



KelseyCare Advantage

Essential+Choice
(HMO-POS)

Summary
of Benefits



Introduction to the Summary of Benefits Report
for KelseyCare Advantage Essential+Choice (HMO-POS)
January 1, 2011 - December 31, 2011
Harris, Ft Bend, Galveston and Montgomery Counties

Thank you for your interest in KelseyCare Advantage Essential+Choice (HMO-POS). Our plan is offered by KS Plan Administrators LLC/KelseyCare Advantage, a Medicare Advantage Health Maintenance Organization (HMO), with a point-of-service option (POS). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call KelseyCare Advantage Essential+Choice (HMO-POS) and ask for the "Evidence of Coverage".

You have choices in your health care.

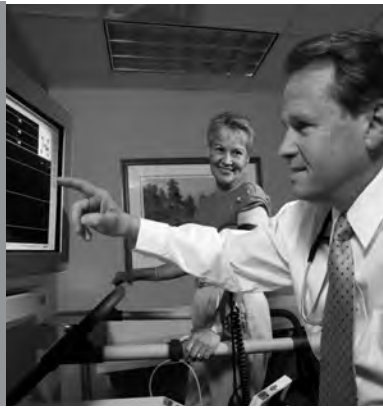
As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare plan. Another option is a Medicare health plan, like KelseyCare Advantage Essential+Choice (HMO-POS). You may have other options, too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call KelseyCare Advantage Essential+Choice (HMO-POS) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

How can I compare my options?

You can compare KelseyCare Advantage Essential+Choice (HMO-POS) and the Original Medicare plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare plan covers.

Our members receive all of the benefits that the Original Medicare plan offers. We also offer more benefits, which may change from year to year.



Where is KelseyCare Advantage Essential+Choice (HMO-POS) available?

The service area for this plan includes the following counties: Fort Bend, Galveston*, Harris, Montgomery Counties, Tx. You must live in one of these areas to join the plan.

* Denotes Partial County. Galveston County Approved Zip Codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592

Who is eligible to join KelseyCare Advantage Essential+Choice (HMO-POS)?

You can join KelseyCare Advantage Essential+Choice (HMO-POS) if you are entitled to Medicare Part A, enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in KelseyCare Advantage Essential+Choice (HMO-POS) unless they are members of our organization and have been since their dialysis began.

Can I choose my doctors?

KelseyCare Advantage Essential+Choice (HMO-POS) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. In some cases, you may also go to doctors outside of our network.

The health providers in our network can change at any time.

You can ask for a current Provider Directory or for an up-to-date list visit us at www.kelseycareadvantage.com.

Our customer service number is listed at the end of this introduction.



What happens if I go to a doctor who's not in your network?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

Does my plan cover Medicare Part B or Part D drugs?

KelseyCare Advantage Essential+Choice (HMO-POS) does cover Medicare Part B prescription drugs. KelseyCare Advantage Essential+Choice (HMO-POS) does NOT cover Medicare Part D prescription drugs.

What are my protections in this plan?

All Medicare Advantage plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of KelseyCare Advantage Essential+Choice (HMO-POS), you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state. Please refer to the Evidence of Coverage (EOC) for the QIO contact information.



What types of drugs may be covered under Medicare Part B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact KelseyCare Advantage Essential+Choice (HMO-POS) for more details.

- *Some Antigens*: If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- *Osteoporosis Drugs*: Injectable drugs for osteoporosis for certain women with Medicare.
- *Erythropoietin (Epoetin Alfa or Epogen®)*: By injection if you have End Stage Renal Disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- *Hemophilia Clotting Factors*: Self-administered clotting factors if you have hemophilia.
- *Injectable Drugs*: Most injectable drugs administered incident to a physician's service.
- *Immunosuppressive Drugs*: Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- *Some Oral Cancer Drugs*: If the same drug is available in injectable form.
- *Oral Anti-Nausea Drugs*: If you are part of an anti-cancer chemotherapeutic regimen.
- *Inhalation and Infusion Drugs* provided through DME.

