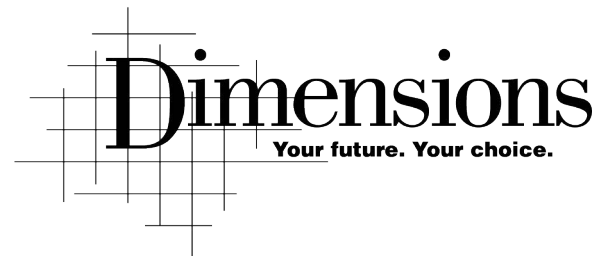


2020

Summary of Benefits



KelseyCare Advantage



2020 SUMMARY OF BENEFITS

Summary of Benefits

January 1, 2019 – December 31, 2020

BE WELL KELSEYCAR Advantage

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. This information is not a complete description of benefits. Contact the plan for more information.

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 1-866-534-0556 (TTY: 1-866-302-9336).

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 KelseyCareAdvantage.com or call 1-866-534-0556 (TTY: 1-866-302-9336) 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.
- 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.

Understanding Important Rules

- In addition to your monthly plan premium, 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/co-insurance may change on January 1, 2021.
- 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).

This document is available in other formats such as Braille and large print.

GENERAL PLAN INFORMATION

Things to Know About KelseyCare Advantage

Hours of Operation

- From: Monday through Friday, 8:00 a.m. to 5:00 p.m.

KelseyCare Advantage Phone Numbers and Website

- Shell participants call (713) 442-7555 or toll-free (866) 534-0556
- TTY users should call (800) 302-9336
- Our website: www.kelseycareadvantage.com/shell

Who can Join? To join KelseyCare Advantage, you must:

- Be entitled to Medicare Part A and be enrolled in Medicare Part B
- Live in our service area
- Not have End Stage Renal Disease
- Meet the requirements of Shell Benefits

Service Area for Be Well Shell KelseyCare Advantage			
Harris	Fort Bend	Montgomery	Chambers
Brazoria	Liberty	Waller	Galveston

What doctors and hospitals can I use?
Be Well KelseyCare Advantage has a network of doctors, hospitals, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.
Out-of-network/non-contracted providers are under no obligation to treat KelseyCare Advantage members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

This Summary of Benefits booklet gives you a summary of what Be Well KelseyCare Advantage (HMO) covers and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the “Evidence of Coverage.”

Tips for comparing your Medicare choices

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <http://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.

Sections in this booklet	
✓	Things to know about Be Well KelseyCare Advantage
✓	Monthly Premium Limits on How Much You Pay for Covered Services
✓	Covered Medical and Hospital Benefits

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers – and more.

- **Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare.** For others, you may pay less.
- **Our plan members also get more than what is covered by Original Medicare.** Some of the extra benefits are outlined in this booklet.

Be Well KelseyCare Advantage cover Part B drugs such as chemotherapy and some drugs administered by your provider.

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

	Be Well KelseyCare Advantage
How much is the monthly premium?	Please contact Shell Benefits for premium information. In addition, you must keep paying your Medicare Part B premium.
How much is the deductible?	This plan does not have a deductible
Is there any limit on how much I will pay for my covered services? (Maximum Out-of-Pocket Responsibility)	Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care. Your yearly limit(s) in this plan: <ul style="list-style-type: none"> \$3,400 for covered Part A and Part B services you receive from in-network providers. If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year. Please note that you will still need to pay your monthly Part B premiums.
Is there a limit on how much the plan will pay?	Our plan has coverage limit every year for certain in-network benefits. Contact us for the services that apply.

