

KelseyCare
Advantage
★★★★★

2026

SIGNATURE (HMO)



WELCOME

713-442-CARE (2273) / (TTY:711)

[KelseyCareAdvantage.com](https://www.KelseyCareAdvantage.com)

H0332_009WB26V1_C

TABLE OF CONTENTS

GETTING STARTED	4
ONLINE RESOURCES	5
YOUR BENEFITS SNAPSHOT	8
FIND A PROVIDER	10
PRESCRIPTION DRUG COVERAGE.....	14
VALUE-ADDED BENEFITS	16
GLOSSARY OF TERMS.....	20
CONTACT US	22
IMPORTANT PHONE NUMBERS	22
STAY CONNECTED AND INFORMED WITH EMAIL OPT-IN	23

GETTING STARTED

We understand navigating the health care system can be cumbersome. This guide introduces you to KelseyCare Advantage's approach to coordinated care, offering seamless access to the resources and tools you need to manage your health effectively.

Confidence You Can Carry: Your New Member ID Card

Your KelseyCare Advantage member ID card is your key to accessing your medical, dental, vision, and prescription drug benefits. You should receive your card in the mail within 10 business days of enrollment. If you do not receive your ID card before your start date, please call Member Services at 713-442-CARE (2273) TTY: 711.

Simple Ways to Get Started

1. **Register for MyKelseyOnline (MKO)** to access important records and communicate with your doctor. MKO is your one-stop location for you and your care team to manage your care together! Schedule appointments, view test and lab results, refill prescriptions, and message your doctor—all in one place. Simply visit [MyKelseyOnline.com](https://www.mykelseyonline.com) and log in or set up your account if it's your first time.
2. **Choose Email Opt-In.** Receive important plan updates by opting in to email communications. Through email opt-in, you can receive timely KelseyCare Advantage updates, important health information, and plan management tips straight to your inbox. Stay informed. Go to [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Members](#) → [Member Forms](#) → [Email Opt-In](#) OR call 713-442-4878 (TTY: 711) to opt in.
3. **Review Your Plan Benefits** online at [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Members](#) → [Plan Benefits](#). To download and print your plan benefits, look for your Summary of Benefits or the more detailed Evidence of Coverage at [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Members](#) → [Plan Documents](#).

ONLINE RESOURCES

KelseyCare Advantage offers convenient online tools to help you navigate your health plan and access care with ease. This section will guide you through our online resources.

Plan Documents

In the Members section of [KelseyCareAdvantage.com](https://www.kelseyca.com), you'll find important [Plan Documents](#) available to view and download, including:

- Annual Notice of Change (ANOC)
- Diabetic Supplies
- Over-the-Counter (OTC) Catalog
- Evidence of Coverage (EOC)
- Formulary (covered drug list)
- Pharmacy Directory and Addendums
- Provider Directory
- Summary of Benefits

The Plan Documents section also contains a link to this Welcome Book. To reach Plan Documents on our website, go to [KelseyCareAdvantage.com](https://www.kelseyca.com) → [Members](#) → [Plan Documents](#).

Important Websites

Stay connected! Bookmark these helpful websites for easy access to information about your KelseyCare Advantage plan.

- Kelsey-Seybold Clinic - [Kelsey-Seybold.com](https://www.kelsey-seybold.com)
- MyKelsey Online - [MyKelseyOnline.com](https://www.mykelseyonline.com)
- Over-the-Counter benefits - [KCAOTC.com](https://www.kcaotc.com)
- Vision provider search - [KCA.YourVisionPlan.com](https://www.kca.yourvisionplan.com)
- Dental provider search - [YourDentalPlan.com/DentistSearch23](https://www.yourdentalplan.com/DentistSearch23)
- Fitness benefits - [YourOnePass.com](https://www.youronepass.com)
- Prescription (Part D) benefits - [OptumRx.com](https://www.optumrx.com)
- Behavioral Health benefits - [LiveAndWorkWell.com](https://www.liveandworkwell.com)
- New Member Hub - [KelseyCareAdvantage.com](https://www.kelseyca.com) → [Members](#) → [New Member Hub](#)

Your privacy is important to us. View your Notice of Privacy Practices by selecting [Privacy and Disclaimers](#) at the bottom of [KelseyCareAdvantage.com](https://www.kelseyca.com).

