

2026

MEDICARE ENROLLMENT GUIDE

KelseyCare
Advantage
★★★★

SIGNATURE • FREEDOM • CORE





Table of Contents

| | |
|---|----|
| Welcome | 3 |
| What Makes Us Different | 4 |
| Understanding Medicare | 5 |
| Original Medicare vs. Our Plans | 6 |
| Make Sure You're Ready for Medicare | 7 |
| Plans That Take Care of Your Healthcare | 8 |
| Summary of Benefits | 10 |
| Abridged Formulary | 25 |
| Scope of Sales Appointment Form | 32 |
| Application for Enrollment | 33 |
| Find Your Provider | 40 |



Welcome to the Health Plan Built for Houstonians.

Created by the doctors of Houston's own Kelsey-Seybold Clinic in 2008, KelseyCare Advantage has since become one of the region's leading Medicare Advantage plans, delivering excellent benefits along with top-quality Kelsey-Seybold care.

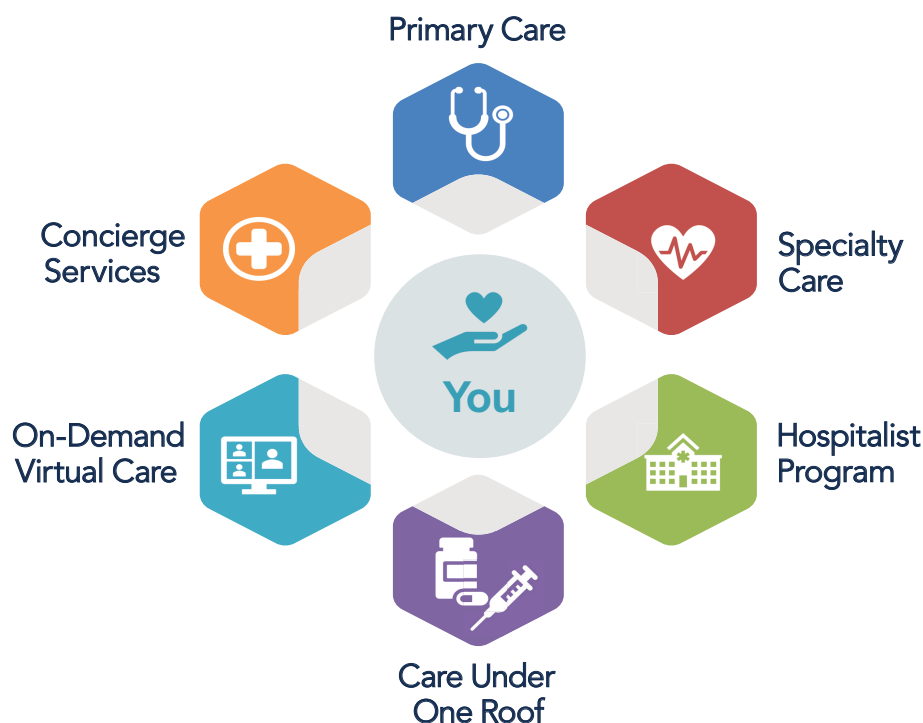
With KelseyCare Advantage, you not only get vision and hearing, but our plans also include **One Pass® fitness benefits[‡], unlimited* transportation to and from medical appointments, and comprehensive dental.**

Most importantly, members receive access to an extensive network of world-class providers and specialists, plus personalized service from a dedicated local team.

What Makes Us Different?

Our plan cares for Houston seniors like no other

When you join KelseyCare Advantage, strong coverage and benefits are only the beginning. You also have access to 1,000+ providers in 65+ specialties. Our coordinated approach to care prioritizes prevention and management of chronic conditions. We also have convenience covered with over 40 Kelsey-Seybold locations across Greater Houston.



Even better, physicians, specialists, imaging, and labs are together, making it easy to take care of your health needs all in one place. And you can see any Kelsey-Seybold doctor or specialist **with no referral needed.**

Proven Quality

Since 2008, our plans have been recognized for delivering top-quality coverage and access to exceptional care. This includes multiple 5-Star ratings by Medicare (their highest rating) for quality, service, prescription drug coverage, and member satisfaction.

Understanding Medicare

You are eligible to enroll in Medicare if:

- You are age 65 or older and a U.S. resident for at least five years
- You are under age 65 with certain disabilities
- At any age you have end-stage renal disease or ALS (also called Lou Gehrig's disease)

The Parts of Medicare:

Medicare has four parts, each offering different types of service and coverage. Original Medicare is a program provided by the federal government and includes Parts A and B.



Part A

Hospital Insurance

Helps cover hospital stays and inpatient care



Part B

Medical Insurance

Helps with doctors' costs and outpatient care



Part D

Prescription Drug Coverage

Helps pay for prescription drugs



Part C

Medicare Advantage

Combines Parts A and B and may also include Part D and extra benefits such as dental, vision, and hearing

Original Medicare vs. Our Plans

Discover the advantages of KelseyCare Advantage

Original Medicare covers 80% of the approved amount for the cost of your care. You are responsible for paying the other 20%, and there is no limit to your annual out-of-pocket costs.

KelseyCare Advantage is an all-in-one Medicare Advantage plan that offers additional coverage, including prescription drug coverage and supplemental benefits at no extra cost. We also limit your annual maximum out-of-pocket costs.

| Coverage and Benefits | Original Medicare | KelseyCare Advantage |
|---------------------------------------|-------------------|----------------------|
| Part A: Hospital Insurance | ✓ | ✓ |
| Part B: Medical Insurance | ✓ | ✓ |
| Part D: Prescription Drugs | | ✓ |
| Limits to Maximum Out-of-Pocket Costs | | ✓ |
| Comprehensive Dental | | ✓ |
| Vision | | ✓ |
| Hearing | | ✓ |
| One Pass® Fitness Benefit | | ✓ |
| Unlimited Transportation | | ✓ |
| OTC Allowance | | ✓ |
| \$0 Drug Deductibles† | | ✓ |
| Telehealth | | ✓ |
| Worldwide Emergency Care | | ✓ |

Not all benefits are available in all plans. Coverage and amount of coverage varies by plan. Review plan Summary of Benefits for details.

Make Sure You're Ready for Medicare.

Here's a handy checklist to help you better prepare for enrollment.

Know Your Needs

How is your health today? How might it be tomorrow? List your current doctors, prescriptions, and everything you'll want covered.

Understand Your Coverage and Benefits

Before you enroll, it's important to thoroughly review plan benefits and be sure you're signing up for the coverage you need.

Review Our Provider Directory

See if your current physician is already in network. If not, you will likely need to choose a new provider from our network of over 1,000 doctors and specialists.

Review the Drug Formulary

Make sure your prescription drugs are covered by the KelseyCare Advantage plan you wish to join.

Plans That Take Care of Your Healthcare

The chart below can help you determine which of our new 2026 plans best meets your unique needs. For more information, see the Summary of Benefits.

