KelseyCare Advantage

2025

FREEDOM (HMO-POS)

ANNUAL NOTICE OF CHANGE

1-866-535-8343 (TTY: 711)

KelseyCareAdvantage.com

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KelseyCare Advantage Freedom (HMO-POS) offered by KelseyCare Advantage

Annual Notice of Changes for 2025

You are currently enrolled as a member of KelseyCare Advantage Freedom (HMO-POS). Next year, there will be changes to the plan's costs and benefits. ***Please see page 7 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.KelseyCareAdvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

□ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including coverage restrictions and cost sharing.

- Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2025 "Drug List" to make sure the drugs you currently take are still covered.
- Compare the 2024 and 2025 plan information to see if any of these drugs are moving to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit, for 2025.

☐ Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies, will be in our network next year.

☐ Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in KelseyCare Advantage Freedom (HMO-POS).
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025.** This will end your enrollment with KelseyCare Advantage Freedom (HMO-POS).
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 713-442-CARE (2273) or toll-free at 1-866-535-8343 for additional information. (TTY users should call 711.) Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used on weekends, after hours, and on federal holidays. This call is free.

- This information is available in braille, large print and other alternate formats.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About KelseyCare Advantage Freedom (HMO-POS)

- 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.
- When this document says "we," "us," or "our," it means KelseyCare Advantage. When it says "plan" or "our plan," it means KelseyCare Advantage Freedom (HMO-POS).

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for KelseyCare Advantage Freedom (HMO-POS) in several important areas. **Please note this is only a summary of costs**.

Cost	2024 (this year)	2025 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	$0	$0
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$3,450	$6,500

Cost	2024 (this year)	2025 (next year)
Maximum out-of-network Point of Service (POS) out-of-pocket amount This is the most you will pay out of-pocket for your out-of-network covered Part A and Part B services received through the POS benefit. (See Section 2.2 for details.)	$10,000	$10,000

Doctor office visits	**In-Network** Primary care visits: $0 copay per visit Specialist visits: $25 copay per visit **Out-of-Network:** Primary care visits: $10 copay per visit Specialist visits*: $35 copay for each Medicare-covered specialist visit. *40% coinsurance for each Medicare-covered specialist visit with MD Anderson providers.	**In-Network** Primary care visits: $0 copay per visit Specialist visits: $35 copay per visit **Out-of-Network:** Primary care visits: $10 copay per visit Specialist visits*: $60 copay for each Medicare-covered specialist visit. *40% coinsurance for each Medicare-covered specialist visit with MD Anderson providers.

Cost	2024 (this year)	2025 (next year)
Inpatient hospital stays	For Medicare-covered hospital stays: $325 copay per stay for days 1-90	For Medicare-covered hospital stays: $375 copay per day for days 1-5; $0 copay per day for days 6-90
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $100 except for covered insulin products and most adult Part D vaccines. Deductible only applies to Drug Tiers 3, 4 and 5 Copayment/Coinsurance during the Initial Coverage Stage:	Deductible: $200 except for covered insulin products and most adult Part D vaccines. Deductible only applies to Drug Tiers 3, 4 and 5 Copayment/Coinsurance during the Initial Coverage Stage:

Cost	2024 (this year)	2025 (next year)
	• Drug Tier 1: $0 copay at a preferred network pharmacy or $3 copay at a network pharmacy	• Drug Tier 1: $0 copay at a preferred network pharmacy or $7 copay at a network pharmacy
	• Drug Tier 2: $0 copay at a preferred network pharmacy or $15 copay at a network pharmacy	• Drug Tier 2: $5 copay at a preferred network pharmacy or $15 copay at a network pharmacy

Cost	2024 (this year)	2025 (next year)
	• Drug Tier 3: $40 copay at a preferred network pharmacy or $45 copay at a network pharmacy Insulin Standard Cost Sharing - You pay $35 per month supply of each covered insulin product on this tier	• Drug Tier 3: $40 copay at a preferred network pharmacy or $47 copay at a network pharmacy Insulin Standard Cost Sharing - You pay $35 per month supply of each covered insulin product on this tier

