

2027

KelseyCare
Advantage
★★★★

MEDICARE ENROLLMENT GUIDE

SIGNATURE • FREEDOM • CORE





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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 coverage, but also comprehensive dental care. Plus, our plans include a fitness benefit, now expanded to include access to YMCA locations. You also get **unlimited transportation*** to and from medical appointments.

Most importantly, members receive access to an extensive network of top-quality 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'll have access to more than 1,100 providers in 65+ specialties, connected through a coordinated approach that makes navigating your care easier. And with over 45 Kelsey-Seybold locations across Greater Houston, quality care is always within reach.



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.**

Quality You Can Trust

Our history of high Medicare ratings reflects KelseyCare Advantage's ongoing commitment to delivering coordinated care, excellent service, and support members can count on.

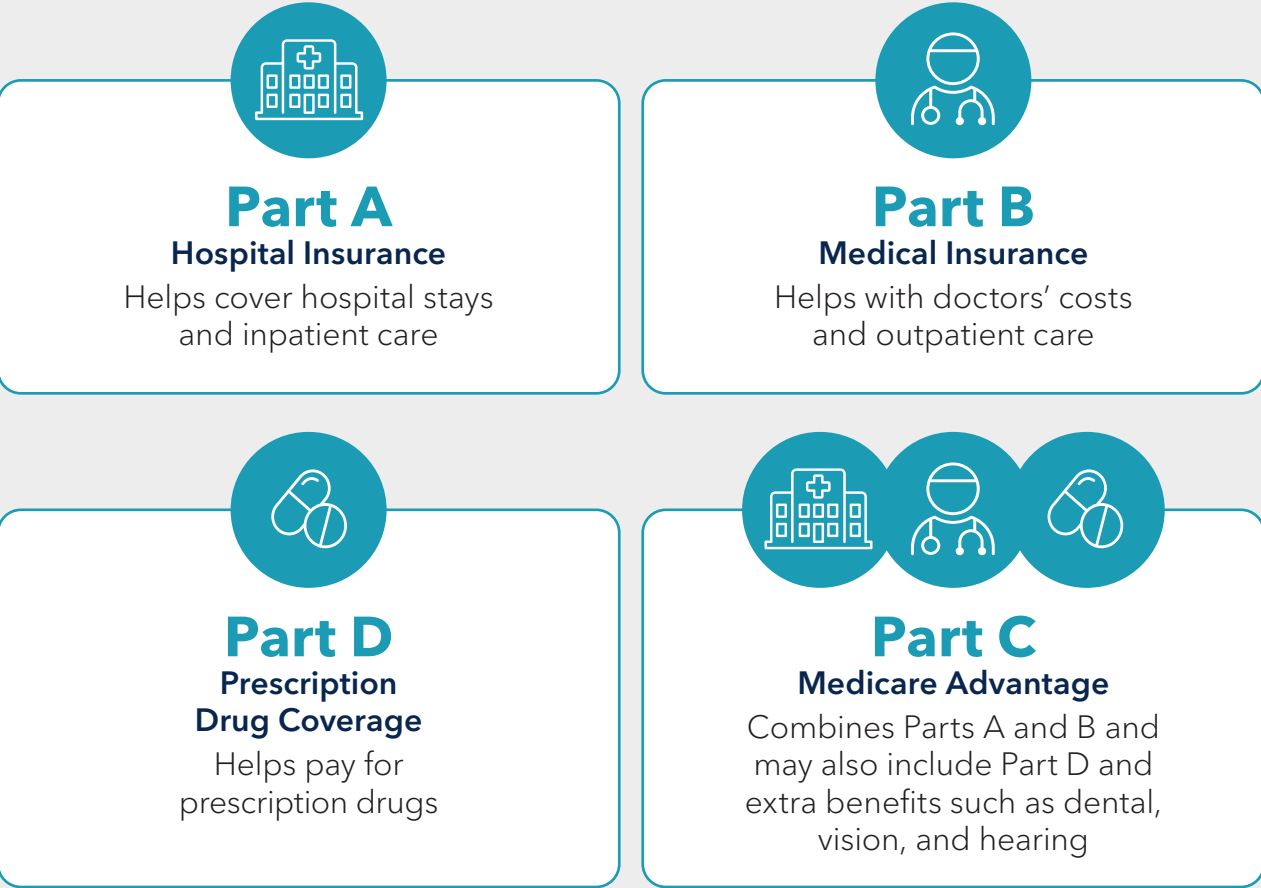
Understanding Medicare

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.



