Kelsey Care Advantage

2025

GREATER HOUSTON PLAN

SUMMARY OF BENEFITS

1-713-442-7555 (TTY: 711)

KelseyCareAdvantage.com/Shell

H0332_SHLSB25_M

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 713-442-7555 or toll-free at 1-866-534-0556 (TTY: 711).

Understanding the Benefits

	Review the full list of benefits found in the *Evidence of Coverage (EOC)*, especially for those services that you routinely see a doctor. Visit www.KelseyCareAdvantage.com/shell or call 1-866-534-0556 (TTY users can call 711) to view a copy of the EOC.
	Review the *Provider Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
	Review the *Pharmacy Directory* to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

	In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
	Benefits, premiums and/or copayments/coinsurance may change on January 1, 2026.
	Except in emergency or urgent situations, we do not cover services by Out-of-Network providers (doctors who are not listed in the provider directory).

GENERAL PLAN INFORMATION

Tips for comparing your Medicare choices	This Summary of Benefits booklet gives you a summary of what KelseyCare Advantage Greater Houston Plan (Shell) (HMO) covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "*Evidence of Coverage*." Tips for comparing your Medicare choices: • If you want to compare our plan with other coverage offered to you as a Shell retiree, please contact your former employer. • If you want to know more about the coverage and costs of Original Medicare, look in your current "*Medicare & You*" handbook. View it online at http://www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.
Sections in this book	• Things to know about KelseyCare Advantage Greater Houston Plan (Shell) • Monthly Premium, Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits • Prescription Drug Benefits
Hours of Operation	• Hours are 8:00 a.m. to 8:00 p.m. Monday through Friday, local time. Messaging service used on weekends, after hours, and on federal holidays.
Phone numbers and Website	• If you are a member of this plan, call toll-free 1-866-534-0556 (TTY: 711). • If you are not a member of this plan, call toll-free 1-800-663-7146 (TTY: 711). • Our website: www.KelseyCareAdvantage.com/shell
Who Can Join?	To join KelseyCare Advantage, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. **Our service area includes the following counties in Texas:** Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller.

Which doctors and hospitals can I use?	KelseyCare Advantage Greater Houston Plan (Shell) has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.
Out-of-Network/non-contracted providers are under no obligation to treat KelseyCare Advantage members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost sharing that applies to Out-of-Network services.	
Which pharmacies can I use?	You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. You can see our plan's provider directory and pharmacy directory at our website (www.KelseyCareAdvantage.com/shell). Or, call us at the phone numbers above, and we will send you a copy of the provider and pharmacy directories.
What do we cover?	**Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less. Our plan members also get more than what is covered by Original Medicare. Some of the extra benefits are outlined in this booklet. We cover Part D drugs. We cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, (www.KelseyCareAdvantage.com/shell). Or, call us and we will send you a copy of the formulary. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.
How will I determine my drug costs?	Our plan groups each medication into one of 6 "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur: Initial Coverage and Catastrophic Coverage.

Summary of Benefits

January 1, 2025 – December 31, 2025

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

	KelseyCare Advantage Greater Houston Plan (Shell) (HMO)
How much is the monthly premium?	Please contact Shell Benefits Center for premium information. In addition, you must continue to keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a medical deductible.
Is there any limit on how much I will pay for my covered services?	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. If you reach the limit on the out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. **Please note that you will still need to pay your monthly Part B premiums and cost sharing for your Part D prescription drugs.**
(Maximum Out-of-Pocket Responsibility)	Your yearly limit(s) in this plan: • $3,400 for services you receive from In-Network providers.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain In-Network benefits. Contact us for the services that apply.
Inpatient Hospital Coverage[1]	• $250 copay per stay
Outpatient Hospital Coverage[1]	• $250 copay
Ambulatory Surgery Center (ASC)[1]	• $225 copay