Choose the Plan That's Best for You



Monthly Premium**



Part D Coverage



Out-of-Network Coverage



Primary Care Physician Visit Copay



Specialist Visit Copay



Urgent Care Copay



Dental (\$ Amount for Preventive and Comprehensive)



Vision



One Pass® Fitness Benefit



Transportation

| Signature | Freedom | Core |
|--|---|--|
| \$0 | \$0 | \$0 |
| Yes | Yes | No |
| No | Yes (With No Referrals Needed) | No |
| \$0 in-network | \$0 in-network \$10 out-of-network | \$0 in-network |
| \$20 in-network | \$35 in-network \$60 out-of-network ¹ | \$20 in-network |
| \$25 | \$40 | \$25 |
| 0% coinsurance \$2,500 | 0% coinsurance \$2,000 | 0% coinsurance \$1,500 (\$25 deductible) |
| \$0 for eye exam \$125 for eyewear annually | \$0 for eye exam \$175 for eyewear annually | \$0 for eye exam \$125 for eyewear annually |
| Included | Included | Included |
| Unlimited | 10 one-way rides for all members Unlimited for qualifying chronic conditions ² | Unlimited |



2026

SUMMARY OF BENEFITS

Signature (HMO) • Freedom (HMO-POS) • Core (HMO)

About This Document

This Summary of Benefits document provides an outline of health and drug services, it does not list every service that is covered or list every limitation or exclusion. 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 or call **1-866-535-8343** (TTY users call 711) to view a copy of the EOC.

We're Here to Help!

Our Website – www.kelseycareadvantage.com

Our Phone Numbers –

- If you are not a member, please call **1-800-663-7146** (TTY users call 711)
- If you are a current member, please call **1-866-535-8343** (TTY users 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.

Who Can Join?

You can enroll in KelseyCare Advantage if:

- You have both Medicare Part A and B (to get and keep Medicare, most people must pay Medicare premiums directly to Medicare)
- You're a citizen or lawfully present in the United States
- You live in the service area for these plans, which include:
 - **Signature plan** - These counties in Texas: Brazoria, Fort Bend, Harris, Montgomery and Galveston (excluding the island)
 - **Freedom and Core plans** - These counties in Texas: Austin, Brazoria, Chambers, Fort Bend, Galveston (excluding the island), Grimes, Harris, Liberty, Montgomery, San Jacinto, Walker, Waller and Wharton

For 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 should call 1-877-486- 2048.

Coverage Rules

We cover the services and items listed in this document and the **Evidence of Coverage (EOC)**, if:

- The services or items are medically necessary
- The services and items are considered reasonable and necessary according to Original Medicare's standards
- You get all covered services and items from plan providers listed in our **Provider Directory and Pharmacy Directory**.

Getting Care

KelseyCare Advantage Signature and Core* plans have 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.

KelseyCare Advantage Freedom* plan 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. *For some services you can use providers that are not in our network. You may pay more when using out-of-network providers.*

*Out-of-network/non-contracted providers are under no obligation to treat KelseyCare Advantage members regardless of plan type, except in emergency situations. Please call Member Services or review your EOC for more information, including the cost-sharing that applies to out-of-network services.

Prescription Drug Coverage

You can get prescription medication from any network pharmacy; however, **you may pay less** when you use a Preferred Pharmacy. The Preferred Pharmacies are **Kelsey Pharmacies, H-E-B and CVS Pharmacies**.

You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website (www.kelseycareadvantage.com). Or call us and we will send you a copy of the formulary. The formulary and/or pharmacy network may change at any time.

PART D PRESCRIPTION DRUGS ARE NOT COVERED IN THE KELSEYCARE ADVANTAGE CORE PLAN.

What's Covered and What You Pay in 2026



Plan Premium, Deductible and Maximum Out-of-Pocket (MOOP)

| Out-of-Pocket Costs | Core | Signature | Freedom |
|------------------------------|--|-----------|----------------------|
| Monthly Plan Premium | \$0 You must continue to pay your Medicare Part B premium | | |
| Plan Deductible | These plans do not have a medical deductible | | |
| Maximum Out-of-Pocket (MOOP) | \$4,500 | \$3,900 | \$6,750 (in-network) |
| | \$10,000 (out-of-network) Once you reach the limit on the out-of-pocket costs we will pay the full cost for the rest of the year. | | |



Hospital Benefits

| Benefit | Core | Signature | Freedom |
|---|---|---|---|
| Inpatient Hospital ¹ | \$325 per day, days 1-5 \$0 per day, days 6-90 (if applicable) | \$150 per day, days 1-4 \$0 per day, days 5-90 (if applicable) | \$375 per day, days 1-5 \$0 per day, days 6-90 (if available), (in-network) 40% coinsurance per stay (out-of-network) |
| Outpatient Hospital ¹ | \$300 copay | \$300 copay | \$350 copay (in-network) 40% coinsurance (out-of-network) |
| Ambulatory Surgical Center (ASC) ¹ | \$200 copay | \$200 copay | \$300 copay (in-network) 40% coinsurance (out-of-network) |



Doctor Visits

| Benefit | Core | Signature | Freedom |
|-------------------------|------------|------------|---|
| Primary Care Provider | \$0 copay | \$0 copay | \$0 copay (in-network) \$10 copay (out-of-network) |
| Specialist ² | \$20 copay | \$20 copay | \$35 copay (in-network) \$60 copay* (out-of-network) *(40% coinsurance for each MD Anderson provider visit) |



Preventive Care, Emergency and Urgent Care

| Benefit | Core | Signature | Freedom |
|--|---|------------|--|
| Preventive Care | \$0 copay | \$0 copay | \$0 copay (in-network) 40% coinsurance (out-of-network) |
| | Please refer to the EOC for a complete list of Preventive Care services. | | |
| Emergency Care (within the U.S.) | \$125 copay Copay is waived if you are admitted to the hospital within 3 days for the same condition. See the "Inpatient Hospital Care" section of this booklet for other costs. | | |
| Urgent Care | \$25 copay | \$25 copay | \$40 copay |



Diagnostic services, laboratory and imaging

| Benefit | Core | Signature | Freedom |
|---|---|---|--|
| Diagnostic radiology services (MRI, CT scans) ¹ | \$25 to \$200 copay, depending on the service | \$25 to \$200 copay, depending on the service | \$25 to \$200 copay, depending on the service (in-network) 40% coinsurance (out-of-network) |
| Lab services ¹ | \$0 copay | \$0 copay | \$0 copay (in-network) 40% coinsurance (out-of-network) |
| Diagnostic tests and procedures ¹ | \$0 to \$25 copay, depending on the service | \$0 to \$25 copay, depending on the service | \$0 to \$25 copay, depending on the service (in-network) 40% coinsurance (out-of-network) |
| Outpatient X-rays ¹ | \$0 copay | \$0 copay | \$0 copay (in-network) 40% coinsurance (out-of-network) |
| Therapeutic radiology services ¹ | \$50 copay | \$50 copay | \$50 copay (in-network) 40% coinsurance (out-of-network) |



Hearing services

| Benefit | Core | Signature | Freedom |
|--|--|------------|---|
| Diagnostic hearing exam¹ | \$20 copay | \$20 copay | \$35 copay (in-network) 40% coinsurance (out-of-network) |
| Routine hearing exam (1 routine hearing exam per year) | \$0 copay | \$0 copay | \$0 copay (in-network) 40% coinsurance (out-of-network) |
| Hearing aids | Our plan pays up to \$750 maximum plan coverage amount per ear for hearing aid(s) every three years. You pay any amount over this plan allowed amount. | | |