Original Medicare vs. Our Plans

Discover the advantages of KelseyCare Advantage

Original Medicare does not limit how much you may pay out of pocket each year. KelseyCare Advantage includes prescription drug coverage and extra benefits at no extra cost. Plus, our plan puts a limit on your annual out-of-pocket costs for covered services, helping you plan for healthcare expenses.

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		✓
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 1,100 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 2027 plans best meets your unique needs. For more information, see the Summary of Benefits.

Choose the Plan That's Best for You	Signature	Freedom	Core
 Monthly Premium**	\$0	\$0	\$0
 Part D Coverage	Yes	Yes	No
 Out-of-Network Coverage	No	Yes (With No Referrals Needed)	No
 Primary Care Physician Visit Copay	\$0 in-network	\$0 in-network \$10 out-of-network	\$0 in-network
 Specialist Visit Copay	\$20 in-network	\$35 in-network \$60 out-of-network ¹	\$20 in-network
 Urgent Care Copay	\$25	\$40	\$25
 Dental (\$ Amount for Preventive and Comprehensive)	0% coinsurance \$2,500	0% coinsurance \$2,000	0% coinsurance \$1,500 (\$25 deductible)
 Vision	\$0 for eye exam \$125 for eyewear annually	\$0 for eye exam \$125 for eyewear annually	\$0 for eye exam \$125 for eyewear annually
 Fitness Benefit	Included	Included	Included
 Transportation	Unlimited	10 one-way rides for all members Unlimited for qualifying chronic conditions ²	Unlimited



2027

SUMMARY OF BENEFITS

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

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

KelseyCareAdvantage.com

About This Document

This Summary of Benefits provides an overview of covered health and prescription drug services. It does not include every covered service or list all limitations and exclusions. Please refer to the Evidence of Coverage (EOC) for a complete description of benefits, especially for services you use regularly. 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 <https://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.

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Coverage Rules

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

- They are medically necessary;
- They are considered reasonable and necessary according to Original Medicare standards; and
- You receive them from plan providers listed in our **Provider and Pharmacy Directories**.

Getting Care

KelseyCare Advantage Signature and Core* plans use a network of doctors, hospitals, and other providers. Services received from out-of-network providers may not be covered or paid for by the plan.

KelseyCare Advantage Freedom* plan uses a network of doctors, hospitals, and other providers. You may receive covered services from out-of-network providers for certain services; however, you may pay more when using out-of-network providers. Services received from out-of-network providers may not be covered in all situations.

*Out-of-network/non-contracted providers are not required to treat KelseyCare Advantage members, except in emergency situations. Please contact Member Services or refer to your Evidence of Coverage (EOC) for additional details, including applicable cost-sharing for out-of-network services.

Prescription Drug Coverage

You may fill your prescriptions at any network pharmacy; however, **you may pay less** when you use a Preferred Pharmacy. Preferred pharmacies include **Kelsey Pharmacies, H-E-B, and CVS**.

You can view the complete formulary (list of covered Part D prescription drugs) and any restrictions on our website at www.kelseycareadvantage.com or call Member Services to request a copy. The formulary and pharmacy network may change at any time.

The KelseyCare Advantage **Core** (HMO) Plan Does **Not** Include Part D Prescription Drug Coverage

What’s Covered and What You Pay in 2027



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	\$4,150	\$6,850 (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)	\$395 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	\$350 copay	\$375 copay (in-network) 40% coinsurance (out-of-network)
Ambulatory Surgical Center (ASC) ¹	\$200 copay	\$225 copay	\$325 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	\$150 copay	\$130 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 \$250 copay, depending on the service	\$25 to \$250 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 exam ¹	\$20 copay	\$20 copay	\$35 copay (in-network)
			40% coinsurance (out-of-network)
Routine hearing exam	\$0 copay	\$0 copay	\$0 copay (in-network)