Covered Medical and Hospital Benefits

	Be Well KelseyCare Advantage
Inpatient Hospital Coverage ^{1,2}	The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period. There's no limit to the number of benefit periods. There is no limit to the number of days. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. <ul style="list-style-type: none"> \$250 copay per stay

Services with a ¹ may require prior authorization

Services with a ² may require a referral from your doctor

Outpatient Hospital Coverage 1,2	<p>\$225 copayment for each Medicare- covered Ambulatory Surgical Center visit</p> <p>\$250 copayment for each Medicare- covered outpatient hospital facility visit</p> <p>\$250 copayment for other outpatient hospital services, for example: chemotherapy, diagnostic sleep studies or observation stay</p>
Doctor Visits (Primary Care Providers and Specialists) 1,2	<p>Primary care physician visit:</p> <p>\$5 copay</p> <p>Specialist visit:</p> <p>\$20 copay</p>
Preventive Care (e.g., flu and pneumonia vaccines, diabetic screenings, colorectal cancer screenings)	<p>You pay nothing</p> <p>Other preventive services are available.</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
Emergency Care	<p>\$75 copay</p> <p>If you are admitted to the hospital within 3 days, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>
Urgently Needed Services	\$35 copay
Diagnostic Services/ Labs/Imaging 1,2	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <p>\$0-\$150 copay, depending on the service</p> <p>Diagnostic tests and procedures:</p> <p>\$0-\$25 copay, depending on the service</p> <p>Lab services:</p> <p>You pay nothing.</p> <p>Outpatient x-rays:</p> <p>You pay nothing.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <p>\$50 copay</p>

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Hearing Services 1,2	Exam to diagnose and treat hearing and balance issues: \$20 copay Routine hearing exam (for up to 1 every year): \$20 copay Hearing aid fitting exam (for up to 1 every year): \$20 copay Hearing aid allowance: Our plan pays up to \$500 every year for hearing aids. You pay any amount over this plan allowed amount.
Dental Services 1,2	\$20 copayment for Medicare-covered dental services. Routine dental care is not covered.
Vision Services	Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$0-\$20 copay, depending on the service Routine eye exam (for up to 1 every year): You pay nothing Eyeglasses or contact lenses after cataract surgery: You pay nothing. After cataract surgery, eyeglasses or contact lenses are covered up to 100% of Medicare allowable.
Mental Health Services (including inpatient) 1,2	Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital. The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital copay for each benefit period. There's no limit to the number of benefit periods. Our plan covers 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. <ul style="list-style-type: none"> • \$250 copay per stay Outpatient group therapy visit: \$20 copay Outpatient individual therapy visit: \$35 copay

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Skilled Nursing Facility (SNF) 1,2	<p>Our plan covers up to 100 days in a SNF per benefit period.</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$125 copay per day for days 21 through 100
Physical Therapy	Physical therapy visit: \$20 copay
Ambulance 1	\$100 copay for each one-way trip.
Transportation	<p>You pay nothing.</p> <p>This plan covers 20 one-way trips for plan-approved locations every year. Transportation is limited to medical appointments and medical facilities within the plan service area.</p> <p>Transportation provided by KelseyCare Advantage Transportation via Circulation Health.</p>
Medicare Part B Drugs 1,2	<p>For Part B drugs such as chemotherapy drugs:</p> <p>20% of the cost</p> <p>Other Part B drugs:</p> <p>20% of the cost</p>
Foot Care (<i>podiatry services</i>) 1,2	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:</p> <p>\$20 copay</p>

Services with a ¹ may require prior authorization

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Medical Equipment/Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies) ¹	<p>0% of the cost for Diabetes monitoring supplies: lancets, meters, test strips, lancet devices and control solutions.</p> <p>Therapeutic shoes or inserts: 20% of the cost</p> <p>Prosthetic devices: 20% of the cost</p> <p>Related medical supplies: 20% of the cost</p>
Wellness Programs (e.g., fitness)	You pay nothing. SilverSneakers® Fitness Program – Basic fitness center membership including fitness classes.
Acupuncture and Other Alternative Therapies	Not covered
Chiropractic Care ^{1,2}	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <p>\$20 copay</p>
Diabetes Self-Management Training ^{1,2}	Diabetes self-management training: You pay nothing.
Home Health Care ^{1,2}	\$10 copay
Outpatient Substance Abuse ^{1,2}	<p>Group therapy visit: \$20 copay</p> <p>Individual therapy visit: \$35 copay</p>
Outpatient Surgery ^{1,2}	<p>Ambulatory surgical center: \$225 copay</p> <p>Outpatient hospital: \$250 copay</p>
Over-the-Counter Items	Not Covered
Renal Dialysis ^{1,2}	\$25 copay