	KelseyCare Advantage Greater Houston Plan (Shell) (HMO)
Doctor Visits (Primary Care Providers and Specialists)[1,2]	• Primary care: $0 copay • Specialist: $20 copay
Preventive Care	• $0 copay
	Preventive services include: • Abdominal aortic aneurysm screening • Alcohol misuse counseling • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease (behavioral therapy) • Cervical and vaginal cancer screening • Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) • Depression screening • Diabetes screening • HIV screening • Medical nutrition therapy services • Obesity screening and counseling • Prostate cancer screenings (PSA) • Sexually transmitted infections screening and counseling • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • Vaccines, including Flu shots, hepatitis B shots, pneumococcal shots • "Welcome to Medicare" preventive visit (one-time) • Yearly "Wellness" visit Any additional preventive services approved by Medicare during the contract year will be covered.
Emergency Care	$75 copay If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.
Urgently Needed Services	$35 copay

	KelseyCare Advantage Greater Houston Plan (Shell) (HMO)
Diagnostic Services, Labs, Imaging[1]	Diagnostic radiology services (such as MRIs, CT scans): • $0 to $150 copay, depending on the service Diagnostic tests and procedures: • $0 to $25 copay, depending on the service Lab services: • $0 copay Outpatient X-Rays: • $0 copay Therapeutic radiology services (such as radiation treatment for cancer): • $50 copay
Hearing Services[1]	Exam to diagnose and treat hearing and balance issues: • $20 copay Routine hearing exam: • $20 copay. You are covered for up to one (1) routine hearing exam each year. Hearing aid allowance: • Our plan pays up to $500 allowance for non-implantable hearing aid(s) every year. You pay any amount over this plan-allowed amount.
Medicare-covered Dental Services [1] *(see the additional benefits section for other dental services available)*	Medicare covered dental services: (This does not include services in connection with care, treatment, filling, removal, or replacement of teeth): • $20 copay

	KelseyCare Advantage Greater Houston Plan (Shell) (HMO)
Vision Services	Routine eye exam • $0 to $20 copay for each routine eye exam or Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye. • $0 copay for each annual glaucoma screening Eyeglasses or contact lenses after cataract surgery: • $0 copay
Mental Health Services (including inpatient)[1]	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. • $250 copay per stay • $0 copay for lifetime reserve days (if available) Outpatient individual or group therapy visit: • $0 copay
Skilled Nursing Facility (SNF)[1]	Our plan covers up to 100 days in a SNF per benefit period. • $0 copay per day for days 1-20 • $125 copay per day for days 21-100
Physical Therapy[1]	• $20 copay
Ambulance (*Medicare-covered ground and air transportation services)*	• $100 copay for each one-way trip

	KelseyCare Advantage Greater Houston Plan (Shell) (HMO)
Transportation	• $0 copay This plan covers up to 20 one-way trips to plan approved locations every year. Transportation is limited to medical appointments and medical facilities within the plan service area.
Medicare Part B Drugs[1]	Part B chemotherapy drugs, Part B insulin, and other Part B drugs: • 0% to 20% coinsurance

Initial Coverage Limit

You pay the following until your yearly out-of-pocket drug costs reach $2,000. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Cost-sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our Evidence of Coverage booklet.

Preferred Retail and Mail Order Cost-Sharing (Initial Coverage Limit)

Tier	30-day supply	90-day supply
Tier 1 (Preferred Generic)	$0 copay	$0 copay
Tier 2 (Generic)	$0 copay	$0 copay
Tier 3 (Preferred Brand)	$40 copay	$100 copay
Tier 4 (Non-Preferred Drug)	$80 copay	$200 copay
Tier 5 (Specialty Tier)	31% coinsurance	A long-term supply is not available on Tier 5.
Tier 6 (Select Care Drugs)	$0 copay	$0 copay

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

Standard Retail and Mail Order Cost-Sharing (Initial Coverage Limit)

Tier	30-day supply	90-day supply
Tier 1 (Preferred Generic)	$3 copay	$9 copay
Tier 2 (Generic)	$15 copay	$45 copay
Tier 3 (Preferred Brand)	$45 copay	$135 copay
Tier 4 (Non-Preferred Drug)	$90 copay	$270 copay

Tier 5 (Specialty Tier)	31% coinsurance	A long-term supply is not available on Tier 5.
Tier 6 (Select Care Drugs)	$0 copay	$0 copay

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

If you reside in a long-term care facility, you pay the same as at a retail pharmacy. You may get drugs from an out of network pharmacy but may pay more than you pay at an In-Network pharmacy.

