

# 2026

CORE (HMO)

# ANNUAL NOTICE OF CHANGE

1-866-535-8343 (TTY: 711)  
**KelseyCareAdvantage.com**

## ***KelseyCare Advantage Core (HMO) offered by KelseyCare Advantage***

# **Annual Notice of Change for 2026**

You're enrolled as a member of KelseyCare Advantage Core.

This material describes changes to your plan's costs and benefits next year.

- **You have from October 15 – December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in KelseyCare Advantage Core.
- To change to a **different plan**, visit [www.Medicare.gov](http://www.Medicare.gov) or review the list in the back of your *Medicare & You* 2026 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at [www.kelseycareadvantage.com](http://www.kelseycareadvantage.com) or call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) to get a copy by mail.

### **More Resources**

- This material is available for free in Spanish.
- Our plan must provide the notice in English and at least the 15 languages most commonly spoken by people with limited English proficiency in the relevant state or states in our plan's service area and must provide the notice in alternate formats for people with disabilities who require auxiliary aids and services to ensure effective communication.
- Call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) for more information. 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.

### **About KelseyCare Advantage Core**

- 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 material says "we," "us," or "our," it means KelseyCare Advantage. When it says "plan" or "our plan," it means KelseyCare Advantage Core.

- **If you do nothing by December 7, 2025, you'll automatically be enrolled in KelseyCare Advantage Core.** Starting January 1, 2026, you'll get your medical coverage through KelseyCare Advantage Core. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

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## Table of Contents

<b>Summary of Important Costs for 2026 .....</b>	<b>4</b>
<b>SECTION 1    Changes to Benefits &amp; Costs for Next Year .....</b>	<b>5</b>
Section 1.1    Changes to the Monthly Plan Premium .....	5
Section 1.2    Changes to Your Maximum Out-of-Pocket Amount .....	5
Section 1.3    Changes to the Provider Network .....	5
Section 1.4    Changes to Benefits & Costs for Medical Services .....	6
<b>SECTION 2    How to Change Plans .....</b>	<b>7</b>
Section 2.1    Deadlines for Changing Plans .....	7
Section 2.2    Are there other times of the year to make a change? .....	8
<b>SECTION 3    Get Help Paying for Prescription Drugs .....</b>	<b>8</b>
<b>SECTION 4    Questions? .....</b>	<b>9</b>
Get Help from KelseyCare Advantage Core .....	9
Get Free Counseling about Medicare .....	9
Get Help from Medicare .....	10

## Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
<b>Monthly plan premium*</b> * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
<b>Monthly premium for optional supplemental dental benefits</b> (only applicable to members enrolled in the optional dental coverage)	\$22.50	Not covered, not offered
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you'll pay out-of-pocket for covered Part A and Part B services. (Go to Section 1.1 for details.)	\$4,500	\$4,500
<b>Primary care office visits</b>	\$0 copay per visit	\$0 copay per visit
<b>Specialist office visits</b>	\$20 copay per visit	\$20 copay per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	\$325 copay per day for days 1-5; \$0 copay per day for days 6-90	<b>\$325 copay per day for days 1-5;</b> \$0 copay per day for days 6-90

## SECTION 1 Changes to Benefits & Costs for Next Year

### Section 1.1 Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
<b>Monthly plan premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0 <b>There is no change for the upcoming benefit year</b>

### 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've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
<b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copayments) <b>count</b> toward your maximum out-of-pocket amount.	\$4,500	\$4,500 <b>Once you've paid \$4,500 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.</b>

### Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider Directory* [www.kelseycareadvantage.com](http://www.kelseycareadvantage.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at [www.kelseycareadvantage.com](http://www.kelseycareadvantage.com).