Dental services (services are only covered if provided by an In-network dentist)

| Benefit | Core | Signature | Freedom |
|---|---|--|--|
| Routine Dental | \$1,500 annual maximum for covered services | \$2,500 annual maximum for covered services | \$2,000 annual maximum for covered services |
| Preventive and comprehensive² | \$25 deductible 0% coinsurance for covered preventive services like cleanings, fillings and x-rays 0% coinsurance for covered comprehensive services like fillings and extractions* | 0% coinsurance for covered preventive services like cleanings, fillings and x-rays 0% coinsurance for covered comprehensive services like fillings, extractions, dentures and crowns* | 0% coinsurance for covered preventive services like cleanings, fillings and x-rays 0% coinsurance for covered comprehensive services like fillings, extractions, dentures and crowns* |
| *See EOC for additional details on limitations and exclusions. | | | |



Vision services

| Benefit | Core | Signature | Freedom |
|--|------------|------------|---|
| Diagnostic eye exam (including diabetic eye exams) | \$20 copay | \$20 copay | \$35 copay (in-network) 40% coinsurance (out-of-network) |
| Glaucoma screening | \$0 copay | \$0 copay | \$0 copay (in-network) 40% coinsurance (out-of-network) |

| | Core | Signature | Freedom |
|--|---|---|--|
| Routine eye exam (1 routine exam per year) | \$0 copay, | \$0 copay | \$0 copay (in-network) 40% coinsurance (out-of-network) |
| Eyeglasses and contacts | \$125 annual allowance for prescription eyewear | \$125 annual allowance for prescription eyewear | \$175 annual allowance for prescription eyewear |



Mental health services

| Benefit | Core | Signature | Freedom |
|--|---|---|--|
| Inpatient psychiatric stay¹ | \$325 per day, days 1-5; \$0 per day for days 6-90 | \$150 per day, days 1-4; \$0 per day for days 5-90 | \$375 per day, days 1-5; \$0 per day for days 6-90 (in-network) 40% coinsurance (out-of-network) |
| Outpatient therapy (individual or group) | \$20 copay | \$20 copay | \$20 copay (in-network) 40% coinsurance (out-of-network) |



Rehabilitation therapy

| Benefit | Core | Signature | Freedom |
|--|--|--|---|
| Skilled nursing facility (SNF)¹ Our plan covers up to 100 days per benefit period | \$0 copay per day, days 1-20; \$218 per day, days 21-100 | \$0 copay per day, days 1-20; \$218 per day, days 21-100 | \$0 copay per day, days 1-20; \$218 per day, days 21-100 (in-network) 40% coinsurance (out-of-network) |
| Physical and speech therapy¹ | \$15 copay | \$15 copay | \$15 copay (in-network) 40% coinsurance (out-of-network) |
| Occupational therapy¹ | \$20 copay | \$20 copay | \$35 copay (in-network) 40% coinsurance (out-of-network) |



Ambulance

| Benefit | Core | Signature | Freedom |
|--|-------------|-------------|--|
| Ambulance¹ (ground or air, one-way) | \$275 copay | \$275 copay | \$325 copay (in-network) \$400 copay (out-of-network) |



Transportation

| Benefit | Core | Signature | Freedom |
|--|----------------|----------------|--|
| Routine transportation (to plan approved locations) | Unlimited | Unlimited | 10 one-way rides |
| Help with Chronic Conditions (transportation services) | Not applicable | Not applicable | <p>\$0 copay for unlimited transportation to plan-approved locations</p> <p>The benefits are a part of a special supplemental program for the chronically ill. Not all members qualify. Review the <i>Evidence of Coverage</i> for qualifying information.</p> |



Medicare Part B drugs (Step Therapy rules may apply)

| Benefit | Core | Signature | Freedom |
|---------------------------------------|----------------------|----------------------|---|
| Chemotherapy drugs¹ | 0% - 20% coinsurance | 0% - 20% coinsurance | <p>0% - 20% coinsurance (in-network)</p> <p>0% - 40% coinsurance (out-of-network)</p> |
| Part B Insulin¹ | Up to \$35 copay | Up to \$35 copay | Up to \$35 copay |
| Other Part B drugs¹ | 0% - 20% coinsurance | 0% - 20% coinsurance | <p>0% - 20% coinsurance (in-network)</p> <p>0% - 40% coinsurance (out-of-network)</p> |

¹ Services may require prior authorization

² Services may require a referral from your doctor



Medicare Part D drugs (Part D benefits are not offered on the Core plan)

| Prescription drug payment phases | Signature | Freedom |
|----------------------------------|--|---|
| Deductible phase | There is no deductible . | There is no deductible for drugs in Tier 1, 2 and 6 . There is a \$200 deductible for drugs in Tier 3, 4 and 5. You pay the full cost (negotiated drug cost) up to the deductible limit. |
| Initial coverage phase | You pay the following until your total yearly drug costs reach \$2,100. 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 review the <i>Evidence of Coverage</i> . | |

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

| | |
|---------------------------|--|
| Catastrophic phase | You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,100 limit for the calendar year. In this phase, the plan pays the full cost for your covered Part D drugs. Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. |
|---------------------------|--|

Additional covered drugs

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.

* You won't pay more than \$35 for a one-month supply of each insulin product, no matter what cost-sharing tier it is on.

† Tier 2 includes enhanced drug coverage.

^ If you reside in a long-term care facility, you pay the same as at a standard retail pharmacy. While you reside in the long-term care facility, you are able to receive up to a 31-day supply.

Additional covered benefits



Acupuncture and Chiropractic care

| Benefit | Core | Signature | Freedom |
|---|------------|------------|---|
| Acupuncture Medicare-covered care limited to services to treat chronic low back pain. | \$15 copay | \$20 copay | \$15 copay (in-network) 40% coinsurance (out-of-network) |
| Chiropractic services Medicare-covered care limited to manual manipulation of the spine to correct subluxation. | \$15 copay | \$20 copay | \$15 copay (in-network) 40% coinsurance (out-of-network) |



Foot care (podiatry services)

| Benefit | Core | Signature | Freedom |
|---|------------|------------|---|
| Foot exams and treatment¹ | \$20 copay | \$20 copay | \$35 copay (in-network) 40% coinsurance (out-of-network) |



Diabetic monitoring supplies

Preferred brand includes Roche (i.e. ACCU-CHEK®). Non-preferred brands of diabetic supplies (including meters and test strips) are not covered. Preferred continuous blood glucose monitors (CGM) are Dexcom G6/G7 and Freestyle Libre 14/2/3. All other CGMs are not covered.

| Benefit | Core | Signature | Freedom |
|--|---|---|---|
| Diabetic testing supplies ¹ | 0% coinsurance | 0% coinsurance | 0% coinsurance (in-network) 40% coinsurance (out-of-network) (even if preferred brands are used) |
| Lancets, lancet devices and control solutions ¹ | 0% coinsurance | 0% coinsurance | 0% coinsurance (in-network) 40% coinsurance (out-of-network) (even if preferred brands are used) |
| Therapeutic shoes or inserts ¹ | 20% coinsurance | 20% coinsurance | 20% coinsurance (in-network) 40% coinsurance (out-of-network) (even if preferred brands are used) |
| Continuous blood glucose monitors (CGM) ¹ | 15% coinsurance at retail pharmacy 20% coinsurance at DME vendor | 15% coinsurance at retail pharmacy 20% coinsurance at DME vendor | 15% coinsurance at retail pharmacy (in-network) 20% coinsurance at DME vendor (in-network) 40% coinsurance (out-of-network) |