Cost	2024 (this year)	2025 (next year)
	• Drug Tier 4: $80 copay at a preferred network pharmacy or $90 copay at a network pharmacy Insulin Standard Cost Sharing - You pay $35 per month supply of each covered insulin product on this tier	• Drug Tier 4: 40% coinsurance at a preferred network pharmacy or 40% coinsurance at a network pharmacy Insulin Standard Cost Sharing - You pay $35 per month supply of each covered insulin product on this tier

Cost	2024 (this year)	2025 (next year)
	• Drug Tier 5: 31% coinsurance at a preferred network pharmacy or 31% coinsurance at a network pharmacy Insulin Standard Cost Sharing - You pay $35 per month supply of each covered insulin product on this tier	• Drug Tier 5: 30% coinsurance at a preferred network pharmacy or 30% coinsurance at a network pharmacy Insulin Standard Cost Sharing - You pay $35 per month supply of each covered insulin product on this tier
	• Drug Tier 6: $0 copay at a preferred network pharmacy or $0 copay at a network pharmacy	• Drug Tier 6: $0 copay at a preferred network pharmacy or $0 copay at a network pharmacy

Cost	2024 (this year)	2025 (next year)
	Catastrophic Coverage: • During this payment stage, the plan pays the full cost for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.	Catastrophic Coverage: • During this payment stage, you pay nothing for your covered Part D drugs. • You may have cost sharing for drugs that are covered under our enhanced benefit.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0 There is no change for the upcoming benefit year.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally

pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,450	$6,500 Once you have paid $6,500 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-network Point of Service (POS) out-of-pocket amount This is the most you will pay out of-pocket for your out-of-network covered Part A and Part B services received through the POS benefit. (See Section 2.2 for details.)	$10,000	$10,000

Section 1.3 – Changes to the Provider and Pharmacy Networks

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Updated directories are located on our website at www.KelseyCareAdvantage.com. You may also call Member Services for updated provider and/or pharmacy information or to

ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* www.KelseyCareAdvantage.com to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2025 *Pharmacy Directory* www.KelseyCareAdvantage.com to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Acupuncture	**Out-of-Network** You pay $35 copay for each Medicare-covered visit.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered visit.
Ambulance Services	**In-Network** You pay $225 copay for each one-way Medicare-covered ground ambulance service. You pay $225 copay for each one-way Medicare-covered air ambulance service.	**In-Network** You pay $275 copay for each one-way Medicare-covered ground ambulance service. You pay $275 copay for each one-way Medicare-covered air ambulance service.

Cost	2024 (this year)	2025 (next year)
	Out-of-Network You pay $250 copay for each one-way Medicare-covered ground ambulance service. You pay 50% coinsurance for each one-way Medicare-covered air ambulance service.	**Out-of-Network** You pay $400 copay for each one-way Medicare-covered ground ambulance service. You pay $400 copay for each one-way Medicare-covered air ambulance service.
Cardiac Rehabilitation Services	**In-Network** You pay $25 copay for each Medicare-covered cardiac rehabilitation services visit. You pay $25 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.	**In-Network** You pay $35 copay for each Medicare-covered cardiac rehabilitation services visit. You pay $35 copay for each Medicare-covered intensive-cardiac rehabilitation services visit.

Cost	2024 (this year)	2025 (next year)
	Out-of-Network You pay 50% coinsurance for each Medicare-covered cardiac rehabilitation services visit. You pay 50% coinsurance for each Medicare-covered intensive cardiac rehabilitation services visit.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered cardiac rehabilitation services visit. You pay 40% coinsurance for each Medicare-covered intensive cardiac rehabilitation services visit.
Chiropractic Services	**Out-of-Network** You pay $35 copay for each Medicare-covered chiropractic services visit.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered chiropractic services visit.