(1 routine hearing exam per year)			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 Preventive and comprehensive ²	\$1,500 annual maximum for covered services	\$2,500 annual maximum for covered services	\$2,000 annual maximum for covered services
	\$25 deductible		
	0% coinsurance for covered preventive services like cleanings, fillings and x-rays	0% coinsurance for covered preventive services like cleanings, fillings and x-rays	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 comprehensive services such as fillings, extractions, dentures, and crowns*	0% coinsurance for covered comprehensive services such as fillings, extractions, dentures, and crowns*
		*Crowns are covered only when used as part of a covered bridge.	*Crowns are covered only when used as part of a covered bridge.
*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)
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	\$125 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; \$221 per day, days 21-100	\$0 copay per day, days 1-20; \$221 per day, days 21-100	\$0 copay per day, days 1-20; \$221 per day, days 21-100 (in-network) 40% coinsurance (out-of-network)
Physical therapy¹	\$15 copay	\$20 copay	\$20 copay (in-network) 40% coinsurance (out-of-network)
Speech therapy¹	\$15 copay	\$15 copay	\$15 copay (in-network) 40% coinsurance (out-of-network)
Occupational therapy¹	\$20 copay	\$30 copay	\$35 copay (in-network) 40% coinsurance (out-of-network)



Ambulance

Benefit	Core	Signature	Freedom
Ambulance ¹ (ground or air, one-way)	\$275 copay	\$300 copay	\$350 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	\$0 copay for unlimited transportation to plan-approved locations The benefits are a part of a special supplemental program for the chronically ill. Available for members diagnosed with CHF, COPD, diabetes, or other CMS-defined chronic conditions, as determined by the plan. Members must meet CMS SSBCI criteria and plan-defined eligibility based on health status and risk factors. Not all members qualify. Review the <i>Evidence of Coverage</i> for qualifying information.



Medicare Part B drugs (Step Therapy rules may apply)

Benefit	Core	Signature	Freedom
Chemotherapy drugs¹	0% - 20% coinsurance	0% - 20% coinsurance	0% - 20% coinsurance (in-network) 0% - 40% coinsurance (out-of-network)
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	0% - 20% coinsurance (in-network) 0% - 40% coinsurance (out-of-network)

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 out-of-pocket drug costs reach \$2,400. 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> .	

Tier	Supply	Signature		Freedom	
		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

Catastrophic phase	You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the \$2,400 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 treatment ¹	\$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 supplies¹	0% coinsurance	0% coinsurance	0% coinsurance (in-network) 40% coinsurance (out-of-network) (even if preferred brands are used)
Lancets, lancet devices and control solutions¹	0% coinsurance	0% coinsurance	0% coinsurance (in-network) 40% coinsurance (out-of-network) (even if preferred brands are used)
Therapeutic shoes or inserts¹	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	You receive a \$25 allowance every three months for qualified OTC items. Choose from a variety of approved OTC health and wellness products like first aid, pain relievers, cold medicine and more.		



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)
Kelsey Specialty Consults	\$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, 2028.
- 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.

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 serbisyon tulon 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**

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

KelseyCare
Advantage

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. All benefits are not available on all plans. Messaging service used on weekends, after hours, and on federal holidays. ©2026 KelseyCare Advantage. All rights reserved.

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KELSEY CARE ADVANTAGE HAS YOU COVERED

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
Alcohol Dependence Treatment	
<i>naltrexone hydrochloride tabs 50mg</i>	2
Analgesics/Gout	
<i>allopurinol tabs 100mg, 300mg</i>	1
<i>colchicine tabs 0.6mg</i>	3
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>ibu 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

	Tier
<i>endocet tabs 325mg; 2.5mg, 325mg; 7.5mg, 325mg; 10mg</i>	3
<i>endocet tabs 325mg; 5mg</i>	2
<i>hydrocodone bitartrate/acetaminophen tabs 325mg; 2.5mg, 325mg; 5mg, 325mg; 10mg</i>	2
<i>hydrocodone/acetaminophen tabs 325mg; 7.5mg</i>	2
<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>	1
<i>lidocaine oint 5%</i>	3
<i>lidocaine ptch 5%</i>	4