Fitness benefit

| Benefit | Core | Signature | Freedom |
|-------------|---------|-----------|---------|
| Gym/Fitness | Covered | Covered | Covered |



Home care

| Benefit | Core | Signature | Freedom |
|-------------------------------|-----------|-----------|--|
| Home health care ¹ | \$0 copay | \$0 copay | \$0 copay (in-network) 40% coinsurance (out-of-network) |



Medical equipment and supplies

| Benefit | Core | Signature | Freedom |
|---|-----------------|-----------------|--|
| Durable medical equipment (DME) ¹ , such as wheelchairs and oxygen equipment | 20% coinsurance | 20% coinsurance | 20% coinsurance (in-network) 40% coinsurance (out-of-network) |



Over-the-counter (OTC) benefit

| Benefit | Core | Signature | Freedom |
|------------------------------|---|-----------|---------|
| Over-the-counter (OTC) items | <p>You receive a \$25 allowance every three months for qualified OTC items.</p> <p>Choose from a variety of approved OTC health and wellness products like first aid, pain relievers, cold medicine and more.</p> | | |



Substance abuse disorder services

| Benefit | Core | Signature | Freedom |
|--|------------|------------|---|
| Opioid treatment program services ¹ | \$20 copay | \$20 copay | \$20 copay (in-network) 40% coinsurance (out-of-network) |



Telemedicine (Administered by Kelsey-Seybold primary and specialty care only)

| Benefit | Core | Signature | Freedom |
|--------------|--|--|--|
| E - Visits | \$0 copay | \$0 copay | \$0 copay |
| Video Visits | \$0 copay (PCP) \$15 copay (specialty, mental health and other providers) | \$0 copay (PCP) \$15 copay (specialty, mental health and other providers) | \$0 copay (PCP) \$15 copay (specialty, mental health and other providers) |
| eConsults | \$0 copay | \$0 copay | \$0 copay |

¹ Services may require prior authorization

² Services may require a referral from your doctor

| Quick Reference | |
|---|---|
| Member Services | 713-442-CARE (2273) or 866-535-8343 |
| Kelsey-Seybold Patient Access Center | 713-442-0000 (appointment scheduling) |
| Transportation | 713-KCA-RIDE or 855-931-7433 |
| Dental (UHC Dental/Dental Benefit Providers) | 844-298-8569 |
| Optum Rx (prescription drugs) | 800-707-8194 or www.Optumrx.com |
| Vision (Spectera/UHC Vision) | 877-574-7081 or https://kca.yourvisionplan.com |
| Over-the-Counter (OTC) | 800-688-2719 or www.KCAOTC.com |
| Fitness | 877-504-6830 or www.youronepass.com |
| 24-Hour Nurse Line | 713-442-0000 |
| MyKelseyOnline (MKO) Helpline | 713-442-6565 |

REQUIRED INFORMATION

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.

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-CARE (2273)** or toll-free at **1-866-535-8343** (TTY users 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.

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 or call **1-866-535-8343** (TTY users 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.
- ☐ For KelseyCare Advantage Freedom and Signature plans, 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.
- ☐ For KelseyCare Advantage Freedom and Signature plans, review the formulary to make sure your drugs are covered.

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, 2027.
- ☐ 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), unless you are enrolled in the KelseyCare Advantage Freedom plan.
- ☐ The KelseyCare Advantage Freedom plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher cost-share for services received by non-contracted providers.



Hours of operation:

October 1 to March 31

8:00 a.m. to 8:00 p.m.

7 days a week

April 1 to September 30

8:00 a.m. to 8:00 p.m.

Monday through Friday

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. Every year Medicare evaluates plans based on a 5-star rating system. All benefits are not available on all plans. Messaging service used on weekends, after hours, and on federal holidays. ©2025 KelseyCare Advantage. All rights reserved.

H0332_SB26_M

KELSEY CARE ADVANTAGE HAS YOU COVERED

KelseyCare
Advantage
★★★★

KelseyCare Advantage covers over 3,200 drugs with \$0 deductibles for tiers 1, 2, and 6.

How to read the drug(s) formulary covered by your plan



Names in ***italics*** mean generic drugs, which generally have lower copays and costs



Names in **CAPITALS** are brand-name drugs that generally have higher copays and costs



"Tier" level or pricing category: Drugs in different tiers may have different costs

| | Tier |
|---|------|
| Analgesics/Gout | |
| <i>allopurinol tabs 100mg, 300mg</i> | 2 |
| <i>colchicine tabs 0.6mg</i> | 2 |
| Analgesics/Pain | |
| <i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i> | 2 |
| <i>diclofenac sodium dr tbec 25mg, 50mg, 75mg</i> | 2 |
| <i>ibuprofen tabs 400mg, 600mg, 800mg</i> | 1 |
| <i>meloxicam tabs 7.5mg, 15mg</i> | 1 |
| <i>naproxen tabs 250mg, 375mg, 500mg</i> | 1 |
| <i>morphine sulfate er tbc 15mg, 30mg, 60mg, 100mg, 200mg</i> | 3 |
| <i>acetaminophen/codeine tabs 300mg; 15mg, 300mg; 30mg, 300mg; 60mg</i> | 2 |
| <i>endocet tabs 325mg; 2.5mg, 325mg; 7.5mg, 325mg; 10mg</i> | 3 |
| <i>endocet tabs 325mg; 5mg</i> | 2 |

| | Tier |
|--|------|
| <i>hydrocodone bitartrate/acetaminophen tabs 325mg; 5mg, 325mg; 7.5mg, 325mg; 10mg</i> | 2 |
| <i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg</i> | 3 |
| <i>oxycodone hydrochloride tabs 5mg, 10mg, 15mg</i> | 2 |
| <i>oxycodone hydrochloride tabs 20mg, 30mg</i> | 3 |
| <i>oxycodone/acetaminophen tabs 325mg; 5mg</i> | 2 |
| <i>oxycodone/acetaminophen tabs 325mg; 2.5mg, 325mg; 7.5mg, 325mg; 10mg</i> | 3 |
| <i>tramadol hydrochloride tabs 50mg</i> | 2 |
| <i>lidocaine oint 5%</i> | 4 |
| <i>lidocaine ptch 5%</i> | 4 |
| Antibiotics/Infection | |
| <i>clindamycin hydrochloride caps 75mg, 150mg, 300mg</i> | 2 |
| <i>metronidazole tabs 250mg, 500mg</i> | 2 |

