KelseyCare Advantage

2027

ANNUAL NOTICE OF CHANGE

1-866-535-8343 (TTY: 711)

KelseyCareAdvantage.com/TWU

H0332_TWUANOC27_M

KelseyCare Advantage Transport Workers Union (TWU-HWT) HMO offered by KelseyCare Advantage

Annual Notice of Change for 2027

You're enrolled as a member of KelseyCare Advantage Transport Workers Union (TWU-HWT) HMO plan. This material describes changes to our plan's costs and benefits next year.

- **To change your Medicare Advantage plan coverage for next year, you'll need to make your election during the TWU Open Enrollment period** this fall. If you take no action, your coverage will remain with KelseyCare Advantage.
- To change to a **different plan**, review the information provided by the TWU-HWT/METRO.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.kelseycareadvantage.com/TWU or call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) for more information. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used on weekends, after hours, and on federal holidays. This call is free.
- This information is available in braille, large print and other alternate formats.

About KelseyCare Advantage

- KelseyCare Advantage, a product of KS Plan Administrators, LLC, is an HMO and POS Medicare Advantage plan with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.
- When this material says "we," "us," or "our," it means KelseyCare Advantage. When it says "plan" or "our plan," it means KelseyCare Advantage.
- **If you do nothing during the TWU/METRO open enrollment period, you'll automatically be enrolled in KelseyCare Advantage.** Starting January 1, 2027, you'll get your medical and drug coverage through KelseyCare Advantage. Go to Section 2 for more information about how to change plans and deadlines for making a change.

H0332_TWUANOC27_M

OMB Approval 0938-1051 (Expires: August 31, 2026)

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* *Your premium can be higher than this amount. Go to Section 1.1 for details.	Please contact the TWU benefits office for premium information	**$65**
Maximum out-of-pocket amount This is the most you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	$2,500	**$2,500**
Primary care office visits	$5 copay per visit	**$5 copay per visit**
Specialist office visits	$5 copay per visit	**$5 copay per visit**
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	$175 copay per stay	**$175 copay stay**
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible,	Part D drug coverage deductible **Deductible: $0**	**Part D drug coverage deductible** **Deductible: $0**

	2026 (this year)	2027 (next year)
Initial Coverage, and Catastrophic Coverage Stages.)	Copayment/ Coinsurance as applicable during the Initial Coverage Stage: Drug Tier 1: $10 copay at a preferred network pharmacy or $15 copay at a network pharmacy. Drug Tier 2: $20 copay at a preferred network pharmacy or $25 copay at a network pharmacy. Drug Tier 3: $20 copay at a preferred network pharmacy or $25 copay at a network pharmacy. Drug Tier 4: $40 copay at a preferred network pharmacy or $50 copay at a network pharmacy. You pay $35 per month supply of each covered insulin product on this tier. Drug Tier 5: 25% coinsurance at a preferred network or network pharmacy. You pay $35 per month supply of each covered insulin product on this tier. **Drug Tier 6: $0 copay** at a preferred network pharmacy or $0 copay at a network pharmacy. Catastrophic Coverage Stage:	**Copayment/ Coinsurance as applicable during the Initial Coverage Stage:** **Drug Tier 1: $10 copay** at a preferred network pharmacy or $15 copay at a network pharmacy. **Drug Tier 2: $20 copay** at a preferred network pharmacy or $25 copay at a network pharmacy**.** **Drug Tier 3: $20 copay** at a preferred network pharmacy or $25 copay at a network pharmacy**.** **Drug Tier 4: $40 copay** at a preferred network pharmacy or $50 copay at a network pharmacy. You pay $35 per month supply of each covered insulin product on this tier. **Drug Tier 5: 25% coinsurance** at a preferred network or network pharmacy. You pay $35 per month supply of each covered insulin product on this tier. **Drug Tier 6: $0 copay** at a preferred network pharmacy or $0 copay at a network pharmacy. **Catastrophic Coverage Stage:** **During this payment stage, you pay nothing**

	2026 (this year)	2027 (next year)
	During this payment stage, you pay nothing for your covered Part D drugs.	**for your covered Part D drugs.**

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	Please contact the TWU benefits office for premium information	**$65**

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.

- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copayments **count** toward your maximum out-of-pocket amount. Your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	$2,500	**$2,500** Once you've paid $2,500 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year. **There is no change for the upcoming benefit year**

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* www.kelseycareadvantage.com/TWU to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

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

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

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies. Our network includes pharmacies with preferred cost sharing, which may offer you lower cost sharing than the standard cost sharing offered by other network pharmacies for some drugs.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* www.kelseycareadvantage.com/TWU to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at www.kelseycareadvantage.com/TWU
- Call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) for help.

Section 1.5 Changes to Benefits & Costs for Medical Services

	2026 (this year)	**2027 (next year)**
Fitness / Gym Benefit	Covered	**Covered** **YMCA** facilities in the Houston area **are part of the plan's network effective January 1, 2027.**

	2026 (this year)	2027 (next year)
Worldwide emergency care services	20% coinsurance for each emergency care visit outside of the United States and its territories. 20% coinsurance for each emergency needed care transportation service outside of the United States and its territories. The plan does not pay for transportation back to the United States and its territories after out-of the-country emergency care. The plan will pay 80% of what Medicare would allow for the services if they had been obtained in the United States and its territories. There is no worldwide coverage for care outside of the emergency room, emergency transportation or emergency hospital admission, $20,000 maximum plan coverage limit per lifetime.	20% coinsurance for each emergency care visit outside of the United States and its territories. 20% coinsurance for each emergency needed care transportation service outside of the United States and its territories. The plan does not pay for transportation back to the United States and its territories after out-of the-country emergency care. The plan will pay 80% of what Medicare would allow for the services if they had been obtained in the United States and its territories. There is no coverage outside of the United States and its territories except for emergency room services, emergency transportation, and emergency hospital admissions. **Services received on a cruise ship are not covered.** The plan has a $20,000 lifetime maximum for worldwide emergency coverage.