Cost	2024 (this year)	2025 (next year)
Colorectal Cancer Screening (Barium Enemas)	**Out-of-Network** You pay 50% coinsurance for each Medicare-covered barium enema.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered barium enema.
Dental Services - Medicare Covered	**In-Network** You pay $25 copay for each Medicare-covered dental services visit.	**In-Network** You pay $35 copay for each Medicare-covered dental services visit.

Cost	2024 (this year)	2025 (next year)
Dental Services – Preventive and Comprehensive Services	$2,500 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.	$2,000 maximum plan coverage amount every year for diagnostic and preventive dental services. This amount is combined with the non-Medicare-covered comprehensive dental services benefit.

Cost	2024 (this year)	2025 (next year)
Diabetes Self-Management Training, Diabetic Services and Supplies	**Out-of-Network** You pay 50% coinsurance for Medicare-covered diabetes self-management training services. You pay 50% coinsurance for Medicare-covered diabetic monitoring supplies. You pay 50% coinsurance for Medicare-covered diabetic therapeutic shoes and inserts.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered diabetes self-management training services. You pay 40% coinsurance for Medicare-covered diabetic monitoring supplies. You pay 40% coinsurance for Medicare-covered diabetic therapeutic shoes and inserts.

Cost	2024 (this year)	2025 (next year)
Durable Medical Equipment (DME) and Related Supplies	Preferred continuous blood glucose monitors (CGM) are Dexcom G6 and Dexcom G7; all other CGMs are subject to step therapy.	Preferred continuous blood glucose monitors (CGM) are Dexcom G6 and Dexcom G7 and FreeStyle Libre 14/2/3; all other CGMs are excluded.
	Out-of-Network	**Out-of-Network**
	You pay 50% coinsurance for Medicare-covered DME and related supplies.	You pay 40% coinsurance for Medicare-covered DME and related supplies.
	You pay 50% coinsurance for Medicare-covered oxygen equipment.	You pay 40% coinsurance for Medicare-covered oxygen equipment.

Cost	2024 (this year)	2025 (next year)
EKG Following "Welcome to Medicare" Visit	**Out-of-Network** You pay 50% coinsurance for an EKG following the Medicare-covered "Welcome to Medicare" visit.	**Out-of-Network** You pay 40% coinsurance for an EKG following the Medicare-covered "Welcome to Medicare" visit.
Emergency Care	**In- and Out-of-Network** You pay $120 copay for each visit for Medicare-covered emergency care services.	**In- and Out-of-Network** You pay $125 copay for each visit for Medicare-covered emergency care services.

Cost	2024 (this year)	2025 (next year)
Flex Wallet	$750 towards out-of-pocket costs for dental, vision, hearing or fitness expenses.	Flex Wallet is not covered.
Fitness Benefit	**In-Network** You pay $0 copay for the fitness benefit.	**In-Network** Fitness benefit is not covered.
Hearing Services	**In-Network** You pay $25 copay for each Medicare-covered hearing exam. **Out-of-Network** You pay 20% coinsurance for each Medicare-covered hearing exam.	**In-Network** You pay $35 copay for each Medicare-covered hearing exam. **Out-of-Network** You pay 40% coinsurance for each Medicare-covered hearing exam.

Cost	2024 (this year)	2025 (next year)
	Routine hearing aid fitting/evaluation benefit is not covered.	You pay 40% coinsurance for each routine hearing aid fitting/evaluation visit (1 visit every year).
Home Health Agency Care		
	In-Network You pay $10 copay for Medicare-covered home health services.	**In-Network** You pay $0 copay for Medicare-covered home health services.
	Out-of-Network You pay 50% coinsurance for Medicare-covered home health services.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered home health services.

Cost	2024 (this year)	2025 (next year)
Home Infusion Therapy	**Out-of-Network** You pay 20% coinsurance for Medicare-covered home infusion therapy services.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered home infusion therapy services.