| | Tier |
|--|------|
| nitrofurantoin monohydrate/ macrocrystals caps 100mg | 2 |
| cefadroxil caps 500mg | 2 |
| cefdinir caps 300mg | 2 |
| cefprozime proxetil tabs 100mg, 200mg | 4 |
| cefuroxime axetil tabs 250mg, 500mg | 2 |
| cephalexin caps 250mg, 500mg | 2 |
| amoxicillin caps 250mg, 500mg | 2 |
| amoxicillin tabs 500mg, 875mg | 2 |
| amoxicillin/clavulanate potassium tabs 250mg; 125mg | 4 |
| amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg | 2 |
| azithromycin tabs 250mg, 500mg, 600mg | 2 |
| ciprofloxacin hydrochloride tabs 250mg, 500mg, 750mg | 1 |
| levofloxacin tabs 250mg, 500mg, 750mg | 2 |
| sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg | 2 |
| sulfamethoxazole/trimethoprim tabs 400mg; 80mg | 2 |
| doxycycline hyclate caps 50mg, 100mg | 2 |
| doxycycline hyclate tabs 100mg | 2 |
| doxycycline monohydrate caps 50mg, 100mg | 2 |
| doxycycline monohydrate tabs 50mg, 100mg | 2 |
| doxycycline monohydrate tabs 75mg, 150mg | 2 |
| Antifungal/Infection | |
| fluconazole tabs 50mg, 100mg, 150mg, 200mg | 2 |
| ketoconazole crea 2% | 2 |
| ketoconazole sham 2% | 2 |
| nyamyc powd 100000unit/gm | 2 |
| nystatin crea 100000unit/gm | 2 |
| nystatin powd 100000unit/gm | 2 |

| | Tier |
|---|------|
| nystatin susp 100000unit/ml | 2 |
| nystop powd 100000unit/gm | 2 |
| terbinafine hcl tabs 250mg | 2 |
| Antimigraine | |
| sumatriptan succinate tabs 25mg, 50mg, 100mg | 2 |
| Antineoplastic Agents/Cancer | |
| abiraterone acetate tabs 250mg, 500mg | 5 |
| abirtega tabs 250mg | 2 |
| anastrozole tabs 1mg | 2 |
| letrozole tabs 2.5mg | 2 |
| Antiparasitic/Infection | |
| hydroxychloroquine sulfate tabs 100mg, 200mg | 2 |
| Antivirals/Infection | |
| acyclovir tabs 400mg, 800mg | 2 |
| valacyclovir hydrochloride tabs 500mg, 1gm | 3 |
| PAXLOVID TBPK 150MG; 100MG | 3 |
| Cardiovascular/Heart/Blood Pressure/Fluid | |
| clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg | 1 |
| midodrine hydrochloride tabs 2.5mg, 5mg, 10mg | 2 |
| losartan potassium tabs 25mg, 50mg, 100mg | 6 |
| olmesartan medoxomil tabs 5mg, 20mg, 40mg | 6 |
| valsartan tabs 40mg, 80mg, 160mg, 320mg | 6 |
| lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg | 6 |
| amiodarone hydrochloride tabs 100mg | 4 |
| amiodarone hydrochloride tabs 200mg | 2 |
| digoxin tabs 125mcg, 250mcg | 2 |
| flecainide acetate tabs 50mg, 100mg, 150mg | 2 |
| pacrone tabs 100mg | 4 |

| | Tier |
|---|------|
| <i>pacerone tabs 200mg</i> | 2 |
| <i>atenolol tabs 25mg, 50mg, 100mg</i> | 1 |
| <i>bisoprolol fumarate tabs 5mg, 10mg</i> | 2 |
| <i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i> | 1 |
| <i>metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg</i> | 2 |
| <i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 100mg</i> | 1 |
| <i>metoprolol tartrate tabs 75mg</i> | 2 |
| <i>propranolol hydrochloride tabs 10mg, 20mg, 40mg, 60mg, 80mg</i> | 2 |
| <i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i> | 1 |
| <i>nifedipine er tb24 30mg, 60, 90mg</i> | 2 |
| <i>cartia xt cp24 120mg, 180mg, 240mg, 300mg</i> | 2 |
| <i>diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg</i> | 2 |
| ENTRESTO TABS 24MG; 26MG, 49MG; 51MG, 97MG; 103MG | 3 |
| <i>lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg</i> | 6 |
| <i>losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg, 12.5mg; 100mg, 25mg; 100mg</i> | 6 |
| <i>triamterene/hydrochlorothiazide caps 25mg; 37.5mg</i> | 1 |
| <i>triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg</i> | 1 |
| <i>bumetanide tabs 0.5mg, 1mg, 2mg</i> | 2 |
| <i>furosemide tabs 20mg, 40mg, 80mg</i> | 1 |
| <i>toremide tabs 5mg, 10mg, 20mg, 100mg</i> | 2 |
| <i>chlorthalidone tabs 25mg, 50mg</i> | 2 |
| <i>hydrochlorothiazide caps 12.5mg</i> | 1 |
| <i>hydrochlorothiazide tabs 12.5mg, 25mg, 50mg</i> | 1 |
| <i>spironolactone tabs 25mg, 50mg, 100mg</i> | 2 |

| | Tier |
|--|------|
| <i>dapagliflozin propanediol tabs 5mg, 10mg</i> | 3 |
| FARXIGA TABS 5MG, 10MG | 3 |
| JARDIANCE TABS 10MG, 25MG | 3 |
| <i>isosorbide mononitrate er tb24 30mg, 60mg, 120mg</i> | 2 |
| <i>nitroglycerin subl 0.3mg, 0.4mg, 0.6mg</i> | 2 |
| <i>hydralazine hydrochloride tabs 10mg, 25mg, 50mg, 100mg</i> | 2 |
| <i>minoxidil tabs 2.5mg, 10mg</i> | 2 |
| Cardiovascular/High Cholesterol | |
| <i>fenofibrate tabs 48mg, 54mg, 145mg, 160mg</i> | 2 |
| <i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i> | 6 |
| <i>lovastatin tabs 10mg, 20mg, 40mg</i> | 6 |
| <i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i> | 6 |
| <i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i> | 6 |
| <i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i> | 6 |
| <i>ezetimibe tabs 10mg</i> | 2 |
| <i>omega-3-acid ethyl esters caps 375mg; 465mg; 1gm</i> | 4 |
| REPATHA SURECLICK INJ 140MG/ML | 3 |
| Central Nervous System/Anxiety | |
| <i>buspirone hydrochloride tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i> | 1 |
| <i>alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg</i> | 2 |
| <i>diazepam tabs 2mg, 5mg, 10mg</i> | 2 |
| <i>lorazepam tabs 0.5mg, 1mg, 2mg</i> | 2 |
| Central Nervous System/Dementia | |
| <i>donepezil hydrochloride tabs 5mg, 10mg</i> | 2 |
| <i>memantine hcl titration pak tabs</i> | 2 |
| <i>memantine hydrochloride tabs 5mg, 10mg</i> | 2 |

| | Tier |
|--|------|
| Central Nervous System/Muscle Pain | |
| baclofen tabs 5mg, 10mg, 20mg | 2 |
| tizanidine hydrochloride tabs 2mg, 4mg | 2 |
| cyclobenzaprine hydrochloride tabs 5mg, 10mg | 3 |
| methocarbamol tabs 500mg, 750mg | 2 |
| Central Nervous System/Parkinson's Disease | |
| carbidopa/levodopa tabs 10mg; 100mg, 25mg; 100mg, 25mg; 250mg | 2 |
| Central Nervous System/Psychosis/Depression | |
| bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg | 2 |
| bupropion hydrochloride er (xl) tb24 150mg, 300mg | 2 |
| mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg | 2 |
| citalopram hydrobromide tabs 10mg, 20mg, 40mg | 1 |
| duloxetine hydrochloride cpep 20mg, 30mg, 60mg | 2 |
| escitalopram oxalate tabs 5mg, 10mg, 20mg | 2 |
| fluoxetine hydrochloride caps 10mg, 20mg, 40mg | 1 |
| paroxetine hydrochloride tabs 10mg, 20mg, 30mg, 40mg | 2 |
| sertraline hydrochloride tabs 25mg, 50mg, 100mg | 1 |
| trazodone hydrochloride tabs 50mg, 100mg, 150mg | 2 |
| venlafaxine hydrochloride er cp24 37.5mg, 75mg, 150mg | 2 |
| nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg | 2 |
| aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg | 2 |
| olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg | 2 |
| quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg, 200mg, 300mg, 400mg | 2 |