Services with a ¹ may require prior authorization

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Telemedicine visits	<p>E-Visits and Video Visits are covered benefit for Kelsey-Seybold primary care and specialty physicians.</p> <p>E- visits</p> <p>PCP visit: \$0 copay</p> <p>Specialty visit: \$0 copay</p> <p>Video visits PCP visit: \$5 copay</p> <p>Specialty visit: \$20 copay</p>
Outpatient Rehabilitation 1,2	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions over 36 weeks):</p> <p>\$20 copay</p> <p>Occupational therapy visit:</p> <p>\$20 copay</p>
Ambulatory Surgery Center 1,2	\$225 copayment

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Discrimination is Against the Law

KelseyCare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KelseyCare Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

KelseyCare Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact KelseyCare Advantage Member Services. If you believe that KelseyCare Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: KelseyCare Advantage, Attn: Grievance Department, 11511 Shadow Creek Parkway, Pearland, TX 77584, 1-866-535- 8343, TTY 1-866-302-9336, Fax 713-442-9536 You can file a grievance in person, by phone, by mail, or fax. If you need help filing a grievance, KelseyCare Advantage Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Multi-language Interpreter Services Insert

ATTENTION: If you speak any non-English language, language assistance services, free of charge, are available to you. Call 1-866-535-8343 (TTY: 1-866-302-9936).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-535-8343 (TTY: 1-866-302-9936).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-535-8343 (TTY: 1-866-302-9936).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-535-8343（TTY：1-866-302-9936）。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-535-8343 (TTY: 1-866-302-9936)번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-535-8343 (رقم هاتف الصم والبكم: 1-866-302-9936).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-535-8343 (TTY: 1-866-302-9936).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-535-8343 (TTY: 1-866-302-9936).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-535-8343 (ATS : 1-866-302-9936).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-535-8343 (TTY: 1-866-302-9936) पर कॉल करें।

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-535-8343 (TTY: 1-866-302-9936) تماس بگیرید.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-535-8343 (TTY: 1-866-302-9936).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-535-8343 (TTY: 1-866-302-9936).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-535-8343 (телетайп: 1-866-302-9936).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-535-8343（TTY:1-866-302-9936）まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ກໍ່ມີຢູ່ສະໄໝໃຫ້ທ່ານ. ໂທ 1-866-535-8343 (TTY: 1-866-302-9936).

KelseyCare Advantage Member Services

Method	Member Services - Contact Information	
Call	<p>713-442-7555 or toll-free 1-866-534-0556</p> <p>Calls to this number are free. Please contact our Member Services number at 713-442-7555 or toll-free at 1-866-0556 for additional information.</p> <p>Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. During this period on Thanksgiving Day and Christmas Day, calls are handled by our voicemail system.</p> <p>Member Services also has free language interpreter services available for non- English speakers.</p>	
TTY	<p>1-866-302-9336 - This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.</p> <p>Calls to this number are free. Please contact our Member Services number at 713-442-7555 or toll-free at 1-866-534-0556 for additional information.</p> <p>Hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. During this period on Thanksgiving Day and Christmas Day, calls are handled by our voicemail system.</p> <p>Member Services also has free language interpreter services available for non- English speakers.</p>	
Fax	713-442-5450	
Write	<p>KelseyCare Advantage ATTN: Member Services 11511 Shadow Creek Parkway Pearland, TX 77584</p>	<p>- OR -</p> <p>P.O. Box 841569 Pearland, TX 77584-9832</p>
Website	www.kelseycareadvantage.com/Shell	