Where can I find information on plan ratings?

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on www.medicare.gov and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly to obtain a copy of the plan ratings for this plan. Our customer service number is listed on page 5.



Please call KelseyCare Advantage for more information about KelseyCare Advantage Essential+Choice (HMO-POS).

Visit us at www.kelseycareadvantage.com or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday 8:00 a.m. - 5:00 p.m. Central

Current Members should call toll-free (866) 535-8343 (TTY/TDD (866) 302-9336)

Prospective Members should call toll-free (800) 663-7146 (TTY/TDD (866) 302-9336)

Current and Prospective Members should call locally (713) 442-2273 for questions related to the Medicare Advantage program. (TTY/TDD (713) 442-9537)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

This document may be available in a different format or language. For additional information, call customer service at the phone number listed above. If you have special needs, this document may be available in other formats.

Este documento está disponible en un diferente formato o idioma. Para información adicional, favor de llamar a Servicios de Miembros al número que aparece arriba. Si tiene necesidades especiales, este documento puede estar disponible en otros formatos.

Important Information

1 - Premium and Other Important Information

In 2010, the monthly Part B Premium was \$96.40 and may change for 2011 and the yearly Part B deductible amount was \$155 and may change for 2011.

If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.

Most people will pay the standard monthly Part B premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE 1-800-633-4227). TTY users should call 1- 877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

General

\$0 monthly plan premium in addition to your monthly Medicare Part B premium

Most people will pay the standard monthly Part B premium in addition to their MA plan premium. However, some people will pay a higher premium because of their yearly income (over \$85,000 for singles, \$170,000 for married couples). For more information about Part B premiums based on income, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You may also call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

This plan covers all Medicare-covered preventive services with zero cost sharing.

In-Network

\$3,400 out-of-pocket limit

This limit includes only Medicare-covered services.

2 - Doctor and Hospital Choice

(For more information, see Emergency - #15 and Urgently Needed Care - #16.)

You may go to any doctor, specialist or hospital that accepts Medicare.

In-Network

Referral required for network hospitals and specialists (for certain benefits)

Summary of Benefits

Inpatient Care

**3 - Inpatient
Hospital Care**

(includes Substance Abuse and Rehabilitation Services)

In 2010, the amounts for each benefit period were:
Days 1 - 60: \$1,100 deductible
Days 61 - 90: \$275 per day
Days 91 - 150: \$550 per lifetime reserve day

These amounts will change for 2011.

Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.

Lifetime reserve days can only be used once.

A "benefit period" starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

In-Network

No limit to the number of days covered by the plan each benefit period

\$375 copay for each Medicare-covered hospital stay

\$0 copay for additional hospital days

\$375 out-of-pocket limit every stay

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

**4 - Inpatient Mental
Health Care**

Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).

190-day lifetime limit in a Psychiatric Hospital

In-Network

You get up to 190 days in a Psychiatric Hospital in a lifetime.

\$375 copay for each Medicare-covered hospital stay

The maximum out-of-pocket limit is covered under "Inpatient Hospital Care".

Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
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<p>5 - Skilled Nursing Facility (SNF) <i>(in a Medicare-certified skilled nursing facility)</i></p>	<p>In 2010, the amounts for each benefit period after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$137.50 per day</p> <p>These amounts will change for 2011.</p> <p>100 days for each benefit period</p> <p>A "benefit period" starts the day you go into a hospital or SNF. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> Plan covers up to 100 days each benefit period</p> <p>No prior hospital stay is required.</p> <p>For SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$125 copay per day</p>
<p>6 - Home Health Care <i>(includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</i></p>	<p>\$0 copay</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for Medicare-covered home health visits</p>
<p>7 - Hospice</p>	<p>You pay part of the cost for outpatient drugs and inpatient respite care.</p> <p>You must get care from a Medicare-certified hospice</p>	<p><i>General</i> You must get care from a Medicare-certified hospice.</p>