Catastrophic Coverage

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the $2,000 limit for the calendar year. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year.

During this payment stage, you pay nothing for your covered Part D drugs.

For enhanced drugs covered under our enhanced benefit, you continue paying your Initial Coverage Stage cost-share.

Additional Prescription Drug Benefits

We offer additional coverage of some prescription drugs (enhanced drug coverage) not normally covered in a Medicare prescription drug plan.

This includes coverage of the following drugs in the Tier 2 cost-sharing tier:

- sildenafil 25 MG - QL 6/30
- sildenafil 50 MG - QL 6/30
- sildenafil 100 MG - QL 6/30
- folic acid 1 MG - QL 30/30
- ergocalciferol 1.25 MG
- vitamin B12 1000 MCG/ML

The amount you pay for these drugs does not count towards qualifying you for the Catastrophic Coverage Stage.

Additional Medical Benefits

	KelseyCare Advantage Greater Houston Plan (Shell) (HMO)
Acupuncture[1]	Annually the plan covers up to 12 acupuncture visits within 90 days for chronic low back pain; 8 additional sessions if improvement shown. No more than 20 acupuncture treatments can be given yearly. • $20 copay
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: • $20 copay
Medical Equipment/ Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)[1]	Durable medical equipment: • 20% coinsurance Diabetes monitoring supplies: • You pay 0% coinsurance for meters and test strips. • You pay 0% coinsurance for lancets, lancet devices and control solutions. Therapeutic shoes or inserts and Prosthetic devices: • 20% coinsurance
Chiropractic Care[1]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): • $20 copay
Diabetes Self-Management Training[1]	• $0 copay
Home Health Care[1]	• $10 copay

	KelseyCare Advantage Greater Houston Plan (Shell) (HMO)
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.
Outpatient Substance Abuse[1]	Individual or group therapy visit: • $0 copay
Surgery[1]	• $250 copay at outpatient hospital • $225 copay at ambulatory surgery center
Over-the-Counter Items (OTC)	Not covered
Renal Dialysis[1]	• $25 copay
Telemedicine visits	E-Visits and Video Visits are a covered benefit for Kelsey-Seybold primary care and specialty physicians. • PCP: Phone, E-Visits and Video Visits with a PCP: $0 copay • Specialist: Specialty, Mental Health, and other providers - Phone, E-Visits and Video Visits: $15 copay
Outpatient Rehabilitation[1]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions over 36 weeks): • $20 copay Occupational therapy: • $20 copay
Private Duty Nursing	• $0 copay There is a $5,000 limit per plan year for private duty nursing services. Once the plan has paid $5,000 in a plan year, you are responsible to pay all charges for the remainder of the plan year.

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 -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: كعليس لي ،يروف مجرمة على لوللحصد .ينادل يةودلأا لودجوأ بالصحة تتعلق سئلةأ يأ نع للإجابة لمجانية يرولفا مجرلمتا تمادخ مدنق ننإا مجانية مةدخ هذه .كتدبمساع بيةرلعا ثديتح ما ص شخ موسية .1-866-535-8343 بنا ل لاتصاا نوس.

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。

This information is not a complete description of benefits. Call 1-866-534-0556 for more information. TTY users can call 711.

KelseyCare Advantage is offered by KS Plan Administrators, LLC, an HMO and POS with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal. Contact the plan for more information.