Cost	2024 (this year)	2025 (next year)
Inpatient Hospital Care	**In-Network** For Medicare-covered inpatient hospital stays, you pay $325 copay per stay for days 1-90. After you pay the $325 maximum out-of-pocket amount every stay for inpatient hospital benefits, the plan will cover the rest of your out-of-pocket costs for eligible services.	**In-Network** For Medicare-covered inpatient hospital stays, you pay $375 copay per day for days 1-5; $0 copay per day for days 6-90. After you pay up to the $1,875 maximum out-of-pocket amount for each stay for inpatient hospital benefits, the plan will cover the rest of your out-of-pocket costs for eligible services.

Cost	2024 (this year)	2025 (next year)
Inpatient Services in a Psychiatric Hospital		
	In-Network For Medicare-covered inpatient mental health stays, you pay $325 copay per stay for days 1-90. After you pay the $325 maximum out-of-pocket amount every stay for inpatient mental health benefits, the plan will cover the rest of your out-of-pocket costs for eligible services.	**In-Network** For Medicare-covered inpatient mental health stays, you pay $375 copay per day for days 1-5; $0 copay per day for days 6-90. After you pay up to the $1,875 maximum out-of-pocket amount for each stay for inpatient hospital benefits, the plan will cover the rest of your out-of-pocket costs for eligible services.

Cost	2024 (this year)	2025 (next year)
Kidney Disease Services		
	Out-of-Network You pay 50% coinsurance for Medicare-covered dialysis services.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered dialysis services.
Medicare Part B Prescription Drugs		
	Out-of-Network You pay 20% coinsurance for Medicare Part B insulin drugs. You pay 20% coinsurance for Medicare Part B chemotherapy and radiation drugs. You pay 20% coinsurance for other Medicare Part B drugs.	**Out-of-Network** You pay 40% coinsurance for Medicare Part B insulin drugs. You pay 40% coinsurance for Medicare Part B chemotherapy and radiation drugs. You pay 40% coinsurance for other Medicare Part B drugs.

Cost	2024 (this year)	2025 (next year)
Outpatient Blood Services	**Out-of-Network** You pay 50% coinsurance for Medicare-covered blood services.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered blood services.
Outpatient Diagnostic Tests and Therapeutic Services and Supplies	**In-Network** For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay $0 to $150 copay.	**In-Network** For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay $25 to $200 copay.

Cost	2024 (this year)	2025 (next year)
	Out-of-Network	**Out-of-Network**
	For Medicare-covered outpatient diagnostic procedures and tests, you pay 20% coinsurance.	For Medicare-covered outpatient diagnostic procedures and tests, you pay 40% coinsurance.
	For Medicare-covered outpatient lab services, you pay 50% coinsurance.	For Medicare-covered outpatient lab services, you pay 40% coinsurance.
	For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay 20% coinsurance.	For Medicare-covered outpatient diagnostic radiology services (such as MRIs and CT scans), you pay 40% coinsurance.
	For Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer), you pay 20% coinsurance.	For Medicare-covered outpatient therapeutic radiology services (such as radiation treatment for cancer), you pay 40% coinsurance.

Cost	2024 (this year)	2025 (next year)
	For Medicare-covered outpatient X-rays, you pay $20 copay.	For Medicare-covered outpatient X-rays, you pay 40% coinsurance.
Outpatient Hospital Observation		
	In-Network You pay $300 copay per stay for Medicare-covered outpatient hospital observation services.	**In-Network** You pay $350 copay per stay for Medicare-covered outpatient hospital observation services.
	Out-of-Network You pay 20% coinsurance for Medicare-covered outpatient hospital observation services.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered outpatient hospital observation services.

Cost	2024 (this year)	2025 (next year)
Outpatient Mental Health Care	**Out-of-Network** You pay $35 copay for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist). You pay $35 copay for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered individual therapy visit with a mental health care professional (non-psychiatrist). You pay 40% coinsurance for each Medicare-covered group therapy visit with a mental health care professional (non-psychiatrist).

