



2027 KELSEYCARE ADVANTAGE PLAN GUIDE

PLAN	SIGNATURE (HMO MAPD)	FREEDOM (HMO-POS MAPD)	CORE (HMO MA-ONLY)
Monthly Premium**	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0
Drug Deductible	\$0	\$200 T3,4,5	N/A
INN MOOP	\$4,150	\$6,850	\$4,500
OON MOOP	N/A	\$10,000	N/A
Medical Benefits			
Doctor Services			
PCP (INN / OON)	\$0 / N/A	\$0 / \$10	\$0 / N/A
Specialist (INN / OON)	\$20 / N/A	\$35 / \$60, MD Anderson 40%	\$20 / N/A
Hospital Services			
Inpatient Hospital (INN / OON)	\$150 per day / days 1 – 4	\$395 per day / days 1 – 5 / 40%	\$325 per day / days 1 – 5
Outpatient Hospital (INN / OON)	\$350	\$375 / 40%	\$300
Ambulatory Surgery Center (ASC) (INN / OON)	\$225	\$325 / 40%	\$200
Urgently Needed Care			
Emergency Room	\$150	\$130	\$125
Urgent Care	\$25	\$40	\$25
Ambulance (INN / OON)	\$300	\$350	\$275
Test, Labs, and Imaging			
Diagnostic Tests / Procedures (INN / OON)	\$0 – \$25	\$0 – \$25 / 40%	\$0 – \$25
Lab Services (INN / OON)	\$0	\$0 / 40%	\$0
Diagnostic Radiological Svcs (INN / OON)	\$25 – \$250	\$25 – \$250 / 40%	\$25 – \$200
Outpatient X-rays (INN / OON)	\$0	\$0 / 40%	\$0
Medicare Covered Services			
Diabetic Supplies	\$0; meters/preferred brand Roche	\$0; meters/preferred brand Roche (40% OON)	\$0; meters/preferred brand Roche
Supplemental Benefits			
Dental	\$2,500 P&C limit; Prev & Comp 0% Coins.	\$2,000 P&C limit; Prev & Comp 0% Coins.	\$1,500 P&C limit; Prev & Comp 0% Coins. (\$25 deductible)
Vision (INN / OON)	\$0 eye exam/yr; \$125 eyewear/yr	\$0 eye exam/yr / 40%; \$125 eyewear/yr	\$0 eye exam/yr; \$125 eyewear/yr
Hearing (INN / OON)	\$0 hearing exam/yr; \$1,500 every 3 years	\$0 hearing exam/yr / 40%; \$1,500 every 3 years	\$0 hearing exam/yr; \$1,500 every 3 years
Over-the-Counter Allowance	\$25/quarter	\$25/quarter	\$25/quarter
Transportation	Unlimited	10 one-way rides for all members	Unlimited
		Unlimited for qualifying chronic conditions ¹	
Fitness Benefit	Included	Included	Included
MD Anderson Access and Cost Sharing Across KCA Plans			
With Referral From KSC Provider	Covered as in-network (member pays in-network cost share)	Covered as in-network (member pays in-network cost share)	Covered as in-network (member pays in-network cost share)
Without Referral	Not covered	Covered as out-of-network (member pays 40% coinsurance)	Not covered

Part D Coverage		Signature		Freedom	
Tier	Supply	Preferred Retail & Mail Order	Standard Retail, Mail-Order	Preferred Retail & Mail Order	Standard Retail, Mail-Order
Tier 1 Preferred Generic	30-Day	\$0	\$7	\$0	\$7
	90-Day	\$0	\$21	\$0	\$21
Tier 2 Generic	30-Day	\$5	\$15	\$5	\$15
	90-Day	\$12.50	\$45	\$12.50	\$45
Tier 3 Preferred Brand	30-Day	25%	25%	\$40	\$47
	90-Day	25%	25%	\$100	\$141
Tier 4 Non-Preferred Brand	30-Day	35%	35%	35%	35%
	90-Day	35%	35%	35%	35%
Tier 5 Specialty Tier	30-Day	30%	30%	30%	30%
	90-Day	Not available	Not available	Not available	Not available
Tier 6 Select Care Drugs	30-Day	\$0	\$0	\$0	\$0
	100-Day	\$0	\$0	\$0	\$0

