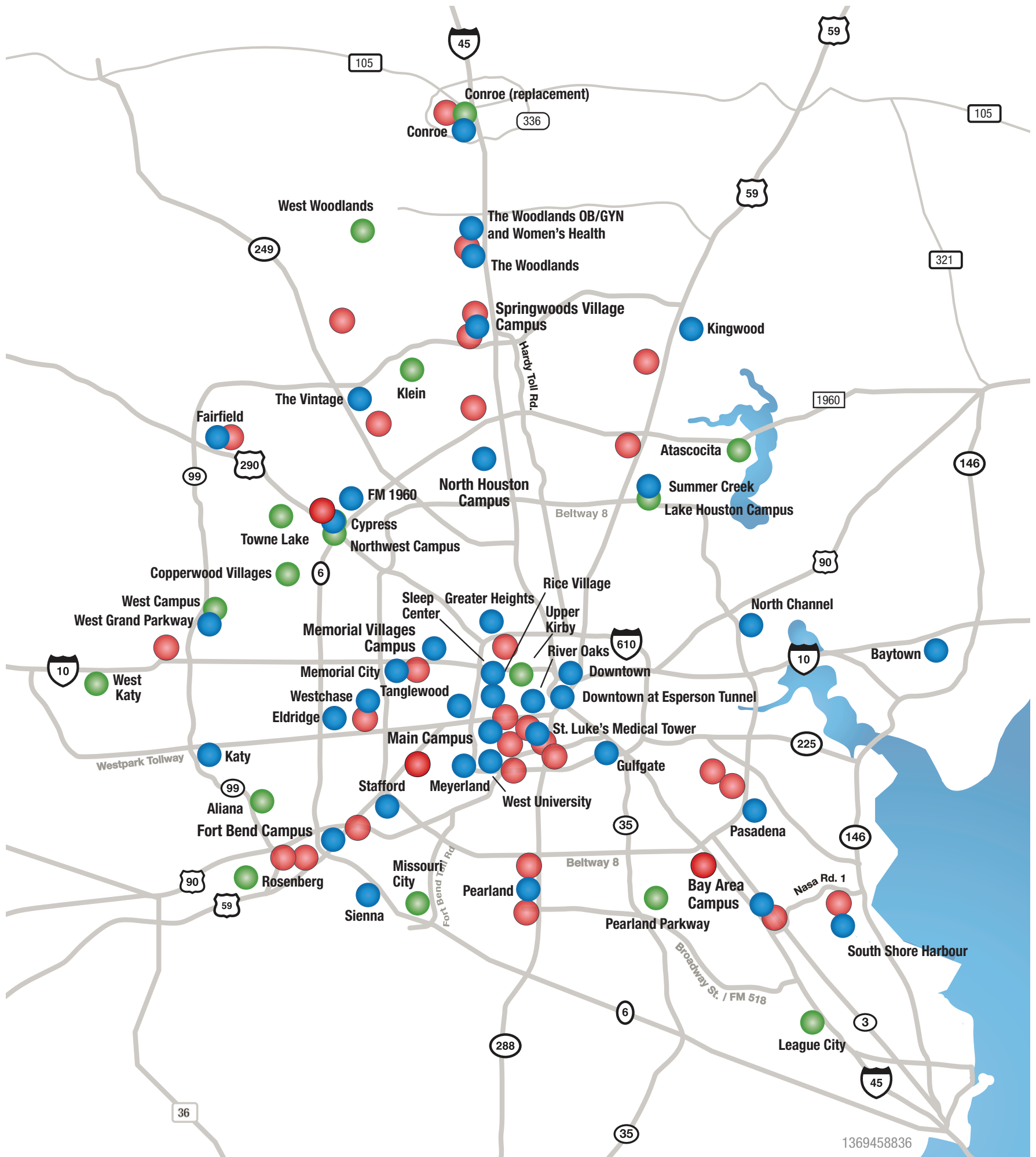
- Preferred Pharmacies are Kelsey Pharmacy, CVS Pharmacy, and HEB Pharmacy.
- 90-day supplies are covered at preferred pharmacies at 2.5x copay.
- Vaccines covered at \$0.
- You won't pay more than \$35 monthly for insulin.
- Supplement drug coverage includes generic Viagra (sildenafil), folic acid, vitamin B12, vitamin D2 (ergocalciferol).
- Members can use OTC allowances online, via mail/phone, or at participating retail locations – through our OTC administrator, Convey Health Solutions.
- Quarterly OTC allowances do not roll over if unused.

COVERAGE BY REGION

Primary Counties Offering All Plans: Brazoria, Fort Bend, Galveston (excluding the island), Harris, and Montgomery
Outlying Counties Offering Freedom and Core: Austin, Chambers, Grimes, Liberty, San Jacinto, Walker, Waller, and Wharton

Kelsey-Seybold

Locations and Affiliated Hospitals



¹Qualifying conditions include End Stage Renal Disease (ESRD), Cancer, Congestive Heart Failure (CHF), and severe hematologic disorders.²Similar coverage to Signature and Freedom, except CHF not included in unlimited transportation coverage for the Core plan. The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify. KelseyCare Advantage, a product of KS Plan Administrators, LLC, is an HMO and POS Medicare Advantage plan with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal. This information is not a complete description of benefits. Benefits and coverage vary by plan. Plans may vary by county. Call for more information: prospective members, call 713-442-5646 (TTY: 711), October 1 – March 31, 8 a.m. - 8 p.m. CT, seven days a week; or April 1 – September 30, 8 a.m. - 8 p.m. CT, Monday through Friday. Medicare beneficiaries may also enroll in KelseyCareAdvantage online at KelseyCareAdvantage.com/Enroll or through the CMS Medicare Online Enrollment Center located at medicare.gov. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat KelseyCare Advantage members, except in emergency situations. © 2024 KelseyCare Advantage. All rights reserved.