Member Forms

In the Member Forms section of [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com), you can quickly find commonly used forms like the following:



Choose Email Opt-In to receive timely information:

- Plan documents and updates
- Notification of plan changes
- Health and wellness reminders
- Monthly and quarterly newsletters, featuring plan information and useful tips



Appoint a Representative - If you have someone who acts on your behalf with KelseyCare Advantage or may need someone to do this in the future, please complete an Appointment of Representative form.



Coverage Determination/Redetermination - For more information on coverage determination or redetermination, visit [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Members](#) → [Member Resources](#) → [Coverage Determination, Appeals and Payment Request](#).



Authorization to Communicate - Authorize KelseyCare Advantage to share your health information with a designated person or organization.



OTC Mail Order Form - Download and print an Over-the-Counter (OTC) mail order form.

Visit Member Forms at [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Members](#) → [Member Forms](#).

New Member Hub

The New Member Hub is a dedicated section of our website packed with helpful information for all KelseyCare Advantage members.

Here are a few resources you'll discover on the New Member Hub:

- Welcome Information, including what to expect from us within your first 30 days.
- Tips for scheduling your \$0 Wellness Visit, including a [Key Questions for Your Primary Care Provider flyer](#) to take with you to your appointment.
- Links to frequently used forms and pages on our website, as well as a link to [Discover the KelseyCareAdvantage](#), a message archive of monthly emails sent to new members to help them discover the benefits of their KelseyCare Advantage plan.

To reach the New Member Hub, go to [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Members](#) → [New Member Hub](#).

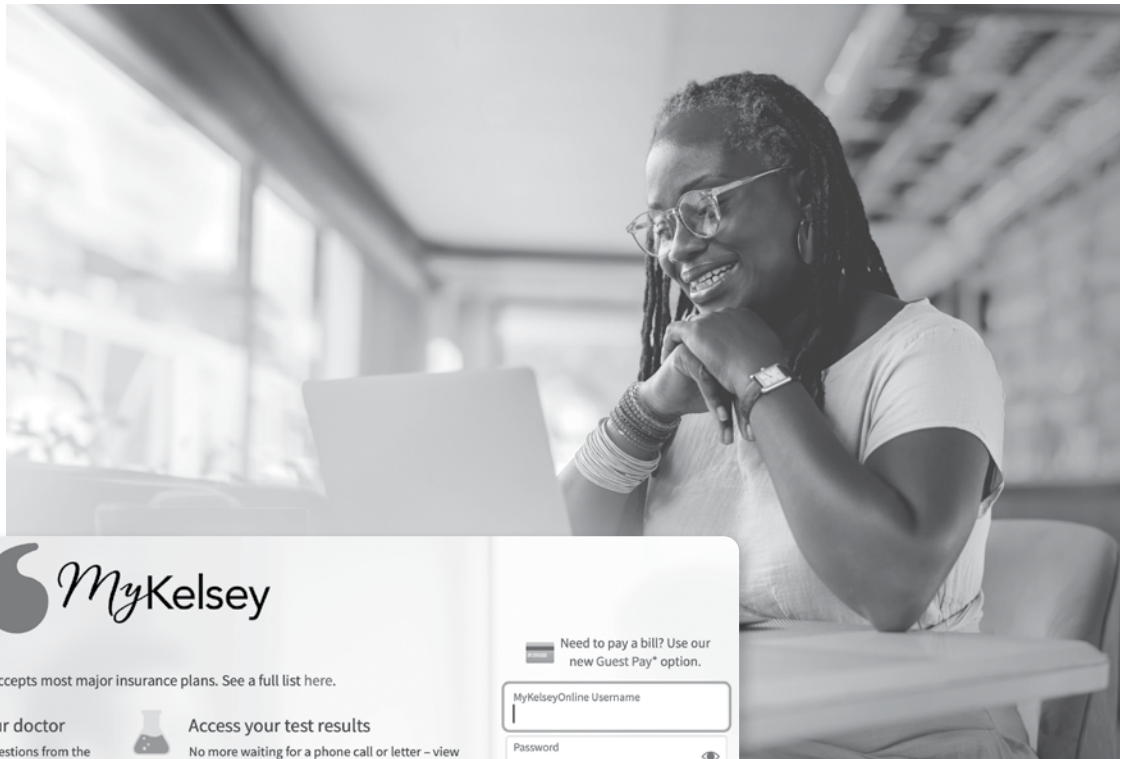
MyKelseyOnline

One of the easiest places to coordinate with your provider is through MyKelseyOnline (MKO). MKO is your patient portal that lets you:

- Schedule appointments
- Request prescription refills
- Receive test results from your doctor
- Message your care team directly

...and so much more!