Outpatient Care		
8 - Doctor Office Visits	20% coinsurance	<p><i>General</i> See "Welcome to Medicare; and Annual Wellness Visit," for more information.</p> <p>Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for each primary care doctor visit for Medicare-covered benefits</p> <p>\$0 copay for each specialist doctor visit for Medicare-covered benefits</p>
9 - Chiropractic Services	<p>Routine care not covered</p> <p>20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for Medicare-covered chiropractic visits</p> <p>Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint or body part) if you get it from a chiropractor or other qualified providers.</p>
10 - Podiatry Services	<p>Routine care not covered.</p> <p>20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for Medicare-covered podiatry benefits</p> <p>Medicare-covered podiatry benefits are for medically-necessary foot care</p>

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
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11 - Outpatient Mental Health Care	45% coinsurance for most outpatient mental health services	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$35 copay for each Medicare-covered individual therapy visit</p> <p>\$20 copay for each Medicare-covered group therapy visit</p>
12 - Outpatient Substance Abuse Care	20% coinsurance	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$35 copay for Medicare-covered individual visits</p> <p>\$20 copay for Medicare-covered group visits</p>
13 - Outpatient Services/Surgery	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital facility charges. Copay cannot exceed Part A inpatient hospital deductible.</p> <p>20% copayment for ambulatory surgical center facility charges</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$150 copay for each Medicare-covered ambulatory surgical center visit</p> <p>\$150 copay for each Medicare-covered outpatient hospital facility visit</p>
14 - Ambulance Services <i>(medically necessary ambulance services)</i>	20% coinsurance	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$100 copay for Medicare-covered ambulance benefits</p>

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
<p>15 - Emergency Care</p> <p>(You may go to any emergency room if you reasonably believe you need emergency care.)</p>	<p>20% coinsurance for the doctor</p> <p>Specified copayment for outpatient hospital emergency room (ER) facility charge.</p> <p>ER Copay cannot exceed Part A inpatient hospital deductible.</p> <p>You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</p> <p>Not covered outside the U.S. except under limited circumstances.</p>	<p><i>General</i></p> <p>\$50 copay for Medicare-covered emergency room visits</p> <p>Worldwide coverage</p> <p>If you are admitted to the hospital within 3-day(s) for the same condition, you pay \$0 for the emergency room visit.</p>
<p>16 - Urgently Needed Care</p> <p>(This is NOT emergency care, and in most cases, is out of the service area.)</p>	<p>20% coinsurance, or a set copay</p> <p>NOT covered outside the U.S. except under limited circumstances.</p>	<p><i>General</i></p> <p>\$50 copay for Medicare-covered urgently needed care visits</p>
<p>17 - Outpatient Rehabilitation Services</p> <p>(Occupational Therapy, Physical Therapy, Speech and Language Therapy, Respiratory Therapy Services, Social/Psychological Services, and more)</p>	<p>20% coinsurance</p>	<p><i>General</i></p> <p>Authorization rules may apply</p> <p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered Occupational Therapy visits</p> <p>\$0 copay for Medicare-covered Physical and/or Speech/Language Therapy visits</p> <p>\$15 copay for Medicare-covered Cardiac Rehab services</p>
<p>Outpatient Medical Services and Supplies</p>		
<p>18 - Durable Medical Equipment</p> <p>(includes wheelchairs, oxygen, etc.)</p>	<p>20% coinsurance</p>	<p><i>General</i></p> <p>Authorization rules may apply</p> <p><i>In-Network</i></p> <p>10% of the cost for Medicare-covered items</p>