Cost	2024 (this year)	2025 (next year)
	You pay $35 copay for each Medicare-covered individual therapy visit with a psychiatrist. You pay $35 copay for each Medicare-covered group therapy visit with a psychiatrist.	You pay 40% coinsurance for each Medicare-covered individual therapy visit with a psychiatrist. You pay 40% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.
Outpatient Rehabilitation Services		
	In-Network You pay $10 copay for each Medicare-covered occupational therapy visit. You pay $10 to $35 copay for each Medicare-covered physical therapy or speech therapy visit.	**In-Network** You pay $35 copay for each Medicare-covered occupational therapy visit. You pay $15 copay for each Medicare-covered physical therapy or speech therapy visit.

Cost	2024 (this year)	2025 (next year)
	Out-of-Network	**Out-of-Network**
	You pay 50% coinsurance for each Medicare-covered occupational therapy visit.	You pay 40% coinsurance for each Medicare-covered occupational therapy visit.
	You pay $40 copay for each Medicare-covered physical therapy or speech therapy visit.	You pay 40% coinsurance for each Medicare-covered physical therapy or speech therapy visit.

Cost	2024 (this year)	2025 (next year)
Outpatient Substance Use Disorder Services	**Out-of-Network** You pay $35 copay for each Medicare-covered individual therapy visit. You pay $35 copay for each Medicare-covered group therapy visit.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered individual therapy visit. You pay 40% coinsurance for each Medicare-covered group therapy visit.
Outpatient Surgery	Includes services provided at hospital outpatient facilities and ambulatory surgical centers. **In-Network** For Medicare-covered services at an outpatient hospital facility, you pay $300 copay.	**In-Network** For Medicare-covered services at an outpatient hospital facility, you pay $350 copay.

Cost	2024 (this year)	2025 (next year)
	For Medicare-covered services at an ambulatory surgical center, you pay $225 copay. **Out-of-Network** For Medicare-covered services at an outpatient hospital facility, you pay 20% coinsurance. For Medicare-covered services at an ambulatory surgical center, you pay 20% coinsurance.	For Medicare-covered services at an ambulatory surgical center, you pay $300 copay. **Out-of-Network** For Medicare-covered services at an outpatient hospital facility, you pay 40% coinsurance. For Medicare-covered services at an ambulatory surgical center, you pay 40% coinsurance.
Over-the-Counter Items	$95 maximum plan coverage amount every 3 months for OTC items.	$25 maximum plan coverage amount every 3 months for OTC items.

Cost	2024 (this year)	2025 (next year)
Partial Hospitalization and Intensive Outpatient Services	**Out-of-Network** You pay 50% coinsurance for Medicare-covered partial hospitalization and intensive outpatient services.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered partial hospitalization and intensive outpatient services.
Physician/Practitioner Services, Including Doctor's Office Visits	**In-Network** You pay $25 copay for each Medicare-covered specialist visit.	**In-Network** You pay $35 copay for each Medicare-covered specialist visit.

Cost	2024 (this year)	2025 (next year)
	Out-of-Network You pay $35 copay for each Medicare-covered specialist visit.	**Out-of-Network** You pay $60 copay for each Medicare-covered specialist visit.
Podiatry Services		
	In-Network You pay $25 copay for each Medicare-covered podiatry services visit.	**In-Network** You pay $35 copay for each Medicare-covered podiatry services visit.
	Out-of-Network You pay $35 copay for each Medicare-covered podiatry services visit.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered podiatry services visit.

Cost	2024 (this year)	2025 (next year)
Preventive Services	These services are noted with an apple icon in the Chapter 4 medical benefits chart in your *Evidence of Coverage*). **Out-of-Network** You pay 50% coinsurance for Medicare-covered zero cost-sharing preventive services.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered zero cost-sharing preventive services.
Prostate Cancer Screening Exam (Digital Rectal Exam)	**Out-of-Network** You pay 50% coinsurance for each Medicare-covered digital rectal exam.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered digital rectal exam.