To set up an account, visit [MyKelseyOnline.com](https://www.mykelseyonline.com), download the MyKelsey app at the Apple App Store or the Google Play store (Android), or call the MyKelseyOnline Help Line at 713-442-6565. The Help Line is available 7 days a week from 7 a.m. to 9 p.m.



MyKelsey

Kelsey-Seybold accepts most major insurance plans. See a full list here.

- Communicate with your doctor**
Get answers to your medical questions from the comfort of your own home
- Access your test results**
No more waiting for a phone call or letter – view your results and your doctor’s comments within days
- Request prescription refills**
Send a refill request for any of your refillable medications
- Manage your appointments**
Schedule your next appointment, or view details of your past and upcoming appointments

[Click here for comprehensive instructions on how to use MyKelseyOnline.](#)

Security Update: Two-step verification via text msg or email (less secure) is now **required** for MyKelseyOnline/KCA MyChart patient portal log-in access. This additional verification upon login protects your health care information. Verify or update your contact details in the personal information section. [Learn More](#)

MyKelseyOnline
MKO Help Line: 713-442-6565
Monday-Friday 7am-9pm
Saturday-Sunday 7am-6pm

Need to pay a bill? Use our new Guest Pay* option.

MyKelseyOnline Username
Password

Forgot login information?

Log in

Log in with passkey

ACTIVATE NOW

Download on the App Store | GET IT ON Google Play

FAQs | Privacy Policy | Terms and Conditions | High Contrast Theme

MyChart® Epic | MyChart® licensed from Epic Systems Corporation © 1999 - 2025

YOUR BENEFITS SNAPSHOT

Signature Copay

Physician and Lab Services	
PCP Visit	\$0
Specialist Visit	\$20
Video Visit - PCP	\$0
Video Visit - Specialist, Mental Health, Other	\$15
Annual Wellness Exams	\$0
Chiropractor	\$20
X-rays and Lab Services	\$0
Diagnostic Test	\$0 - \$25
Diagnostic Radiology Services (ex: CT Scan and MRI)	\$25 - \$200
Immunizations	\$0
Routine Hearing Exam (1 per year)	\$0
Hearing Aid Allowance	\$750 per ear every 3 years
Physical and Speech Therapy	\$15
Occupational Therapy	\$20
Routine Eye Exam (1 per year)	\$0
Eyewear Allowance	\$125*
Hospital Services	
Inpatient Hospital Care	\$150 per day for days 1 - 4 \$0 per day for days 5 - 90
Ambulatory Surgery Center	\$200
Outpatient Hospital Observation	\$300
Emergency Care	\$125 (copay is waived if admitted within 3 days for the same condition)
Urgent Care	\$25
Worldwide Emergency Services	20% coinsurance; up to \$20,000 per lifetime
Extended Care Services	
Skilled Nursing Facility	\$0 (days 1 - 20) \$218 (days 21 - 100)
Other Medical Services	
Durable Medical Equipment (DME)	15% to 20% of the total cost
Ground / Air Ambulance	\$275 one-way

*for glasses or contacts every year, only can be used on date of coverage and unrelated to cataract.

Diabetic Supplies

Save money on your diabetic supplies when you use a preferred brand of diabetic testing supplies, which includes meters and test strips. Preferred brand: Roche (i.e. ACCU-CHEK®). In addition to paying 0% coinsurance for your test supplies, you'll enjoy:

- \$0 copay for Medicare-covered diabetic self-management training
- 0% coinsurance for lancets, lancet devices, and control solutions
- 20% coinsurance for Medicare-covered diabetic shoes and inserts
- 20% coinsurance for Medicare-covered insulin pump and supplies
- Continuous blood glucose monitors (CGM) are covered differently, depending on where purchased. You'll pay 15% coinsurance at a retail pharmacy, and 20% coinsurance from a Durable Medical Equipment (DME) vendor.

Preferred CGM's are Dexcom G6/G7 and Freestyle Libre 14/2/3. All other CGM's are not covered.

Durable Medical Equipment

If you need Durable Medical Equipment (for example, oxygen or a CPAP machine), visit our website for a list of contracted providers.