	Tier
Antibiotics/Infection	
<i>clindamycin hcl caps 300mg</i>	2
<i>clindamycin hydrochloride caps 75mg, 150mg</i>	2
<i>methenamine hippurate tabs 1gm</i>	4
<i>metronidazole tabs 250mg, 500mg</i>	1
<i>nitrofurantoin monohydrate/ macrocrystals caps 100mg</i>	2
<i>nitrofurantoin monohydrate caps 100mg</i>	2
<i>cefadroxil caps 500mg</i>	2
<i>cefdinir caps 300mg</i>	2
<i>cefprozime proxetil tabs 100mg, 200mg</i>	4
<i>cefuroxime axetil tabs 250mg, 500mg</i>	2
<i>cephalexin caps 250mg, 500mg</i>	2
<i>amoxicillin caps 250mg, 500mg</i>	1
<i>amoxicillin tabs 500mg, 875mg</i>	1
<i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i>	4
<i>amoxicillin/clavulanate potassium tabs 500mg; 125mg, 875mg; 125mg</i>	2
<i>azithromycin tabs 250mg, 500mg, 600mg</i>	1
<i>ciprofloxacin hcl tabs 750mg</i>	1
<i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i>	1
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	2
<i>sulfamethoxazole/trimethoprim ds tabs 800mg; 160mg</i>	1
<i>sulfamethoxazole/trimethoprim tabs 400mg; 80mg</i>	1
<i>doxycycline hyclate caps 50mg, 100mg</i>	2
<i>doxycycline hyclate tabs 100mg</i>	2
<i>doxycycline monohydrate tabs 50mg, 100mg</i>	2
<i>doxycycline monohydrate tabs 75mg, 150mg</i>	3
Antifungal/Infection	
<i>fluconazole tabs 50mg, 100mg, 150mg, 200mg</i>	2

	Tier
<i>ketoconazole crea 2%</i>	2
<i>ketoconazole sham 2%</i>	2
<i>klayesta powd 100000unit/gm</i>	2
<i>nyamyc powd 100000unit/gm</i>	2
<i>nystatin crea 100000unit/gm</i>	2
<i>nystatin powd 100000unit/gm</i>	2
<i>nystatin susp 100000unit/ml</i>	2
<i>nystop powd 100000unit/gm</i>	2
<i>terbinafine hcl tabs 250mg</i>	2
Antineoplastic Agents/Cancer	
<i>abiraterone acetate tabs 250mg</i>	4
<i>abiraterone acetate tabs 500mg</i>	5
<i>abirtega tabs 250mg</i>	4
<i>hydroxyurea caps 500mg</i>	2
<i>anastrozole tabs 1mg</i>	1
<i>letrozole tabs 2.5mg</i>	2
Antiparasitic/Infection	
<i>hydroxychloroquine sulfate tabs 100mg, 200mg</i>	2
Antivirals/Infection	
<i>acyclovir tabs 400mg, 800mg</i>	2
<i>valacyclovir hydrochloride tabs 500mg, 1gm</i>	3
Cardiovascular/Heart/Blood Pressure/Fluid	
<i>clonidine hydrochloride tabs 0.1mg, 0.2mg, 0.3mg</i>	1
<i>midodrine hydrochloride tabs 2.5mg, 5mg, 10mg</i>	2
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	6
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	6
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	6
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	6
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	6
<i>amiodarone hydrochloride tabs 200mg</i>	1

	Tier
amiodarone hydrochloride tabs 100mg, 400mg	3
digoxin tabs 125mcg, 250mcg	2
flecainide acetate tabs 50mg, 100mg, 150mg	2
PACERONE TABS 200MG	2
PACERONE TABS 100MG	3
atenolol tabs 25mg, 50mg, 100mg	1
bisoprolol fumarate tabs 2.5mg, 5mg, 10mg	2
carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg	1
metoprolol succinate er tb24 25mg, 50mg, 100mg, 200mg	1
metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg	1
propranolol hcl tabs 40mg	2
propranolol hydrochloride tabs 10mg, 20mg, 60mg, 80mg	2
amlodipine besylate tabs 2.5mg, 5mg, 10mg	1
nifedipine er tb24 30mg, 60mg, 90mg	2
cartia xt cp24 120mg, 180mg, 240mg, 300mg	2
diltiazem hydrochloride er cp24 120mg, 180mg, 240mg, 300mg, 360mg	2
lisinopril/hydrochlorothiazide tabs 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	6
losartan potassium/hydrochlorothiazide tabs 12.5mg; 50mg, 12.5mg; 100mg, 25mg; 100mg	6
ranolazine er tb12 500mg, 1000mg	3
sacubitril/valsartan tabs 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	3
triamterene/hydrochlorothiazide caps 25mg; 37.5mg	1
triamterene/hydrochlorothiazide tabs 25mg; 37.5mg, 50mg; 75mg	1
bumetanide tabs 0.5mg, 1mg, 2mg	2
furosemide tabs 20mg, 40mg, 80mg	1