Cost	2024 (this year)	2025 (next year)
Prosthetic and Orthotic Devices and Related Supplies	**Out-of-Network** You pay 50% coinsurance for Medicare-covered prosthetic and orthotic devices. You pay 50% coinsurance for Medicare-covered medical supplies.	**Out-of-Network** You pay 40% coinsurance for Medicare-covered prosthetic and orthotic devices. You pay 40% coinsurance for Medicare-covered medical supplies.
Pulmonary Rehabilitation Services	**In-Network** You pay $20 copay for each Medicare-covered pulmonary rehabilitation services visit.	**In-Network** You pay $15 copay for each Medicare-covered pulmonary rehabilitation services visit.

Cost	2024 (this year)	2025 (next year)
	Out-of-Network You pay 50% coinsurance for each Medicare-covered pulmonary rehabilitation services visit.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered pulmonary rehabilitation services visit.
Skilled Nursing Facility (SNF) Care		
	In-Network For Medicare-covered SNF stays, you pay $0 copay per day for days 1-20; $125 copay per day for days 21-100.	**In-Network** For Medicare-covered SNF stays, you pay $0 copay per day for days 1-20; $214 copay per day for days 21-100.
	Out-of-Network For Medicare-covered SNF stays, you pay 50% coinsurance per stay.	**Out-of-Network** For Medicare-covered SNF stays, you pay 40% coinsurance per stay.

Cost	2024 (this year)	2025 (next year)
Supervised Exercise Therapy (SET)	**In-Network** You pay $30 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD). **Out-of-Network** You pay 50% coinsurance for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).	**In-Network** You pay $25 copay for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD). **Out-of-Network** You pay 40% coinsurance for each Medicare-covered SET visit for symptomatic peripheral artery disease (PAD).

Special Supplemental Benefits for the Chronically Ill (SSBCI) Transportation services The benefits mentioned are a part of a special supplemental program for the chronically ill. Not all members qualify.	SSBCI transportation is not covered.	You pay $0 copay for transportation services (**unlimited** one-way trips to plan-approved health-related locations). Transportation is limited to members who qualify for SSBCI. Our SSBCI transportation benefit is available to members with certain chronic health conditions that include **ESRD, congestive heart failure (CHF) cancer and severe hematological disorder.** Members can receive unlimited non-emergency transportation trips to their medical appointments for dialysis, **CHF Clinic**, infusion chemotherapy,

Cost	2024 (this year)	2025 (next year)
		radiation therapy and coumadin clinic.
Transportation Services (routine)	You pay $0 copay for unlimited routine transportation services	You pay $0 copay for transportation services (10 one-way trips to plan-approved health-related locations).
Urgently Needed Care Services	**In- and Out-of-Network** You pay $25 copay for each visit for Medicare-covered urgently needed care services.	**In- and Out-of-Network** You pay $40 copay for each visit for Medicare-covered urgently needed care services.

Cost	2024 (this year)	2025 (next year)
Vision Care		
	In-Network You pay $25 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.	**In-Network** You pay $35 copay for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.
	Out-of-Network You pay 20% coinsurance for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.	**Out-of-Network** You pay 40% coinsurance for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye.
	You pay 50% coinsurance for an annual Medicare-covered glaucoma screening.	You pay 40% coinsurance for an annual Medicare-covered glaucoma screening.

Cost	2024 (this year)	2025 (next year)
	You pay 50% coinsurance for Medicare-covered eyewear (one pair of eyeglasses or contact lenses) after cataract surgery. $125 maximum coverage amount every year for all non-Medicare-covered eyewear.	You pay 40% coinsurance for Medicare-covered eyewear (one pair of eyeglasses or contact lenses) after cataract surgery. $175 maximum coverage amount every year for all non-Medicare-covered eyewear.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our "Drug List", which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any**

restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your *Evidence of Coverage* and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. You can also contact Member Services for more information.