To search for a provider:

- Visit [KelseyCareAdvantage.com](https://www.kelseycares.com) → [Explore Plans](#) → [Find a Provider](#) → [Other Services](#)
- Under the service type, select Durable Medical Equipment
- Narrow your search by county, city, facility, or zip code

You may go to any of the providers listed in our online directory. Some services may need prior authorization or a referral.

FIND A PROVIDER

We make it easy to find personalized care close to home. Here are a few ways you can find a provider from our KelseyCare Advantage network:

- Search using your MyKelsey app or visit [MyKelseyOnline.com](https://www.mykelseyonline.com).
- Find a provider through our searchable online directory. Go to [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Explore Plans](#) → [Find a Provider](#) → [Find a Kelsey-Seybold Provider](#).
- View, download, and print a Provider Directory from our Plan Documents page online at [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) → [Members](#) → [Plan Documents](#).

Your Network

Kelsey-Seybold provides excellent, coordinated care that puts you at the center.

Connected Care Network: Our network of providers works seamlessly together, sharing your complete medical record through a single electronic system. This ensures your provider, whether you see them in person or virtually, has immediate access to your health history. They can make informed decisions about your care, knowing your medications, allergies, and past treatments.

Personalized Care Plans: With a clear understanding of your health needs, we help you and your doctor create a personalized care plan. This collaborative approach empowers you to take charge of your well-being.

Plus, enjoy the convenience of a growing network! Kelsey-Seybold continues to expand access to care, with more than 43 locations now open—and many more on the way. We have plans to open or expand in 14 additional locations by 2028, bringing primary and specialty care, labs, X-ray, and advanced imaging services even closer to where you live. Many of these locations are one-stop shops, offering a wide range of services under one roof.

Access to Care

When you need care, we're here for you. To help you get easy access to care, here's a quick list of common types of care.

Care Option	How to Contact
Kelsey-Seybold Clinic Primary Care Providers	713-442-0000
Kelsey-Seybold Clinic Specialty Care Providers	713-442-0000
After-Hours Nurse Hotline	713-442-0000
Virtual Care Appointments (Video Visits, E-Visits)	MyKelseyOnline
Urgent Care locations such as Care Now and Next Level	Find a provider at KelseyCareAdvantage.com → Explore Plans → Find a Provider → Urgent Care Services

Urgent Care

While you should attempt to contact your primary care provider first for clear instructions, sometimes you need care urgently. If the clinic is unavailable, you can call the After-Hours Nurse Hotline—713-442-0000—for guidance on what type of care might be best for your situation.

Preferred Urgent Care centers include Care Now and Next Level.

Hospital Care

We never expect emergencies to happen, but we can be prepared in case they do. Our network includes the following hospitals, with locations throughout Houston and the surrounding areas.

- CHI St Luke’s Hospital
- Memorial Hermann Hospital
- HCA Healthcare (including Woman’s Hospital of Texas and Texas Orthopedic Hospital)
- River Oaks Hospital
- Huntsville Memorial Hospital

Finding the right care at the right time just got easier. Our detailed guide on the following pages outlines your options, helping you understand when and how to access the care you need.

A Guide to Finding the Right Care at the Right Time

Care Type	What It Is/When to Use	How to Find Care
Primary Care Provider (PCP), Specialists, and Advanced Practice Clinicians (APCs)	<p>For regular office visits, contact your Kelsey-Seybold care team. Your care team includes your:</p> <ul style="list-style-type: none"> - Primary Care Provider (PCP) - Specialists - Advanced Practice Clinicians (APCs) - Other care providers <p>Adding an APC to your care team gives you more scheduling options, which can be important when you need care right away.</p>	Use the MyKelsey app, MyKelseyOnline.com (MKO), or call 713-442-0000.
VideoVisitNOW	<p>VideoVisitNOW offers you immediate online care with no appointment needed! It's easy to use:</p> <ul style="list-style-type: none"> - Log in to MKO - Answer a few simple questions - Wait for a provider <p>Most wait times are 20 minutes or less.</p>	Use the MyKelsey app or MyKelseyOnline.com (MKO).
Video Visits	Can't make it into the office for an appointment? Schedule a virtual visit with a specific primary or specialty care provider.	Use the MyKelsey app or MyKelseyOnline.com (MKO).
E-Visits	Get a treatment plan in an hour or less with E-Visits. To start an E-Visit, log into your MyKelsey Online (MKO) account or MyKelsey app. Answer a few questions about your symptoms, and get a treatment plan including prescriptions (if applicable) sent directly to your MKO inbox.	Use the MyKelsey app or MyKelseyOnline.com (MKO).
Saturday Clinic Hours	Saturday clinic hours are available at select Kelsey-Seybold locations. To find a current list of clinics offering Saturday appointments, visit Kelsey-Seybold.com/Make-An-Appointment/Saturday-Clinic .	Use the MyKelsey app or MyKelseyOnline.com (MKO).