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
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<p>19 - Prosthetic Devices</p> <p><i>(includes braces, artificial limbs and eyes, etc.)</i></p>	<p>20% coinsurance</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> 20% of the cost for Medicare-covered items</p>
<p>20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</p> <p><i>(includes coverage for glucose monitors, test strips, lancets, screening tests, self-management training, retinal exam/glaucoma test, and foot exam/therapeutic soft shoes)</i></p>	<p>20% coinsurance</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for diabetes self-monitoring training</p> <p>\$0 copay for Nutrition Therapy for diabetes</p> <p>0% to 10% of the cost for diabetes supplies</p>
<p>21 - Diagnostic Tests, X-Rays, Lab Services, and Radiology Services</p>	<p>20% coinsurance for diagnostic tests and x-rays</p> <p>\$0 copay for Medicare-covered lab services</p> <p>Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition.</p> <p>Medicare does not cover most routine screening tests, like checking your cholesterol.</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for Medicare-covered lab services</p> <p>\$0 to \$100 copay for Medicare-covered diagnostic procedures and tests</p> <p>\$0 copay for Medicare-covered X-rays</p> <p>\$0 to \$100 copay for Medicare-covered diagnostic radiology services (not including x-rays)</p> <p>\$25 copay for Medicare-covered therapeutic radiology services</p>

Preventive Services		
<p>22 - Bone Mass Measurement</p> <p><i>(for people with Medicare who are at risk)</i></p>	<p>No coinsurance, copayment or deductible.</p> <p>Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for Medicare-covered bone mass measurement</p>
<p>23 - Colorectal Screening Exams</p> <p><i>(for people with Medicare age 50 and older)</i></p>	<p>No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.</p> <p>Covered when you are high risk or when you are age 50 and older.</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for Medicare-covered colorectal screenings</p>
<p>24 - Immunizations</p> <p><i>(Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)</i></p>	<p>\$0 copay for Flu, Pneumonia and Hepatitis B vaccines</p> <p>You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for Flu and Pneumonia vaccines</p> <p>\$0 copay for Hepatitis B vaccine</p> <p>No referral needed for Flu and Pneumonia vaccines</p>
<p>25 - Mammograms</p> <p><i>(Annual Screening)</i></p> <p><i>(for women with Medicare age 40 and older)</i></p>	<p>No coinsurance, copayment or deductible</p> <p>No referral needed</p> <p>Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.</p>	<p><i>In-Network</i> \$0 copay for Medicare-covered screening mammograms</p>

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
<p>26 - Pap Smears and Pelvic Exams (for women with Medicare)</p>	<p>No coinsurance, copayment, or deductible for Pap smears</p> <p>No coinsurance, copayment, or deductible for Pelvic and clinical breast exams</p> <p>Covered once every 2 years</p> <p>Covered once a year for women with Medicare at high risk</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered Pap smears and pelvic exams</p>
<p>27 - Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p>	<p>20% coinsurance for the digital rectal exam</p> <p>\$0 for the PSA test; 20% coinsurance for other related services</p> <p>Covered once a year for all men with Medicare over age 50</p>	<p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered prostate cancer screening</p>
<p>28 - End-Stage Renal Disease</p>	<p>20% coinsurance for renal dialysis</p> <p>20% coinsurance for Nutrition Therapy for End Stage Renal Disease</p> <p>Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease.</p>	<p><i>General</i></p> <p>Authorization rules may apply</p> <p><i>In-Network</i></p> <p>\$25 copay for renal dialysis</p> <p>\$0 copay for Nutrition Therapy for End Stage Renal Disease</p>

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
29 - Prescription Drugs	Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage.	<p>Drugs Covered Under Medicare Part B <i>General</i></p> <p>Most drugs not covered</p> <p>10% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs</p> <p>Drugs Covered Under Medicare Part D <i>General</i></p> <p>This plan does not offer prescription drug coverage.</p>
30 - Dental Services	Preventive dental services (such as cleaning) not covered.	<p><i>General</i></p> <p>Authorization rules may apply</p> <p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered dental benefits</p> <p>In general, preventive dental benefits (such as cleaning) not covered.</p>
31 - Hearing Services	<p>Routine hearing exams and hearing aids not covered</p> <p>20% coinsurance for diagnostic hearing exams</p>	<p><i>General</i></p> <p>Authorization rules may apply</p> <p><i>In-Network</i></p> <p>\$0 copay for Medicare-covered diagnostic hearing exams</p> <p>\$0 copay for</p> <ul style="list-style-type: none"> - up to 1 routine hearing test every year - up to 1 fitting-evaluation for a hearing aid every two years <p>\$0 copay for up to 2 hearing aids every two years.</p> <p>\$1,000 plan coverage limit for hearing aids every two years.</p>