- Call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 or toll-free at 1-866-535-8343 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 or toll-free at 1-866-535-8343 (TTY users call 711) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

### Section 1.4 Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
<b>Fitness / Gym Benefit</b>	Not Covered	<b>Covered</b>
<b>Transportation Services</b>	Not Covered	<b>\$0 copay for unlimited</b> transportation services to plan approved locations.
<b>Help with Certain Chronic Conditions</b> Transportation services	Unlimited trips for qualified chronic conditions	Not Covered (All members receive unlimited transportation services)
<b>Outpatient Surgery Ambulatory Surgery Center (ASC)</b>	\$300 copay	<b>\$200 copay</b>
<b>Chiropractic Services</b> (includes Medicare-covered acupuncture visits)	\$20 copay	<b>\$15 copay</b>
<b>Partial Hospitalization</b>	\$25 copay	\$140 copay

	2025 (this year)	2026 (next year)
<b>Skilled Nursing Facility (SNF) Care</b>	For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$214 copay per day for days 21-100	For Medicare-covered SNF stays, you pay \$0 copay per day for days 1-20; \$218 copay per day for days 21-100

## SECTION 2 How to Change Plans

**To stay in KelseyCare Advantage Core, you don't need to do anything.** Unless you sign up for a different plan or change to Original Medicare by December 7, you'll automatically be enrolled in our KelseyCare Advantage Core.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll be automatically disenrolled from KelseyCare Advantage Core.
- **To change to Original Medicare with Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from KelseyCare Advantage Core.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 5).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://www.Medicare.gov), check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227).

### Section 2.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug



coverage) or switch to Original Medicare (with or without Medicare drug coverage) between January 1 – March 31, 2026.

## Section 2.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

## SECTION 3 Get Help Paying for Prescription Drugs

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You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
  - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday -Friday for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778 or
  - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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 (SHIP). To get the phone number for your state, visit [shiphelp.org](http://shiphelp.org), or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Texas HIV Medication Program (THMP). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

## SECTION 4 Questions?

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### Get Help from KelseyCare Advantage Core

- **Call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711).**

We're 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 2026 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for KelseyCare Advantage. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the Evidence of Coverage on our website at [www.kelseycareadvantage.com](http://www.kelseycareadvantage.com) or call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) to ask us to mail you a copy.

- **Visit [www.kelseycareadvantage.com](http://www.kelseycareadvantage.com)**

Our website has the most up-to-date information about our provider network (*Provider Directory*).

### Get 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).

Call Health Information, Counseling, and Advocacy Program (HICAP) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Health Information, Counseling, and Advocacy Program (HICAP) at 1-800-252-9240.

## Get Help 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 can call 1-877-486-2048.

- **Chat live with [www.Medicare.gov](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [www.Medicare.gov](https://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2026***

The *Medicare & You 2026* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [www.Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

## Notice of Availability of Language Assistance Services

**ATTENTION:** If you speak English, free language assistance services and free communications in other formats, such as large print, are available to you. Call 1-866-535-8343. (TTY: 711).

**Spanish: ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al 1-866-535-8343. (TTY: 711).

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-866-535-8343 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**Chinese:** 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-866-535-8343 (文本电话: 711) 或咨询您的服务提供商。

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-535-8343 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم- أو تحدث إلى مقدم الخدمة

**Urdu:** دھیان دیں: اگر آپ اردو بولتے ہیں تو مفت زبان میں مدد کی خدمات اور مفت مواصلات

دوسرے فارمیٹس، جیسے بڑے پرنٹ، آپ کے لیے دستیاب ہیں۔ 1-866-535-8343 پر کال کریں۔

**Tagalog: PAALALA:** Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-535-8343 (TTY: 711) o makipag-usap sa iyong provider.

**French: ATTENTION:** Si vous parlez français, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le 1-866-535-8343. (TTY: 711).

**Hindi: ध्यान दें:** यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएँ उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-535-8343. (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

توجه: اگر بہ زبان فارسی صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، برای شما تماس بگیرید 1-866-535-8343. (TTY: 711) در دسترس است. با شماره **Persian**

**German: ACHTUNG:** Falls Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie 1-866-535-8343. (TTY: 711).

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો મફત ભાષા સહાય સેવાઓ અને મોટા અક્ષરો જેવા અન્ય ફોર્મેટમાં મફત સંદેશાવ્યવહાર તમારા માટે ઉપલબ્ધ છે. 1-866-535-8343 પર કોલ કરો. (TTY: 711).

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-866-535-8343 (TTY: 711) или обратитесь к своему поставщику услуг.

**Japanese:** 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-866-535-8343 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

**Laotian:** ເຖິງທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-866-535-8343 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.