Care Type	What It Is/When to Use	How to Find Care
Kelsey-Seybold Clinic After-Hours Care	Call the nurse hotline after hours, on weekends, or on holidays. A Kelsey-Seybold nurse can answer questions, page the on-call doctor if needed, or help schedule a virtual visit.	Call 713-442-0000.
Urgent Care Services	<p>Urgent Care locations are for non-emergency illnesses or injuries and can treat concerns such as:</p> <ul style="list-style-type: none"> - urinary tract infections (UTI) - chest pains - fever - chills - suspected broken bones <p>Some urgent needs can be addressed in the primary care setting too. Call 713-442-0000 to connect with your provider's nurse or an after-hours nurse.</p>	<p>These services are covered at any urgent care facility in the United States. KelseyCare Advantage is contracted locally with Next Level and Care Now.</p> <p>Find a provider at KelseyCareAdvantage.com → Explore Plans → Find a Provider → Urgent Care Services.</p>
Emergency Room	<p>Emergency care is for life-threatening emergencies like:</p> <ul style="list-style-type: none"> - uncontrolled bleeding - choking - not breathing - loss of consciousness - severe burns - head injuries - slurred speech - weakness on one side of the body 	<p>For immediate attention, call 911. For other medical emergencies, visit an emergency room nearest you.</p> <p>Emergency care is covered at any emergency room in the United States.</p>
In-Network Hospitals	You have access to more than 25 affiliated hospitals in the area. Referral or prior authorization may be needed for hospital services that are not emergency care.	<p>Find contact information for our affiliated hospitals by visiting KelseyCareAdvantage.com → Explore Plans → Affiliated Hospitals.</p>
World Wide Care	Have peace of mind when you travel. Emergency room care is covered world wide, with a 20% coinsurance, up to \$20,000 lifetime.	

PRESCRIPTION DRUG COVERAGE

Your plan includes prescription drug coverage, also known as Part D, which helps you pay for your medications. This quick overview provides highlights of your coverage.

Prescription Drug Phases and Pricing Overview

This year, your plan has three prescription drug phases. It's important to understand each one so you know what your out-of-pocket costs may be. You do not have a premium for your prescription drug plan, but you must keep paying your Part B premium to Medicare each month.

1. Yearly Deductible Phase

There is no deductible for KelseyCare Advantage Signature (HMO) plan. You begin the Initial Coverage Phase when you fill your first prescription.

2. Initial Coverage Phase

The Initial Coverage Phase is when the plan pays its share of your prescription drug costs, and you pay your costs. You will remain in this phase until you reach the maximum out-of-pocket amount of \$2,100.

During the Initial Coverage Phase, below is what you will pay when you fill your prescriptions at a **Preferred Pharmacy**:

Tier	30-day	60-day	90-day
Tier 1: Preferred Generic	\$0	\$0	\$0
Tier 2: Generic	\$4	\$8	\$10
Tier 3: Preferred Brand	20%	20%	20%
Tier 4: Non-Preferred Drug	30%	30%	30%
Tier 5: Specialty Tier	30%	–	–
Tier 6: Select Care Drugs	\$0	\$0	\$0

During the Initial Coverage Phase, below is what you will pay when you fill your prescriptions at a **Standard Pharmacy**:

Tier	30-day	60-day	90-day
Tier 1: Preferred Generic	\$7	\$14	\$21
Tier 2: Generic	\$12	\$24	\$36
Tier 3: Preferred Brand	20%	20%	20%
Tier 4: Non-Preferred Drug	30%	30%	30%
Tier 5: Specialty Tier	30%	–	–
Tier 6: Select Care Drugs	\$0	\$0	\$0

3. Catastrophic Coverage Phase

Once you have paid \$2,100 out-of-pocket for your prescription drugs, you move to the Catastrophic Coverage Phase. If you reach this phase, you pay nothing for your prescription drugs and biologics.