We currently can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we can immediately replace original biological products with certain biosimilars. This means, for instance, if you are taking an original biological product that is being replaced by a biosimilar, you may not get notice of the change 30 days before we make it or get a month’s supply of your original biological product at a network pharmacy. If you are taking the original biological product at the time we make the

change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of drug types, please see Chapter 12 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients. You may also contact Member Services or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We sent you a separate insert, called the *Evidence of Coverage Rider for People Who Get "Extra Help" Paying for Prescription Drugs* (also called the Low-Income Subsidy Rider or the *LIS Rider*), which tells you about your drug costs. If you receive "Extra Help" and you haven't received this insert by September 30th, please call Member Services and ask for the *LIS Rider*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the

plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier drugs until you have reached the yearly deductible. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.	The deductible is $100. During this stage, you pay $0-$15 cost sharing for a 30-day supply of drugs on Tier 1 Preferred Generic, Tier 2 Generic, Tier 6 Select Care Drugs and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier until you have reached the yearly deductible.	The deductible is $200. During this stage, you pay $0-$15 cost sharing for a 30-day supply of drugs on Tier 1 Preferred Generic, Tier 2 Generic, Tier 6 Select Care Drugs and the full cost of drugs on Tier 3 Preferred Brand, Tier 4 Non-Preferred Drug, Tier 5 Specialty Tier until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

For drugs on Tier 4, your cost sharing in the Initial Coverage Stage is changing from a copayment to a coinsurance. Please see the following chart for the changes from 2024 to 2025.

Stage	2024 (this year)	2025 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.**	Your cost for a one-month supply is:	Your cost for a one-month supply is:

Stage	2024 (this year)	2025 (next year)
We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you.	**Tier1: Preferred Generic:** *Standard cost sharing:* You pay $3 copay per prescription. *Preferred cost sharing:* You pay $0 copay per prescription.	**Tier 1: Preferred Generic:** *Standard cost sharing:* You pay $7 copay per prescription. *Preferred cost sharing:* You pay $0 copay per prescription.
	Tier 2: Generic: *Standard cost sharing:* You pay $15 copay per prescription. *Preferred cost sharing:* You pay $0 copay per prescription.	**Tier 2: Generic:** *Standard cost sharing:* You pay $15 copay per prescription. *Preferred cost sharing:* You pay $5 copay per prescription.

Stage	2024 (this year)	2025 (next year)
	Tier 3: Preferred Brand: *Standard cost sharing:* You pay $45 copay per prescription. *Preferred cost sharing:* You pay $40 copay per prescription.	**Tier 3: Preferred Brand:** *Standard cost sharing:* You pay $47 copay per prescription. *Preferred cost sharing:* You pay $40 copay per prescription.
	Tier 4: Non-Preferred Drug: *Standard cost sharing:* You pay $90 copay per prescription. *Preferred cost sharing:* You pay $80 copay per prescription.	**Tier 4: Non-Preferred Drug:** *Standard cost sharing:* You pay 40% coinsurance per prescription. *Preferred cost sharing:* You pay 40% coinsurance per prescription.

Stage	2024 (this year)	2025 (next year)
	Tier 5: Specialty Tier: *Standard cost sharing:* You pay 31% coinsurance per prescription. *Preferred cost sharing:* You pay 31% coinsurance per prescription.	**Tier 5: Specialty Tier:** *Standard cost sharing:* You pay 30% coinsurance per prescription. *Preferred cost sharing:* You pay 30% coinsurance per prescription.
	Tier 6: Select Care Drugs: *Standard cost sharing:* You pay $0 copay per prescription. *Preferred cost sharing:* You pay $0 copay per prescription.	**Tier 6: Select Care Drugs:** *Standard cost sharing:* You pay $0 copay per prescription. *Preferred cost sharing:* You pay $0 copay per prescription.