	Tier
torsemide tabs 5mg, 10mg, 20mg, 100mg	1
chlorthalidone tabs 25mg, 50mg	2
hydrochlorothiazide caps 12.5mg	1
hydrochlorothiazide tabs 12.5mg, 25mg, 50mg	1
spironolactone tabs 25mg, 50mg, 100mg	1
dapagliflozin tabs 5mg, 10mg	3
FARXIGA TABS 5MG, 10MG	3
JARDIANCE TABS 10MG, 25MG	3
isosorbide mononitrate er tb24 30mg, 60mg, 120mg	1
nitroglycerin tabs sub1 0.3mg, 0.4mg, 0.6mg	2
hydralazine hydrochloride tabs 10mg, 25mg, 50mg, 100mg	1
minoxidil tabs 2.5mg, 10mg	2
Cardiovascular/High Cholesterol	
fenofibrate tabs 48mg, 54mg, 145mg, 160mg	2
atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg	6
lovastatin tabs 10mg, 20mg, 40mg	6
pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg	6
rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg	6
simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg	6
ezetimibe tabs 10mg	2
icosapent ethyl caps 0.5gm, 1gm	4
REPATHA SURECLICK INJ 140MG/ML	3
Central Nervous System/Anxiety	
buspirone hcl tabs 15mg	1
buspirone hydrochloride tabs 5mg, 7.5mg, 10mg, 30mg	1
alprazolam tabs 0.25mg, 0.5mg, 1mg, 2mg	2
diazepam tabs 2mg, 5mg, 10mg	2
lorazepam tabs 0.5mg, 1mg, 2mg	2

	Tier
Central Nervous System/Dementia	
donepezil hcl tabs 10mg	1
donepezil hcl tabs 23mg	4
donepezil hydrochloride tabs 5mg, 10mg	1
memantine hcl titration pak tabs	2
memantine hydrochloride tabs 5mg, 10mg	2
Central Nervous System/Muscle Pain	
baclofen tabs 10mg, 20mg	2
baclofen tabs 5mg	3
tizanidine hcl tabs 2mg	2
tizanidine hydrochloride tabs 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, 80mg, 90mg, 120mg	2
escitalopram oxalate tabs 5mg, 10mg, 20mg	1
fluoxetine hydrochloride caps 10mg, 20mg, 40mg	1
paroxetine hcl tabs 30mg, 40mg	2
paroxetine hydrochloride tabs 10mg, 20mg	2
sertraline hcl tabs 50mg	1

	Tier
sertraline hydrochloride tabs 25mg, 100mg	1
trazodone hydrochloride tabs 50mg, 100mg, 150mg	1
venlafaxine hydrochloride er cp24 37.5mg, 75mg, 150mg	2
nortriptyline hcl caps 25mg, 75mg	2
nortriptyline hydrochloride caps 10mg, 50mg	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
Central Nervous System/Seizures	
lamotrigine tabs 25mg, 100mg, 150mg, 200mg	1
levetiracetam tabs 250mg, 500mg, 750mg, 1000mg	2
roweepra tabs 500mg	2
subvenite tabs 25mg, 100mg, 150mg, 200mg	1
topiramate tabs 25mg, 50mg, 100mg, 200mg	1
clonazepam tabs 0.5mg, 1mg, 2mg	1
gabapentin caps 400mg	1
gabapentin caps 100mg, 300mg	1
gabapentin tabs 800mg	2
gabapentin tabs 600mg	2
pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg	2
primidone tabs 50mg, 125mg, 250mg	2
Central Nervous System/Sleep	
temazepam caps 15mg, 30mg	3
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