Enhanced Drug Coverage: 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

What Medicare Does Not Cover

There are certain prescription drugs that are excluded, which means Medicare does not pay for these drugs. Below are general guidelines about prescriptions drugs that are not covered under your plan.

- Drugs covered by Medicare Parts A or B.
- Drugs purchased outside the U.S. or its territories
- Drugs that are used "off-label." Off-label means a drug that is used for purposes not approved by the Food and Drug Administration (FDA).
- Additional Exclusions: Over-the-counter drugs, fertility treatments, cough/cold remedies, cosmetics, most vitamins, erectile dysfunction drugs, weight loss/gain drugs, and certain manufacturer-restricted drugs are not covered.

For additional information about drug exclusions, see sections 6 and 7 of your Evidence of Coverage (EOC). Your EOC can be found under the Plan Documents section of our website: [KelseyCareAdvantage](#) → [Members](#) → [Plan Documents](#).

Key Points

- **Know Your Covered Drugs:** A formulary is a list of drugs covered by your plan. To find out which prescriptions are covered by your plan, view your Comprehensive Formulary under the Plan Documents section of our website: [KelseyCareAdvantage](#) → [Members](#) → [Plan Documents](#).
- **Understand Your Costs:** There are 3 phases of coverage this year: Yearly Deductible, Initial Coverage, and Catastrophic Coverage. Each phase has different out-of-pocket costs. Review the charts above to better understand what your plan pays during each phase.
- **Locate a Pharmacy:** To find a pharmacy near you, visit [KelseyCareAdvantage.com](#) → [Explore Plans](#) → [Find a Pharmacy](#). From there, you can download our latest pharmacy directory and addendum or use our online pharmacy search tool to find both standard and preferred pharmacies. Preferred pharmacies, which may offer lower costs, include **Kelsey Pharmacy**, **HEB Pharmacy**, and **CVS Pharmacy**.
- **Optum Home Delivery Pharmacy:** Choose mail order to receive your medications conveniently delivered to your home.

Visit [KelseyCareAdvantage.com](https://www.KelseyCareAdvantage.com) to learn more about:

- Covered drug list (Formulary) and tiers
- Coverage phases and costs
- Preferred pharmacy network and cost-sharing benefits
- How to transfer prescriptions and get started with mail order

...and more!

If you have questions about your plan, call Member Services at 713-442-CARE (2273).

VALUE-ADDED BENEFITS

In addition to medical coverage, your plan offers additional benefits at no cost to you.

Transportation

Your plan includes **unlimited** trips to help you get to and from approved medical appointments.

Non-emergency medical transportation is available for those who need additional accommodations, such as wheelchair access. **Wheelchair-accessible vehicles need to be requested 24 hours in advance. This benefit does not cover transportation by stretcher or ambulance.*

To schedule a ride, call 713-522-7433, Monday through Friday, 6 a.m. to 7 p.m. After your appointment, simply call back when you are ready to be picked up.

Over-the-Counter (OTC) Allowance

Each quarter you will receive a \$25 allowance to spend on eligible over-the-counter health related items. You will receive a separate OTC card in the mail to purchase items online, by mail, or from participating retail locations.

Visit [KCAOTC.com](https://www.KCAOTC.com) to create an account, activate your card, view your OTC balance, and order products. Unused balances do not roll over.



Ultra Access mobile app (formerly OTC-Anywhere): Access your OTC benefits anytime, anywhere with the Ultra Access app. Use your existing login or create an account to easily place orders and manage your benefits on the go.

LOOKING FOR THE OTC MAIL ORDER FORM?

You can print and mail the OTC mail order form to receive your OTC items. Find the order form and mail-in address at [KelseyCareAdvantage.com](https://www.KelseyCareAdvantage.com) → [Members](#) → [Member Forms](#) or at the back of our OTC Catalog found at [KelseyCareAdvantage.com](https://www.KelseyCareAdvantage.com) → [Members](#) → [Plan Documents](#).

One Pass™

Find your healthy with One Pass. Now you get the benefit of thousands of fitness locations at no cost to you! Your benefit includes:

Over 24,000 locations PLUS access to

- Core Network
- Digital Solutions
- Home Kits
- Mom's Meals

Designed to give you a wider range of fitness options! Access One Pass starting January 1, 2026. After your plan effective date you will receive information and your unique member code. Visit YourOnePass.com to find a location near you, or call 877-504-6830.