Stage	2024 (this year)	2025 (next year)
	Once your total drug costs have reached $5,030, you will move to the next stage (the Coverage Gap Stage).	Once you have paid $2,000 out of pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan's full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

If you reach the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You may have cost sharing for excluded drugs that are covered under our enhanced benefit.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). To learn more about this payment option, please contact us at 800-707-8194 (TTY: 711) or visit Medicare.gov.
Dental benefit administration	FCL Dental	Dental Benefit Providers/UHC Dental
Prescription Drug Benefit administration	CVS Caremark	Optum Rx

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in KelseyCare Advantage Freedom (HMO-POS)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our KelseyCare Advantage Freedom (HMO-POS).

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from KelseyCare Advantage Freedom (HMO-POS).
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from KelseyCare Advantage Freedom (HMO-POS).
- To **change to Original Medicare without a prescription drug plan,** you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *OR* – Contact **Medicare** at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are

leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Health Information, Counseling, and Advocacy Program (HICAP) (Texas' SHIP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. Health Information, Counseling, and Advocacy Program (HICAP) (Texas' SHIP) counselors can help

you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Health Information, Counseling, and Advocacy Program (HICAP) (Texas' SHIP) at 1-800-252-9240. You can learn more about Health Information, Counseling, and Advocacy Program (HICAP) (Texas' SHIP) by visiting their website (https://hhs.texas.gov/services/health/medicare).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
    - Your State Medicaid Office.

- **Help from your state's pharmaceutical assistance program.** Texas has a program called Texas Kidney Health Care Program (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, or how to enroll in or if you are currently enrolled how to continue receiving assistance, call Texas HIV Medication Program (THMP) at 1-800-255-1090. Be sure when calling to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

"Extra Help" from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 800-707-8194 (TTY: 711) or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from KelseyCare Advantage Freedom (HMO-POS)

Questions? We're here to help. Please call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used on weekends, after hours, and on federal holidays. Calls to these numbers are free.

Read your *2025 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the *2025 Evidence of Coverage* for KelseyCare Advantage Freedom (HMO-POS). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the

rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.KelseyCareAdvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.KelseyCareAdvantage.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our *List of Covered Drugs* (*Formulary/Drug List*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or 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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-535-8343. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-535-8343. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑 问。如果您需要此翻译服务，请致电 1-866-535-8343。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: **您**對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯 服務。如需翻譯服務，請致電 1-866-535-8343。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-535-8343. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-535-8343. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và

chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-866-535-8343 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-535-8343. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-535-8343번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-535-8343. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-535-8343 سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-535-8343 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-535-8343. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-535-8343. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-535-8343. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w

uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-535-8343. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため に、無料の通訳サービスがありますございます。通訳をご用命になるには、1-866-535-8343にお電話ください。日本語を話す人 者が支援いたします。これは無料のサー ビスです。

Form CMS-10802
(Expires 12/31/25)

H0332_MLI2025LP_M

METHOD	KelseyCare Advantage Member Services - Contact Information
CALL	**1-866-535-8343** Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays. Member Services also has free language interpreter services available for non-English speakers.
TTY	**711** Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays.
FAX	713-442-5450
WRITE	KelseyCare Advantage ATTN: Member Services P.O. Box 841569 Pearland, TX 77584-9832
WEBSITE	www.KelseyCareAdvantage.com

Health Information Counseling and Advocacy Program (HICAP)
Health Information Counseling and Advocacy Program (HICAP) is a state program that gets money from the Federal Government to give free local health insurance counseling to people with Medicare.

METHOD	Health Information Counseling and Advocacy Program (HICAP) (Texas' SHIP) - Contact Information
CALL	1-800-252-9240
TTY	1-800-735-2989 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	701 West 51st Street MC: W275 Austin, TX 78751
WEBSITE	https://hhs.texas.gov/services/health/medicare

PRA Disclosure Statement: *According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.*
The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.