	Tier
Dermatological/Antineoplastic Agents	
clotrimazole/betamethasone dipropionate crea 0.05%; 1%	2
fluorouracil crea 5%	2
Dermatological/Infection	
ciclodan soln 8%	2
ciclopirox nail lacquer soln 8%	2
mupirocin oint 2%	2
Dermatological/Inflammation	
ala-cort crea 1%	2
clobetasol propionate crea 0.05%	2
clobetasol propionate oint 0.05%	2
clobetasol propionate soln 0.05%	3
hydrocortisone crea 1%, 2.5%	2
hydrocortisone oint 2.5%	2
hydrocortisone oint 1%	2
tacrolimus oint 0.03%, 0.1%	4
triamcinolone acetonide crea 0.025%, 0.1%, 0.5%	1
triamcinolone acetonide oint 0.025%, 0.1%	1
triamcinolone acetonide oint 0.5%	2
triderm crea 0.5%	2
Diabetes Supplies	
insulin syringes, needles misc	1
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	1
Endocrine and Metabolic/Androgen	
testosterone cypionate inj 100mg/ml, 200mg/ml	2
testosterone pump gel 1.62%	3
testosterone pump gel 1%	4
testosterone gel 20.25mg/1.25gm, 40.5mg/2.5gm	3

	Tier
testosterone gel 25mg/2.5gm, 50mg/5gm	4
estradiol crea 0.1mg/gm	2
Endocrine and Metabolic/Bone Health	
alendronate sodium tabs 10mg, 35mg	6
alendronate sodium tabs 70mg	6
calcitriol caps 0.25mcg, 0.5mcg	2
ibandronate sodium tabs 150mg	6
Endocrine and Metabolic/Estrogen	
estradiol tabs 10mcg	4
yuvaferm 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, 1000mg	2
metformin hydrochloride er tb24 500mg, 750mg	6
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 45mg	6
pioglitazone hydrochloride tabs 15mg, 30mg	6
HUMALOG JUNIOR KWIKPEN INJ 100UNIT/ML	3
HUMALOG KWIKPEN INJ 100UNIT/ML, 200UNIT/ML	3
HUMULIN N INJ 100UNIT/ML	3
HUMULIN R U-500 (CONCENTRATED) INJ 500UNIT/ML	3
HUMULIN R INJ 100UNIT/ML	3

	Tier
LANTUS SOLOSTAR INJ 100UNIT/ML	3
NOVOLIN N RELION INJ 100UNIT/ML	3
NOVOLIN N INJ 100UNIT/ML	3
NOVOLIN R RELION INJ 100UNIT/ML	3
NOVOLIN R INJ 100UNIT/ML	3
NOVOLOG FLEXPEN RELION INJ 100UNIT/ML	3
NOVOLOG FLEXPEN 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	2
synthroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3
unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	2
methimazole tabs 5mg, 10mg	2
Gastrointestinal/Constipation	
constulose soln 10gm/15ml	2
lactulose soln 10gm/15ml	2
Gastrointestinal/Nausea	
meclizine hcl tabs 12.5mg, 25mg	4
meclizine hydrochloride tabs 25mg	4
ondansetron hydrochloride tabs 4mg, 8mg	1
ondansetron odt tbdp 4mg, 8mg	2
Gastrointestinal/Rectal Inflammation	
hydrocortisone crea 2.5%	2
procto-med hc crea 2.5%	2

	Tier
Gastrointestinal/Reflux	
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
sodium sulfate/potassium sulfate/magnesium sulfate soln 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	3
famotidine tabs 20mg, 40mg	1
sucralfate tabs 1gm	2
esomeprazole magnesium cpdr 20mg, 40mg	2
lansoprazole cpdr 15mg, 30mg	2
omeprazole cpdr 10mg, 20mg, 40mg	1
pantoprazole sodium tbdr 20mg, 40mg	1
Gastrointestinal/Stomach and Intestinal Spasms	
dicyclomine hydrochloride caps 10mg	2
Genitourinary/Benign Prostatic Hyperplasia	
alfuzosin hcl er tb24 10mg	2
dutasteride caps 0.5mg	2
finasteride tabs 5mg	1
tadalafil tabs 2.5mg, 5mg	3
tamsulosin hydrochloride caps 0.4mg	1
terazosin hcl caps 1mg, 5mg, 10mg	1
terazosin hydrochloride caps 2mg	1
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
trospium chloride tabs 20mg	3