One Pass is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. 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. Employers should consult an appropriate tax professional to determine if individuals have any tax obligations with respect to the discounted memberships under this program. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

Hearing Allowance

As we age, our hearing may change. To help diagnose any hearing changes that you may experience, your plan includes one routine, in-network hearing exam for \$0*. Plus, your plan includes a \$750 allowance per ear, every three years, to use toward the purchase of hearing aids.

*Members receive one \$0 hearing exam per year. Additional hearing exams are charged a specialist copay.

Get your \$0 routine hearing exam today by calling 713-442-0000.

Vision Allowance

Experience a network with access and choice.

Your first eye exam has a \$0 copay, regardless of whether the eye exam is routine or diagnostic. Subsequent exams have a \$20 specialist copay.

Plus, you have a \$125 annual eyewear allowance that can be used at a variety of your favorite retailers, including:

- Sam's Club
- Glasses USA
- LensCrafters
- Warby Parker
- Costco

To schedule your \$0 routine eye exam:

- Call 713-442-0000 -OR-
- Schedule online at MyKelseyOnline.com

Dental

Taking care of your teeth and gums (oral health) goes beyond a bright smile. It can actually help prevent serious health problems down the road, such as gum disease and even certain heart conditions.

That's why your KelseyCare Advantage plan includes dental benefits! These benefits are provided by UHC Dental/Dental Benefit Providers. Here's what your base plan covers:

- \$0 Annual Deductible
- \$2,500 Annual Benefit Maximum
- 0% Coinsurance

Your dental plan covers*:

- Oral exams
- Basic cleanings
- X-rays
- Fillings
- Root canals
- Extractions
- Dentures
- Crowns*

**Check your Evidence of Coverage (EOC) for a complete list of dental codes. View your Evidence of Coverage at [KelseyCareAdvantage.com](https://www.kelseycares.com) → [Members](#) → [Plan Documents](#).*

How to Find a Network Dental Provider

Locating a dental provider is easier than ever, with multiple ways to find a dentist.

1. Visit [KelseyCareAdvantage.com](https://www.kelseycares.com) → [Members](#) → [Value Added Benefits](#) → [Dental Coverage](#).
Once there, you can download the Dental Provider Directory.
2. Use our online searchable directory at [KelseyCareAdvantage.com](https://www.kelseycares.com) → [Explore Plans](#) → [Find a Provider](#).
3. Visit [YourDentalPlan.com/DentistSearch23](https://www.yourdentalplan.com/dentistsearch23).

For additional help finding a dentist, call Member Services at 713-442-2273.

Frequently Asked Dental Questions

Do I have to pay for a regular cleaning or routine exam?

No. You get 100% coverage for preventive care when using an in-network dental provider. Preventive cleanings are covered once every 6 months. Periodic oral exams are covered once every 6 months, and comprehensive oral exams are covered annually for new or established patients.

A variety of X-rays are covered once per year.

Do I have a separate ID card for my dental plan?

No. Your KelseyCare Advantage card works for both your medical and dental coverage.

What if my dentist wants me to get fluoride?

Topical fluoride is not a covered benefit. If you want fluoride applied you will have to pay for the cost of the service.

My dentist says my fillings are old and I need crowns. Is that covered?

Crown coverage varies by plan. Check your EOC for specific codes and frequency.

How much do we cover related to dentures or bridges?

Your plan covers one set of complete dentures every 60 months and one fixed bridge every 60 months up to the plan annual benefit maximum allowance.

GLOSSARY OF TERMS

Annual out-of-pocket maximum - The most money you have to pay for covered expenses in a plan year.

Coinsurance - Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

You generally pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Copayment (in-network copayment) - A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan.

Deductible - The amount you could owe during a coverage period (usually one year) for health care services your health insurance or plan covers before your health insurance or plan begins to pay.

For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services. This plan does not have a deductible.

Maximum out-of-pocket amount - The maximum out-of-pocket limit is the most you'll pay each year for in-network Part A and Part B services. Your Part A/B premiums and drug costs don't count toward this limit.

Network - The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-network - Also known as: out-of-area, out-of-plan. Relating to an out-of-network provider or health care services provided outside of your plan's network.

