



2026 KELSEYCARE 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	\$0	\$200 T3,4,5	N/A
INN MOOP	\$3,900	\$6,750	\$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	\$150 per day / days 1 – 4	\$375 per day / days 1 – 5	\$325 per day / days 1 – 5
Outpatient Hospital	\$300	\$350	\$300
Ambulatory Surgery Center (ASC)	\$200	\$300	\$200
Urgently Needed Care			
Emergency Room	\$125	\$125	\$125
Urgent Care	\$25	\$40	\$25
Ambulance	\$275	\$325	\$275
Test, Labs, and Imaging			
Diagnostic 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 brand Roche	\$0; meters/preferred brand Roche (40% OON)	\$0; meters/preferred brand Roche
Supplemental Benefits			
Dental	\$2,500 P&C limit; Prev & Comp 0% Coins.	\$2,000 P&C limit; Prev & Comp 0% Coins.	\$1,500 P&C limit; Prev & Comp 0% Coins. (\$25 deductible)
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
Over-the-Counter Allowance	\$25/quarter	\$25/quarter	\$25/quarter
Transportation	Unlimited	10 one-way rides for all members	Unlimited
		Unlimited for qualifying chronic conditions ¹	
One Pass® Fitness ⁰	Included	Included	Included

Part D Coverage		Signature		Freedom	
Tier	Supply	Preferred Retail & Mail Order	Standard Retail, Mail-Order	Preferred Retail & Mail Order	Standard Retail, Mail-Order
Tier 1 Preferred Generic	30-Day	\$0	\$7	\$0	\$7
	90-Day	\$0	\$21	\$0	\$21
Tier 2 Generic	30-Day	\$4	\$12	\$5	\$15
	90-Day	\$10	\$36	\$12.50	\$45
Tier 3 Preferred Brand	30-Day	20%	20%	\$40	\$47
	90-Day	20%	20%	\$100	\$141
Tier 4 Non-Preferred Brand	30-Day	30%	30%	35%	35%
	90-Day	30%	30%	35%	35%
Tier 5 Specialty Tier	30-Day	30%	30%	30%	30%
	90-Day	Not available	Not available	Not available	Not available
Tier 6 Select Care Drugs	30-Day	\$0	\$0	\$0	\$0
	100-Day	\$0	\$0	\$0	\$0

DRUG DEDUCTIBLES

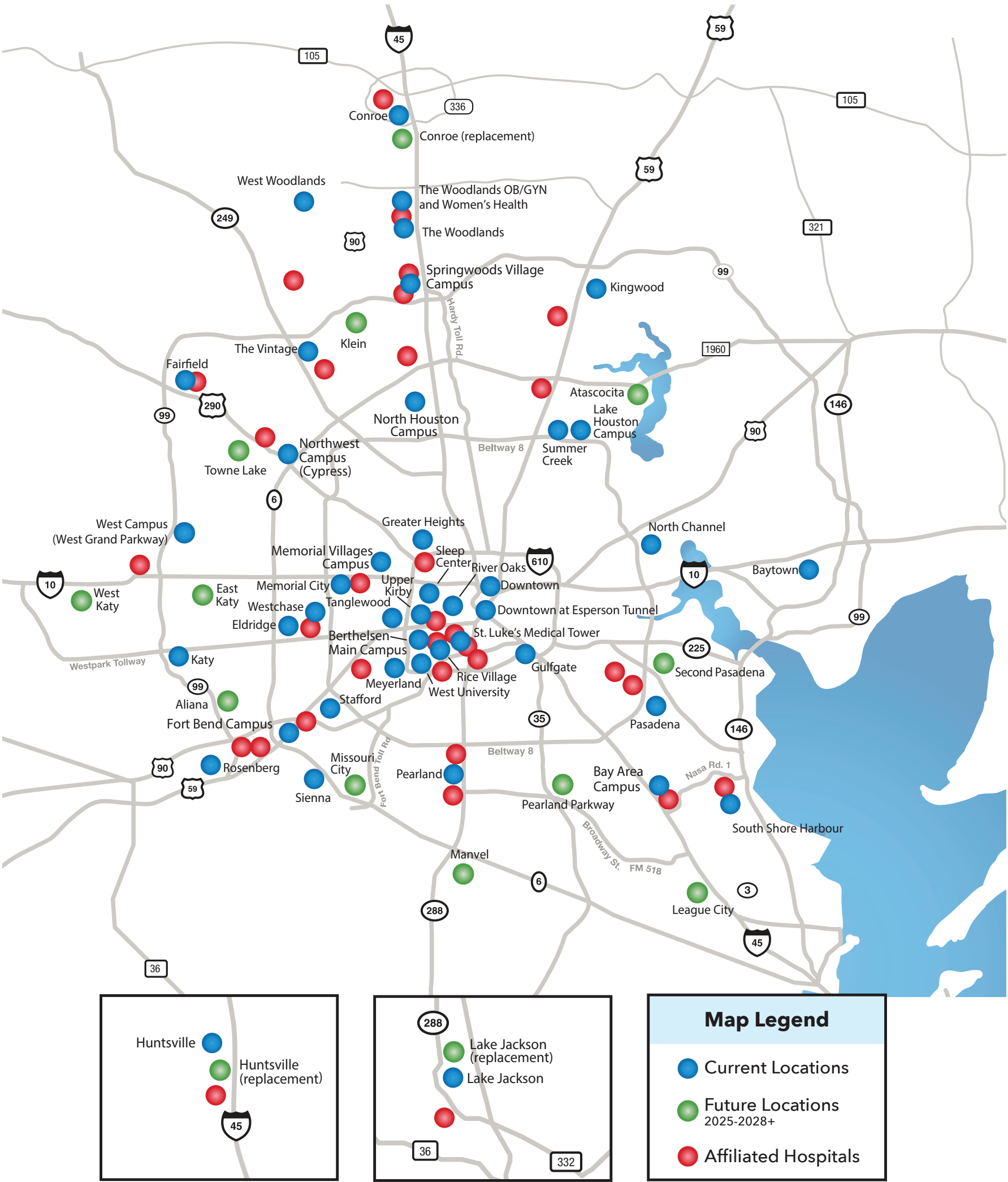
- **Applicable Tiers:** 3 – 5
- **Signature:** \$0
- **Freedom:** \$200
- **No Deductible:** Tiers 1, 2, or 6

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 are covered at \$0.
- You won’t pay more than \$35 monthly for insulin.
- Supplement drug coverage includes generic Viagra (sildenafil), folic acid, vitamin B12, and vitamin D2 (ergocalciferol).
- Members may use OTC allowances online, via mail/phone, or at participating retail locations.
- Quarterly OTC allowances do not roll over if unused.

Kelsey-Seybold

Locations and Affiliated Hospitals



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

¹Qualifying conditions include End Stage Renal Disease (ESRD), Cancer, Congestive Heart Failure (CHF), and severe hematologic disorders. 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 KelseyCare Advantage 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. **You must continue to pay your Medicare Part B premium. ^oOne Pass is a voluntary program. The One Pass program varies by plan/area. Equipment, classes, personalized fitness plans, and events may vary by location. One Pass is not responsible for the services or information provided by third parties. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. © 2025 KelseyCare Advantage. All rights reserved.