	Tier
Hematologic/Blood Thinner	
<i>dabigatran etexilate caps 75mg, 110mg, 150mg</i>	2
ELIQUIS TABS 2.5MG, 5MG	3
<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1
<i>rivaroxaban tabs 2.5mg</i>	4
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1
XARELTO TABS 10MG, 15MG, 20MG	3
<i>clopidogrel tabs 75mg</i>	1
<i>clopidogrel tabs 300mg</i>	2
Immunological	
DUPIXENT INJ 200MG/1.14ML, 300MG/2ML	5
Immunological/Transplant	
<i>methotrexate sodium tabs 2.5mg</i>	2
Immunological/Vaccine	
ABRYSVO INJ 120MCG/0.5ML	1
ADACEL INJ 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	1
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
Migraine Treatment	
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	2
Mineral Replacement/Nutrient	
<i>klor-con 10 tbc 10meq</i>	2
<i>klor-con 8 tbc 8meq</i>	2
<i>klor-con m10 tbc 10meq</i>	2
<i>klor-con m15 tbc 15meq</i>	2
<i>klor-con m20 tbc 20meq</i>	2
<i>potassium chloride er cpcr 8meq, 10meq</i>	2
<i>potassium chloride er tbc 8meq, 10meq, 15meq, 20meq</i>	2

	Tier
Ophthalmic/Eye Conditions/Glaucoma	
<i>cyclosporine emul 0.05%</i>	3
<i>dorzolamide hcl/timolol maleate soln 20mg/ml; 5mg/ml</i>	2
<i>dorzolamide hydrochloride/timolol maleate pf soln 2%; 0.5%</i>	2
<i>neomycin/polymyxin/dexamethasone oint 0.1%; 3.5mg/gm; 10000unit/gm</i>	2
<i>neomycin/polymyxin/dexamethasone susp 0.1%; 3.5mg/ml; 10000unit/ml</i>	2
<i>polymyxin b sulfate/trimethoprim sulfate soln 10000unit/ml; 0.1%</i>	1
RESTASIS MULTIDOSE EMUL 0.05%	3
RESTASIS EMUL 0.05%	3
<i>erythromycin oint 5mg/gm</i>	2
<i>moxifloxacin hydrochloride soln 0.5%</i>	2
<i>ofloxacin soln 0.3%</i>	2
<i>ketorolac tromethamine soln 0.5%</i>	2
<i>ketorolac tromethamine soln 0.4%</i>	3
<i>prednisolone acetate susp 1%</i>	3
<i>timolol maleate soln 0.25%, 0.5%</i>	1
BRIMONIDINE TARTRATE SOLN 0.1%	3
<i>brimonidine tartrate soln 0.2%</i>	2
<i>dorzolamide hydrochloride soln 2%</i>	2
<i>latanoprost soln 0.005%</i>	1
Respiratory/Allergy	
<i>azelastine hydrochloride soln 0.1%</i>	2
<i>hydroxyzine hcl tabs 50mg</i>	3
<i>hydroxyzine hydrochloride tabs 10mg, 25mg</i>	3
<i>levocetirizine dihydrochloride tabs 5mg</i>	2
Respiratory/Asthma/COPD	
<i>fluticasone propionate susp 50mcg/act</i>	1
<i>montelukast sodium tabs 10mg</i>	1
<i>ipratropium bromide soln 0.03%, 0.06%</i>	2

	Tier
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	3
<i>albuterol sulfate hfa aers 180mcg/act</i>	2
ANORO ELLIPTA AEPB 62.5MCG/ACT; 25MCG/ACT	3
<i>breyna aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3
BREZTRI AEROSPHERE AERO 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3
<i>budesonide/formoterol fumarate dihydrate aero 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act</i>	4

	Tier
<i>fluticasone propionate/salmeterol diskus aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	2
<i>fluticasone propionate/salmeterol aepb 500mcg/act; 50mcg/act</i>	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
<i>wixela inhub aepb 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act</i>	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. © 2026 KelseyCare Advantage. All rights reserved. H0332_AF27_C

Scope of Sales Appointment Confirmation Form

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

☐	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).
☐	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 initiated 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:

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 (<i>if applicable</i>):	

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

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 [1,100+] physicians and providers in [65+] medical specialties at [45+] 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](https://www.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. **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. ¹MD Anderson services have a 40% coinsurance. ²Qualifying 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. ©2026 KelseyCare Advantage. All rights reserved. H0332_27SK_2242_M