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
<p>32 - Vision Services</p>	<p>20% coinsurance for diagnosis and treatment of diseases and conditions of the eye</p> <p>Routine eye exams and glasses not covered</p> <p>Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery.</p> <p>Annual glaucoma screenings covered for people at risk</p>	<p><i>General</i> Authorization rules may apply</p> <p><i>In-Network</i> \$0 copay for diagnosis and treatment for diseases and conditions of the eye - and for up to 1 routine eye exam(s) every year</p> <p>\$0 copay for - one pair of eyeglasses or contact lenses after cataract surgery - up to 1 pair(s) of glasses every two years - up to 1 pair(s) of contacts every two years</p> <p>\$150 plan coverage limit for eye wear every two years</p>
<p>33 - Welcome to Medicare; and Annual Wellness Visit</p>	<p>When you join Medicare Part B, then you are eligible as follows:</p> <p>During the first 12 months of your new Part B coverage, you can get either a Welcome to Medicare exam or an Annual Wellness visit.</p> <p>After your first 12 months, you can get one Annual Wellness visit every 12 months.</p> <p>There is no coinsurance, copayment or deductible for either the Welcome to Medicare exam or the Annual Wellness visit.</p> <p>The Welcome to Medicare exam does not include lab tests.</p>	<p><i>In-Network</i> \$0 copay for routine exams</p> <p>Limited to 1 exam(s) every year</p>

Benefit Category	Original Medicare	KelseyCare Advantage Essential+Choice (HMO-POS)
34 - Health/Wellness Education	<p>Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies.</p> <p>\$0 copay for the HIV screening, but you generally pay 20% of the Medicare-approved amount for the doctor's visit. HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>	<p><i>In-Network</i> The plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> - Written health education materials, including Newsletters - Nutritional Training - Nursing Hotline <p>\$0 copay for each Medicare-covered smoking cessation counseling session</p> <p>\$0 copay for each medicare covered HIV screening.</p> <p>HIV screening is covered for people with Medicare who are pregnant and people at increased risk for the infection, including anyone who asks for the test. Medicare covers this test once every 12 months or up to three times during a pregnancy.</p>
Transportation <i>(Routine)</i>	Not covered	<p><i>In-Network</i> \$0 copay for up to 20 one-way trips to plan-approved location every year</p>
Acupuncture	Not covered	<p><i>In-Network</i> This plan does not cover acupuncture.</p>

Benefit Category**Original Medicare****KelseyCare Advantage
Essential+Choice (HMO-POS)****Point of Service**

You may go to any doctor, specialist or hospital that accepts Medicare.

General

Authorization rules may apply

Out-of-Network

Point of Service coverage is available for the following benefits:

- Inpatient Hospital Acute
- Chiropractic Services
- Physician Specialist Services
- Podiatry Services
- Outpatient Diag Procedures/Tests/Lab Services
- Diagnostic Radiological Services
- Outpatient X-Rays
- Outpatient Hospital Services
- Ambulatory Surgical Center (ASC) Services

\$1,000 copay per hospital stay

For hospital stays:

Days 1 - 60: \$0 copay per day

Days 61 - 90: \$250 copay per day

Days 91 - 150: \$500 copay per day

20% of the cost for:

- Chiropractic Services
- Physician Specialist Services
- Podiatry Services
- Outpatient Diag Procedures/Tests/Lab Services
- Diagnostic Radiological Services
- Outpatient X-Rays
- Outpatient Hospital Services
- Ambulatory Surgical Center (ASC) Services

KelseyCare Advantage

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