| | Tier |
|---|------|
| Central Nervous System/Seizures | |
| lamotrigine tabs 25mg, 100mg, 150mg, 200mg | 2 |
| levetiracetam tabs 250mg, 500mg, 750mg, 1000mg | 2 |
| roweepra tabs 500mg | 2 |
| subvenite tabs 25mg, 100mg, 150mg, 200mg | 2 |
| topiramate tabs 25mg, 50mg, 100mg, 200mg | 2 |
| clonazepam tabs 0.5mg, 1mg, 2mg | 2 |
| gabapentin caps 100mg, 300mg, 400mg | 2 |
| gabapentin tabs 600mg, 800mg | 2 |
| pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg | 3 |
| primidone tabs 50mg, 125mg, 250mg | 2 |
| Central Nervous System/Sleep | |
| temazepam caps 15mg, 30mg | 2 |
| zolpidem tartrate tabs 5mg, 10mg | 2 |
| Dental Agents/Infection | |
| chlorhexidine gluconate soln 0.12% | 1 |
| doxycycline hyclate tabs 20mg | 3 |
| periogard soln 0.12% | 1 |
| Dermatological/Antineoplastic Agents | |
| fluorouracil crea 5% | 4 |
| Dermatological/Infection | |
| ciclopirox nail lacquer soln 8% | 2 |
| mupirocin oint 2% | 2 |
| Dermatological/Inflammation | |
| metronidazole gel 0.75% | 3 |
| metronidazole gel 1% | 4 |
| clobetasol propionate crea 0.05% | 2 |
| clobetasol propionate oint 0.05% | 2 |
| clobetasol propionate soln 0.05% | 4 |
| hydrocortisone crea 1% | 2 |

| | Tier |
|---|------|
| hydrocortisone oint 1%, 2.5% | 2 |
| tacrolimus oint 0.1%, 0.03% | 4 |
| triamcinolone acetonide crea 0.025%, 0.1%, 0.5% | 2 |
| triamcinolone acetonide oint 0.025%, 0.1%, 0.5% | 2 |
| triderm crea 0.5% | 2 |
| clotrimazole/betamethasone dipropionate crea 0.05%; 1% | 2 |
| Endocrine and Metabolic/Adrenal | |
| dexamethasone tabs 0.5mg, 0.75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg | 2 |
| methylprednisolone dose pack tbpk 4mg | 2 |
| prednisone tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg | 2 |
| Endocrine and Metabolic/Androgen | |
| testosterone cypionate inj 100mg/ml, 200mg/ml | 2 |
| testosterone pump gel 1%, 1.62% | 4 |
| testosterone gel 25mg/2.5gm, 50mg/5gm | 4 |
| Endocrine and Metabolic/Bone Health | |
| alendronate sodium tabs 10mg, 35mg, 70mg | 6 |
| calcitriol caps 0.25mcg, 0.5mg | 2 |
| ibandronate sodium tabs 150mg | 6 |
| Endocrine and Metabolic/Estrogen | |
| estradiol crea 0.1mg/gm | 2 |
| estradiol tabs 10mcg | 4 |
| yuvafer tabs 10mcg | 4 |
| Endocrine and Metabolic/High Blood Sugar | |
| glimepiride tabs 1mg, 2mg, 4mg | 6 |
| glipizide er tb24 2.5mg, 5mg, 10mg | 6 |
| glipizide tabs 2.5mg, 5mg, 10mg | 6 |
| JANUVIA TABS 25MG, 50MG, 100MG | 3 |
| metformin hydrochloride er tb24 500mg, 750mg | 6 |

| | Tier |
|--|------|
| metformin hydrochloride tabs 500mg, 850mg, 1000mg | 6 |
| MOUNJARO INJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML | 3 |
| OZEMPIC INJ 2MG/3ML, 4MG/3ML, 8MG/3ML | 3 |
| pioglitazone hcl tabs 15mg, 30mg, 45mg | 6 |
| TRULICITY INJ 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML | 3 |
| HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML | 3 |
| HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML | 3 |
| HUMALOG INJ 100UNIT/ML | 3 |
| HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML | 3 |
| insulin lispro inj 100unit/ml | 3 |
| LANTUS SOLOSTAR INJ 100UNIT/ML | 3 |
| TOUJEO MAX SOLOSTAR INJ 300UNIT/ML | 3 |
| TOUJEO SOLOSTAR INJ 300UNIT/ML | 3 |
| Endocrine and Metabolic/Thyroid | |
| levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 1 |
| levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 2 |
| unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg | 2 |
| methimazole tabs 5mg, 10mg | 2 |
| Gastrointestinal/Nausea | |
| meclizine hcl tabs 12.5mg, 25mg | 4 |
| ondansetron hydrochloride tabs 4mg, 8mg | 2 |

| | Tier |
|---|------|
| ondansetron odt tbdp 4mg, 8mg | 2 |
| Gastrointestinal/Reflux | |
| constulose soln 10gm/15ml | 2 |
| lactulose soln 10gm/15ml | 2 |
| dicyclomine hydrochloride caps 10mg | 2 |
| gavilyte-c solr 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm | 2 |
| gavilyte-g solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm | 2 |
| peg-3350/electrolytes solr 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm | 2 |
| famotidine tabs 20mg, 40mg | 2 |
| sucralfate tabs 1gm | 2 |
| esomeprazole magnesium cpdr 20mg, 40mg | 2 |
| lansoprazole cpdr 15mg, 30mg | 2 |
| omeprazole cpdr 10mg, 20mg, 40mg | 2 |
| pantoprazole sodium tbec 20mg, 40mg | 2 |
| hydrocortisone crea 2.5% | 2 |
| procto-med hc crea 2.5% | 2 |
| proctosol hc crea 2.5% | 2 |
| proctozone-hc crea 2.5% | 2 |
| Genitourinary/Benign Prostatic Hyperplasia | |
| alfuzosin hcl er tb24 10mg | 2 |
| dutasteride caps 0.5mg | 2 |
| finasteride tabs 5mg | 2 |
| tadalafil tabs 2.5mg, 5mg | 3 |
| tamsulosin hydrochloride caps 0.4mg | 2 |
| terazosin hcl caps 1mg, 2mg, 5mg, 10mg | 2 |
| Genitourinary/Overactive Bladder | |
| GEMTESA TABS 75MG | 4 |
| MYRBETRIQ TB24 25MG, 50MG | 3 |
| oxybutynin chloride er tb24 5mg, 10mg, 15mg | 2 |
| oxybutynin chloride tabs 5mg | 2 |
| solifenacin succinate tabs 5mg, 10mg | 2 |