Predetermination - A review by your plan to determine if coverage for a specific service is available.

A predetermination is not the same as notification or preauthorization. A predetermination is not a promise to pay.

Here are some definitions for common dental procedures:

Bitewing X-ray: An X-ray that shows both the upper and lower teeth in one section of the mouth.

Bridges: Acting as connectors in your mouth, bridges seamlessly fill the gap left by a missing tooth.

Crowns* (or Caps): These serve as protective helmets for teeth, especially in cases of more significant problems like a broken tooth.

Fillings: Used to fix small cavities, fillings act like patches for minor cracks.

Inlays: Specially crafted to fit into small holes or damaged areas of a tooth, inlays are used when a regular filling falls short, and a full crown isn't necessary—targeting and fixing specific areas.

Limited oral exam vs comprehensive oral exam: A limited oral exam is a quick exam that focuses on specific dental issues. A comprehensive oral exam is a thorough assessment of your overall oral health. Dentists perform comprehensive exams on new patients to establish a baseline for their oral health.

Onlays: Designed for more extensive damage, onlays cover larger parts of a tooth, fitting into grooves and wrapping over edges. Dentists use onlays when the damage is significant but not extensive enough for a full crown—addressing larger portions of the tooth without complete coverage.

**Check your Evidence of Coverage (EOC) for specific information about what your dental plan covers. View your Evidence of Coverage at [KelseyCareAdvantage.com](https://www.kelseycares.com) → [Members](#) → [Plan Documents](#).*

CONTACT US

Street Address

KelseyCare Advantage Administrative Offices
11511 Shadow Creek Pkwy
Pearland, TX 77584

Mailing Address

KelseyCare Advantage Administrative Offices
PO Box 841569
Pearland, TX 77584

IMPORTANT PHONE NUMBERS

If you have questions about your plan, contact Member Services for assistance. Additional support phone numbers are listed below.

- Member Services: 713-442-CARE (2273) / (TTY:711)
- Kelsey-Seybold Clinic Appointments: 713-442-0000
- After-Hours Care: 713-442-0000
- MyKelseyOnline Help: 713-442-6565
- Business Office (questions about Kelsey-Seybold billing): 713-442-5500

You can also find us online at [KelseyCareAdvantage.com](https://www.kelseyadvantage.com) and follow us on Facebook, Instagram, and YouTube!



STAY CONNECTED AND INFORMED WITH EMAIL OPT-IN

Did you know you can save time and reduce paper waste by opting in to receive emails and electronic messages from KelseyCare Advantage?

By choosing email opt-in, you'll receive timely updates and important information straight to your inbox, including:

- Important news and plan updates
- Upcoming events and health resources
- Ways to manage your KelseyCare Advantage plan

Ready to join us in a more efficient way to stay connected? If so, choose one of the following ways to opt in to emails:

- Visit our website: Go to [KelseyCareAdvantage.com](https://www.kelseycaresadvantage.com) and navigate to [Members](#) → [Member Forms](#) → [Email Opt-In](#)
- Call Member Services at 713-442-CARE (2273) / (TTY:711).

We look forward to keeping you informed!

The screenshot shows the KelseyCare Advantage website interface. At the top, there is a navigation bar with the KelseyCare Advantage logo on the left, a search bar, and a phone number (713-442-5646). Below the navigation bar, there are menu items: Explore Plans, Enroll, Medicare 101, About, Brokers, Members, and Contact Us. The main content area features a large white box with the text "Email Opt-In" in bold black font. Below this, there is a breadcrumb trail: KelseyCare Advantage Home > Members > Member Forms > Email Opt-In. On the left side, there is a "Member Forms" section with a list of links: Part D Coverage Determination/Exception Request, Part D Coverage Redetermination, Update Your Address, Other Coverage Questionnaire, and Email Opt-In (which is highlighted). To the right of this list is the "Email Opt-In" form, which includes input fields for First Name, Middle Initial, Last Name, Date of Birth (with a pre-filled date of 07/31/2024), and Member ID.



Questions? Call Member Services at 713-442-2273 (TTY: 711). From October 1 through March 31, hours are 8 a.m. to 8 p.m., 7 days a week. From April 1 through September 30, hours are 8 a.m. to 8 p.m., Monday through Friday. Messaging services are used on weekends, after hours, and on federal holidays.

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.