Step Therapy rules for Part B drugs for CY 2027 Part C benefits change annually, go to www.kelseycareadvantage.com/TWU for more information.

Section 1.6 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at www.kelseycareadvantage.com/TWU.

You can get the *complete* Drug List by calling Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) or visiting our website at www.kelseycareadvantage.com/TWU.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by *September 30th*, call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages:** the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- ***Stage 1: Yearly Deductible***

We have no deductible, so this payment stage doesn't apply to you.

- ***Stage 2: Initial Coverage***

  In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date out-of-pocket costs reach $2,400.

- ***Stage 3: Catastrophic Coverage***

  This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	**2027 (next year)**
Yearly Deductible	Because we have no deductible, this payment stage doesn't apply to you.	**Because we have no deductible, this payment stage doesn't apply to you.**

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a **one-month (30-day)** supply filled at a network pharmacy with standard and preferred cost sharing.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; at a network pharmacy that offers preferred cost sharing; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid $2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	**2027 (next year)**

Tier 1: Preferred Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $15 *Preferred cost sharing:* You pay $10	***Standard cost sharing:*** **You pay $15** ***Preferred cost sharing:*** **You pay $10**
Tier 2: Generic We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $25 *Preferred cost sharing:* You pay $20	***Standard cost sharing:*** **You pay $25** ***Preferred cost sharing:*** **You pay $20**
Tier 3: Preferred Brand We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $25 *Preferred cost sharing:* You pay $20	***Standard cost sharing:*** **You pay $25** ***Preferred cost sharing:*** **You pay $20**
Tier 4: Non-Preferred Drug We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $50 *Preferred cost sharing:* You pay $40 You pay $35 per month supply of each covered insulin product on this tier.	***Standard cost sharing:*** **You pay $50** ***Preferred cost sharing:*** **You pay $40** You pay $35 per month supply of each covered insulin product on this tier.
Tier 5: Specialty Tier We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay 25% coinsurance *Preferred cost sharing:* You pay 25% coinsurance You pay $35 per month supply of each covered	***Standard cost sharing:*** **You pay 25% coinsurance** ***Preferred cost sharing:*** **You pay 25% coinsurance**

	insulin product on this tier.	You pay $35 per month supply of each covered insulin product on this tier.
Tier 6: Select Care Drugs We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	*Standard cost sharing:* You pay $0 *Preferred cost sharing:* You pay $0	***Standard cost sharing:*** **You pay $0** ***Preferred cost sharing:*** **You pay $0**

SECTION 2 How to Change Plans

To stay in KelseyCare Advantage, you don't need to do anything. If you want to change plans, please contact the **METRO Benefits Department at 713-739-4953** during the open enrollment period.

SECTION 3 Get Help Paying for Prescription Drugs

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

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
    - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Texas has a program called Texas State Pharmacy Assistance Program (SPAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Texas HIV Medication Program (THMP). For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Texas HIV Medication Program (THMP). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

  Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) or visit Medicare.gov.

SECTION 4 Questions?

Get Help from KelseyCare Advantage

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

  We're available for phone calls 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used on weekends, after hours, and on federal holidays. Calls to these numbers are free.
- **Read your 2027 *Evidence of Coverage***

  This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 Evidence of Coverage for KelseyCare Advantage. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at

www.kelseycareadvantage.com/TWU or call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.kelseycareadvantage.com/TWU**

  Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Texas, the SHIP is called Health Information, Counseling, and Advocacy Program (HICAP).

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

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

  You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

  You can chat live at Medicare.gov/talk-to-someone.

- **Write to Medicare**

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

- **Visit Medicare.gov**

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

- **Read *Medicare & You 2027***

  The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at Medicare.gov or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Notice of Availability of Language Assistance Services

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

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

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

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

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

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

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

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

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

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

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता 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।

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

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

Gujarati: ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો, તો મફત ભાષા સહાય સેવાઓ અને મોટા અક્ષરો જેવા અન્ય ફોર્મેટમાં મફત સંદેશાવ્યવહાર તમારા માટે ઉપલબ્ધ છે. 1-866-535-8343 પર કૉલ 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: ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-866-535-8343 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

METHOD	KelseyCare Advantage Member Services - Contact Information
CALL	**1-855-535-8343** Calls to this number are free. 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 weekends, after hours and on federal holidays. Member Services also has free language interpreter services available for non-English speakers.
TTY	**711** Calls to this number are free. 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 weekends, after hours and on federal holidays.
FAX	713-442-5450
WRITE	KelseyCare Advantage ATTN: Member Services P.O. Box 841569 Pearland, TX 77584-9832
WEBSITE	www.KelseyCareAdvantage.com/TWU

Health Information Counseling and Advocacy Program (HICAP)

Health Information Counseling and Advocacy Program (HICAP) is a state program that gets money from the Federal Government to give free local health insurance counseling to people with Medicare.

METHOD	Health Information Counseling and Advocacy Program (HICAP) (Texas' SHIP) - Contact Information
CALL	1-800-252-9240
TTY	1-800-735-2989 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	701 West 51st Street MC: W275 Austin, TX 78751
WEBSITE	https://hhs.texas.gov/services/health/medicare

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