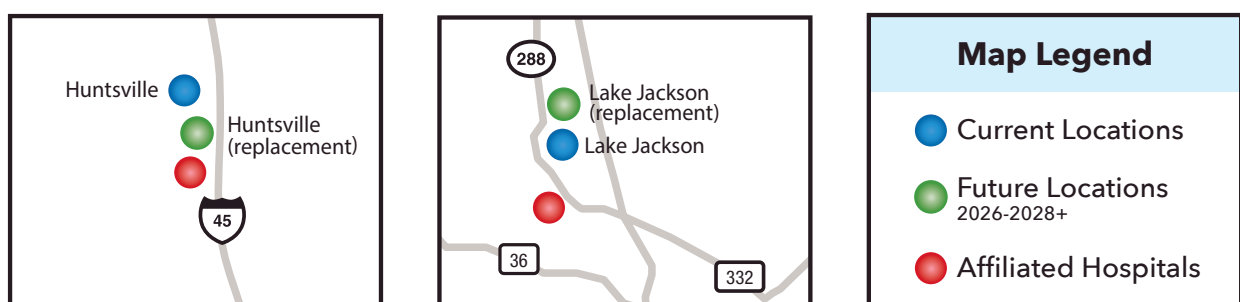
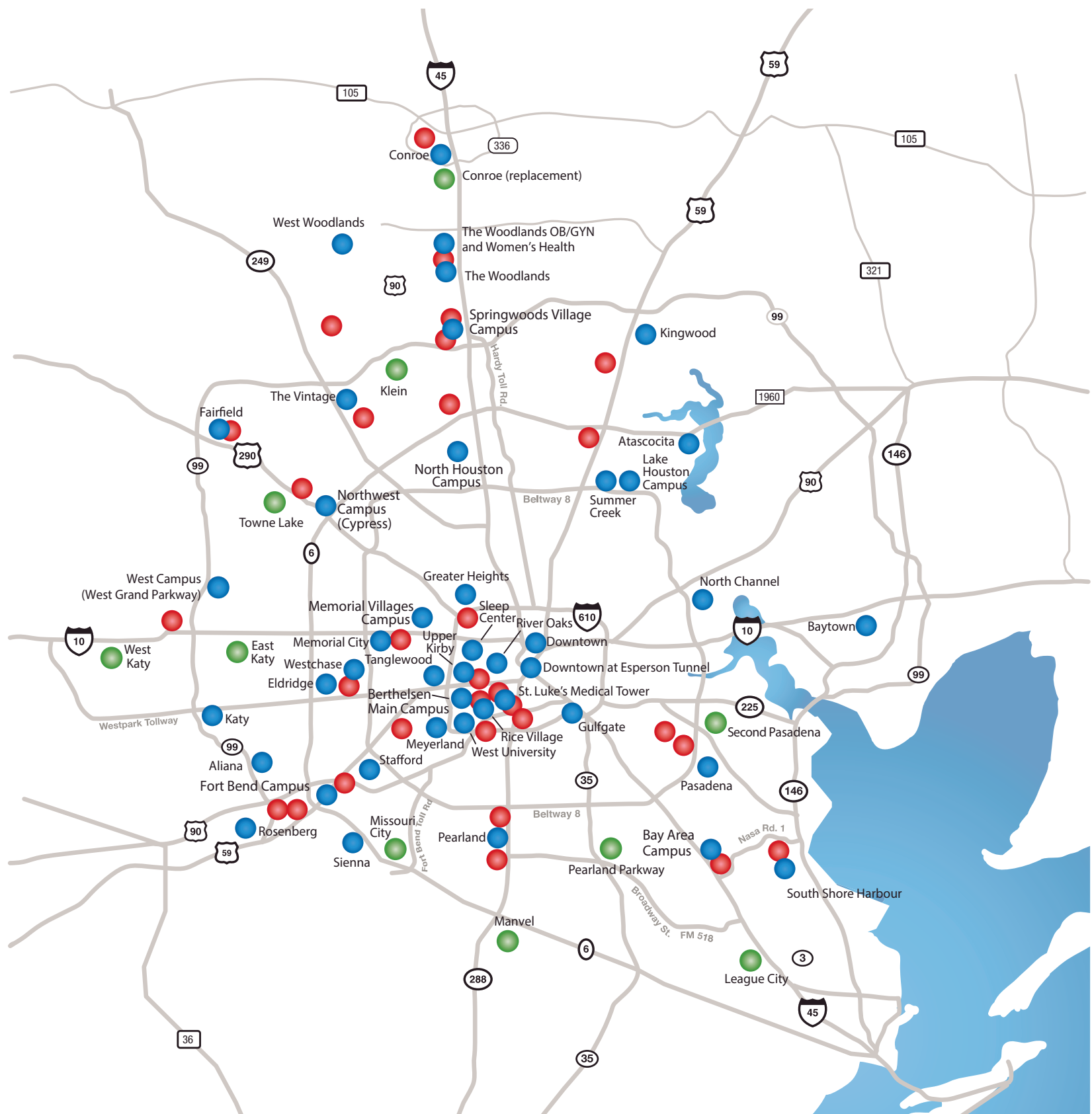
DRUG DEDUCTIBLES

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

PHARMACIES AND PRESCRIPTIONS

- Preferred pharmacies are Kelsey Pharmacy, CVS Pharmacy, and HEB Pharmacy.
- 90-day supplies are covered at preferred pharmacies at 2.5x copay.
- Vaccines are covered at \$0.
- You won’t pay more than \$35 monthly for insulin.
- Supplement drug coverage includes generic Viagra (sildenafil), folic acid, vitamin B12, and vitamin D2 (ergocalciferol).
- Members may use OTC allowances online, via mail/phone, or at participating retail locations.
- Quarterly OTC allowances do not roll over if unused.

KelseyCare
Advantage



Primary Counties Offering All Plans: Brazoria, Fort Bend, Galveston (excluding the island), Harris, and Montgomery
Outlying Counties Offering Freedom and Core: Austin, Chambers, Grimes, Liberty, San Jacinto, Walker, Waller, and Wharton

¹Qualifying conditions include End Stage Renal Disease (ESRD), Cancer, Congestive Heart Failure (CHF), and severe hematologic disorders. KelseyCare Advantage, a product of KS Plan Administrators, LLC, is an HMO and POS Medicare Advantage plan with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal. This information is not a complete description of benefits. Benefits and coverage vary by plan. Plans may vary by county. Call for more information: prospective members, call 713-442-5646 (TTY: 711), October 1 – March 31, 8 a.m. – 8 p.m. CT, seven days a week; or April 1 – September 30, 8 a.m. – 8 p.m. CT, Monday through Friday. Medicare beneficiaries may also enroll in KelseyCare Advantage online at KelseyCareAdvantage.com/Enroll or through the CMS Medicare Online Enrollment Center located at [medicare.gov](https://www.medicare.gov). Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. Out-of-network/non-contracted providers are under no obligation to treat KelseyCare Advantage members, except in emergency situations. **You must continue to pay your Medicare Part B premium. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. ©2026 KelseyCare Advantage. All rights reserved.