| | Tier |
|--|------|
| Hematologic/Blood Thinner | |
| dabigatran etexilate caps 75mg, 110mg, 150mg | 2 |
| ELIQUIS TABS 2.5MG, 5MG | 3 |
| jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 |
| warfarin tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | 1 |
| XARELTO TABS 2.5MG, 10MG, 15MG, 20MG | 3 |
| clopidogrel tabs 75mg | 1 |
| Immunological | |
| dupixent inj 200mg/1.14ml, 300mg/2ml | 5 |
| Immunological/Transplant | |
| methotrexate sodium tabs 2.5mg | 2 |
| Immunological/Vaccine | |
| AREXVY INJ 120MCG/0.5ML | 1 |
| BOOSTRIX INJ 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML | 1 |
| SHINGRIX INJ 50MCG/0.5ML | 1 |
| Mineral Replacement/Nutrient | |
| klor-con 8 tbc 8meq, 10meq | 2 |
| klor-con m10 tbc 10meq, 20meq | 2 |
| klor-con m10 tbc 15meq | 3 |
| potassium chloride er cpcr 8meq, 10meq | 2 |
| potassium chloride er tbc 15meq | 3 |
| potassium chloride er tbc 8meq, 10meq, 15meq, 20meq | 2 |
| Ophthalmic/Eye Conditions/Glaucoma | |
| dorzolamide hcl/timolol maleate soln 22.3mg/ml; 6.8mg/ml | 2 |
| neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm | 2 |
| neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml | 2 |
| polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1% | 2 |
| RESTASIS MULTIDOSE EMUL 0.05% | 3 |

| | Tier |
|---|------|
| RESTASIS EMUL 0.05% | 3 |
| erythromycin oint 5mg/gm | 2 |
| moxifloxacin hydrochloride soln 0.5% | 2 |
| ofloxacin soln 0.3% | 2 |
| ketorolac tromethamine soln 0.5% | 2 |
| prednisolone acetate susp 1% | 3 |
| timolol maleate soln 0.25%, 0.5% | 1 |
| BRIMONIDINE TARTRATE SOLN 0.1% | 3 |
| brimonidine tartrate soln 0.2% | 2 |
| dorzolamide hydrochloride soln 2% | 2 |
| latanoprost soln 0.005% | 1 |
| LUMIGAN SOLN 0.01% | 3 |
| Opioid Use Disorder Treatment | |
| naltrexone hydrochloride tabs 50mg | 2 |
| Respiratory/Allergy | |
| azelastine hydrochloride soln 0.1% | 2 |
| hydroxyzine hydrochloride tabs 10mg, 25mg, 50mg | 2 |
| levocetirizine dihydrochloride tabs 5mg | 2 |
| Respiratory/Asthma/COPD | |
| fluticasone propionate susp 50mcg/act | 2 |
| montelukast sodium tabs 10mg | 2 |
| ipratropium bromide soln 0.03%, 0.06% | 2 |
| SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT | 3 |

| | Tier |
|---|------|
| albuterol sulfate hfa aers 108mcg/act | 2 |
| BREO ELLIPTA AEPB 50MCG/INH; 25MCG/INH, 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH | 3 |
| breyna aero 80mcg/act; 4.5mcg/act, 160mcg/act; 4.5mcg/act | 4 |
| BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT | 3 |
| fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act | 2 |
| fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act | 2 |
| STIOLTO RESPIMAT AERS 2.5MCG/ACT; 2.5MCG/ACT | 3 |
| TRELEGY ELLIPTA AEPB 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH | 3 |
| wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, aepb 500mcg/act; 50mcg/act | 2 |
| Enhanced Drug Coverage | |
| cyanocobalamin injection solution 1000mcg/ml | 2 |
| folic acid oral tablet 1mg | 2 |
| vitamin d (ergocalciferol) oral capsule 1.25mg (50000ut) | 2 |
| sildenafil citrate oral tablet 100mg, 25mg, 50mg | 2 |

**View the complete list of covered drugs at [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com),
or call the Concierge team at 1-713-442-CARE (2273),
toll free 1-866-535-8343 (TTY: 711),**

October 1 - March 31, 8:00 a.m. to 8:00 p.m. local time, seven days a week;

April 1 - September 30, Monday through Friday, 8:00 a.m. to 8:00 p.m. local time.

Messaging service used on weekends, after hours, and on federal holidays.

KelseyCare Advantage is offered by KS Plan Administrators, LLC, a Medicare Advantage HMO with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. © 2025 KelseyCare Advantage. All rights reserved. H0332_AF26_C

Scope of Sales Appointment Confirmation Form

Please initial below beside the type of product(s) you want the agent to discuss.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Medicare Advantage Plans (Part C) and Cost Plans |
| | Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies). |
| <input type="checkbox"/> | I understand that KelseyCare Advantage does <u>NOT</u> offer the following Medicare Plans: |
| | Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. |
| | Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost. |
| | Medicare Private Fee-For-Service (PFFS) Plan — A type of Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions. |
| | Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions. |
| | Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met. |
| | Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles. |

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan. **Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.**

Beneficiary or Authorized Representative Signature and Signature Date:

Signature:

Signature Date:

If you are the authorized representative, please sign above and print below:

Representative's Name: _____ *Your Relationship to the Beneficiary:* _____

To be completed by Agent:

| | |
|--|--------------------|
| Agent Name: | Agent Phone: |
| Beneficiary Name: | Beneficiary Phone: |
| Beneficiary Address: | |
| Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) | |
| Agent's Signature: | |
| Plan(s) the agent represented during this meeting: | |
| Date Appointment Completed: | |
| Reason the form was signed at the time of appointment (if applicable): | |

Scope of Appointment documentation is subject to CMS record retention requirements

KelseyCare Advantage is offered by KS Plan Administrators, LLC, a Medicare Advantage HMO with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.

H0332_SOA2024

SOA24P

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan.

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

Individuals experiencing homelessness

- If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

What happens next?

Send your completed and signed form to:
KelseyCare Advantage
P.O. Box 841569
Pearland, Texas 77584-9832

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call KelseyCare Advantage at 1-866-535-8343, TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a KelseyCare Advantage al 1-866-535-8343 o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

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

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 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) 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.

IMPORTANT

Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.

OMB No. 0938-1378 Expires: 12/31/2026

Section 1 – All fields on this page are required (unless marked optional). Select the plan you want to join:

| Plans covering Medical + Prescription Drugs | | Available in the following counties ONLY | |
|---|---|--|--|
| | Signature (HMO Plan) \$0/month Part D Deductible is \$0 for drugs on tiers 3, 4, and 5* | Brazoria, Fort Bend, Harris, Montgomery, Galveston (excluding Galveston Island) | |
| | Freedom (HMO-POS Plan) \$0/month, Part D Deductible is \$200 for drugs on tiers 3, 4, and 5* | Brazoria, Fort Bend, Harris, Montgomery, Galveston (excluding Galveston Island), Austin, Grimes, San Jacinto, Waller, Chambers, Liberty, Walker, Wharton | |
| Plans covering Medical Only | | Available in the following counties ONLY | |
| | Core (HMO Plan) \$0/month | Brazoria, Fort Bend, Harris, Montgomery, Galveston (excluding Galveston Island), Austin, Grimes, San Jacinto, Waller, Chambers, Liberty, Walker, Wharton | |

*Deductible does not apply to drugs on tiers 1, 2, 6 and insulin.

| | | | | | |
|---|--|---|--|----------------------------|--|
| FIRST Name: | | LAST Name: | | [Optional: Middle Initial] | |
| Birth Date: (MM/DD/YYYY) (__ / __ / __ __) | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Phone Number: () | |
| Permanent Residence Street Address (Don't enter a PO Box): (Note: for individuals experiencing homelessness, a PO Box may be considered your permanent residence address): | | | | | |
| City: | | [Optional: County] | | State: | |
| | | | | ZIP Code: | |
| Mailing Address , if different from your permanent address (PO Box allowed): | | | | | |
| Street Address: | | City: | | State: | |
| | | | | ZIP Code: | |

| Your Medicare Information | |
|---|---|
| Please take out your red, white and blue Medicare card to complete this section. <ul style="list-style-type: none"> Fill out this information as it appears on your Medicare card. -OR- <p>Attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.</p> | Name (as it appears on your Medicare card): _____ Medicare Number: _____ Is Entitled to: _____ Effective Date: _____ HOSPITAL (Part A) _____ MEDICAL (Part B) _____ You must have Medicare Part A and Part B to join a Medicare Advantage plan. |

| Answer these important questions: | | |
|--|----------------------------------|---------------------------------|
| Will you have other prescription drug coverage (like VA, TRICARE) in addition to KelseyCare Advantage? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Name of other coverage: | Member number for this coverage: | Group number for this coverage: |

IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in KelseyCare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that KelseyCare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (See Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in this plan.
- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my KelseyCare Advantage coverage begins, I must get all of my medical and prescription drug benefits from KelseyCare Advantage. Benefits and services provided by KelseyCare Advantage and contained in my KelseyCare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor KelseyCare Advantage will pay for benefits or services that are not covered.
- By providing my telephone number and/or email address to KelseyCare Advantage, I agree to receive automated calls, prerecorded messages, e-mails, and/or voice/text messages related to my application or account from KelseyCare Advantage and its affiliates. I understand that message and data rates may apply. Terms and privacy information are available at www.kelseycareadvantage.com. If you would like to opt-out, contact Member Services at 866-535-8343 and ask to be added to our do not call list. TTY users can call 711.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Signature:**Today's Date:****If you're the authorized representative, sign above and fill out these fields:**

Name:

Address:

Phone number:

Relationship to enrollee:

For individuals helping enrollee with completing this form only:

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members or other third parties) helping an enrollee fill out this form. **Note:** Agents/Brokers, completion of this entire box is **required**.

Name (This should not be the enrollee's name): _____

Relationship to enrollee: _____

Signature: _____ Date: _____

Agent/Broker National Producer Number (NPN) ID: _____

Plan ID #: _____ Proposed Effective Date of Coverage: _____

Select the appropriate election period. (for SEP, write in the desired SEP, e.g., SEPR for 5-Star)

ICEP/IEP: _____ AEP: _____ SEP (type): _____ MA OEP: _____ Not Eligible: _____

Form continued on next page

Section 2 – All fields in this section are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in a language other than English.

☐ Spanish

Select one if you want us to send you information in an accessible format.

☐ Braille ☐ Large Print ☐ Audio CD ☐ Data CD

Please contact KelseyCare Advantage at 713-442-CARE (2273) if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m. to 8 p.m., 7 days a week. TTY users can call 711.

Do you work? ☐ Yes ☐ No

Does your spouse work? ☐ Yes ☐ No

List your Primary Care Physician (PCP), clinic, or health center:

If you are switching from another plan, what is the name of the plan or Medicare plan you are switching from?

I want to get the following materials via email.

_____ **Yes**, I would like to receive many of my plan documents delivered electronically. We will send you an email when new communications (ie.; Quarterly Newsletters, Annual Notice of Change) are available online. You can access these communications through any device such as a computer, tablet or mobile phone.

Email Address: _____

Paying your plan premiums:

You can pay your monthly plan premium (including any late enrollment penalties that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), credit card each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DON'T pay KelseyCare Advantage the Part D-IRMAA.

Please select a premium payment option:

Get a bill

Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account Name: _____ Account Type: ☐ Checking ☐ Savings

Bank routing number: _____ Bank account number: _____

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ☐ I am new to Medicare.
- ☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ☐ I recently moved outside of the service area for my current plan or I recently moved and have new options available to me. I moved on (insert date) _____.
- ☐ I recently was released from incarceration. I was released on (insert date) _____.
- ☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date) _____.
- ☐ I recently obtained lawful presence status in the United States. I got this status on (insert date) _____.
- ☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date) _____.
- ☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date) _____.
- ☐ I have Medicare and get full Medicaid benefits. I want to join or switch to a plan that coordinates coverage between my Medicare and Medicaid managed care plans (called an integrated Dual Eligible Special Needs Plan (D-SNP)).
- ☐ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long term care facility). I moved/will move into/out of the facility on (insert date) _____.
- ☐ I recently left a PACE program on (insert date) _____.
- ☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date) _____.
- ☐ I am leaving employer or union coverage on (insert date) _____.
- ☐ I'm in a qualified State Pharmaceutical Assistance Program, or I'm losing help from a State Pharmaceutical Assistance Program.
- ☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date) _____.
- ☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date) _____.
- ☐ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ☐ I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare Advantage Plan (with or without drug coverage).
- ☐ I signed up for Part A (Hospital Insurance) or Part B (Medical Insurance) during a Special Enrollment Period I qualified for because of an exceptional circumstance. I want to join a Medicare drug plan (Part D).

If none of these statements applies to you or you're not sure, please contact KelseyCare Advantage at 713-442-CARE (2273) or toll free at 1-866-535-8343 (TTY users can call 711) to see if you are eligible to enroll. We are open 8 a.m. to 8 p.m., 7 days a week.

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 सेवाएं 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 بگیرد 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).

H0332_2026LAS_C

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.

Find Your Provider

As a member, you have many choices when it comes to your care



Kelsey-Seybold Clinic

KelseyCare Advantage members have access to 1,000+ physicians and providers in 65+ medical specialties at 40+ Kelsey-Seybold Clinic locations across Greater Houston. Members enjoy the convenience of getting all the care and services they need under one roof, including primary care, specialty care, imaging, and labs. Many locations even include an on-site pharmacy.



Scan To Access Our Complete Provider Directory



Access to Houston's Top Hospitals

Kelsey-Seybold has affiliations with world-class hospitals. This includes facilities with CHI St Luke's, Memorial Hermann, HCA Healthcare hospital systems, Woman's Hospital of Texas, and Texas Orthopedic Hospital.

All plan members can access the expanded primary care network without a referral. To see an affiliate specialist, members on the Signature and Core plans must have a referral. Freedom members typically need a referral for in-network coverage but do not need one if they are using their POS benefit to see an affiliate provider.

Agent Name: _____

Agent Phone: _____

*Benefits vary by plan. 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. **You must continue to pay your Medicare Part B premium. †The \$200 deductible on the Freedom plan applies only to drugs on Tier 3, Tier 4 and Tier 5. 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. This information is not a complete description of benefits. Please refer to the Summary of Benefits for more information. Every year, Medicare evaluates plans based on a 5-Star rating system. ‡One 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. †MD Anderson services have a 40% coinsurance. ‡Qualifying 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. ©2025 KelseyCare Advantage. All rights reserved. H0332_010409_BrokerB_2026_M