Kelsey Care Advantage
SILVER community
(HMO-POS)

2022 Annual Notice of Changes

The Essential Select (HMO-POS) plan is now called **Silver Community (HMO-POS)**

1-866-535-8343 (TTY: 711) | www.KelseyCareAdvantage.com

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KelseyCare Advantage Silver Community (HMO-POS) offered by KS Plan Administrators, LLC

Annual Notice of Changes for 2022

You are currently enrolled as a member of KelseyCare Advantage Essential Select. Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- It's important to review your coverage now to make sure it will meet your needs next year.
- Do the changes affect the services you use?
- Look in Sections 2.1 and 2.4 for information about benefit and cost changes for our plan.

☐ Check to see if your doctors and other providers will be in our network next year.

- Are your doctors, including specialists you see regularly, in our network?
- What about the hospitals or other providers you use?
- Look in Section 2.3 for information about our *Provider Directory*.

☐ Think about your overall health care costs.

- How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
- How much will you spend on your premium and deductibles?
- How do your total plan costs compare to other Medicare coverage options?

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area.

- Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
- Review the list in the back of your *Medicare & You 2022* handbook.

OMB Approval 0938-1051 (Expires: February 29, 2024)

- Look in Section 4.2 to learn more about your choices.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan

   - If you don't join another plan by December 7, 2021, you will be enrolled in KelseyCare Advantage Silver Community.
   - To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

4. **ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2021**

   - If you don't join another plan by **December 7, 2021**, you will be enrolled in KelseyCare Advantage Silver Community.
   - If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022.** You will be automatically disenrolled from your current plan.

Additional Resources

- This document is available for free in Spanish.
- Please contact our Member Services number at 713-442-CARE (2273) or toll-free at 1-866-535-8343 for additional information. (TTY users should 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 weekends, after hours, and on federal holidays.
- This booklet is also available in braille, large print and other alternate formats. Please call Member Services (phone numbers are in Section 6.1 of this booklet) for more information.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About KelseyCare Advantage Silver Community

- KelseyCare Advantage is offered by KS Plan Administrators, LLC, an HMO with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal.
- When this booklet says "we," "us," or "our," it means KS Plan Administrators, LLC (dba KelseyCare Advantage). When it says "plan" or "our plan," it means KelseyCare Advantage Silver Community.

Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for KelseyCare Advantage Silver Community in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.kelseycareadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
Monthly plan premium (See Section 2.1 for details.)	$0	$0
Deductible	**In-Network:** $0 **Out-of-Network:** $500	**In-Network:** $0 **Out-of-Network:** $500
Maximum in-network out-of-pocket amount This is the most you will pay out-of-pocket for your in-network covered Part A and Part B services. (See Section 2.2 for details.)	$3,450	$3,450
Maximum out-of-network Point of Service (POS) out-of-pocket amount This is the most you will pay out-of-pocket for your out-of-network covered Part A and Part B services received through the POS benefit. (See Section 2.2 for details.)	$10,000	$10,000

Cost	2021 (this year)	2022 (next year)
Doctor office visits	**In-Network:** Primary care visits: $0 copay per visit Specialist visits: $20 copay per visit **Out-of-Network:** Primary care visits: 50% coinsurance per visit Specialist visits: 30% coinsurance per visit	**In-Network:** Primary care visits: $0 copay per visit Specialist visits: $20 copay per visit **Out-of-Network:** Primary care visits: 50% coinsurance per visit Specialist visits: 30% coinsurance
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor's order. The day before you are discharged is your last inpatient day.	**In-Network:** For Medicare-covered hospital stays: $150 copay per day for days 1-4 $0 copay per day for days 5-90 60 lifetime reserve days are covered for $0 copay per day. Maximum of $600 per stay. **Out-of-Network:** For Medicare-covered hospital stays: $1,000 copay for days 1-60 $250 copay per day for days 61-90 $500 copay per day for days 91-150	**In-Network:** For Medicare-covered hospital stays: $325 copay per stay 60 lifetime reserve days are covered for $0 copay per day. Inpatient hospital stays with a confirmed COVID-19 diagnosis will have the $325 cost-share waived. **Out-of-Network:** For Medicare-covered hospital stays: 40% coinsurance per stay

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SECTION 1 We Are Changing the Plan's Name

On January 1, 2022, our plan name will change from KelseyCare Advantage Essential Select to KelseyCare Advantage Silver Community.

In December 2021, you will receive a new ID card. Your new ID card will reflect the plan name change from KelseyCare Advantage Essential Select to KelseyCare Advantage Silver Community.

The only changes to the plan you are enrolled in are listed in the document. You do not need to call member services about the name change.

SECTION 2 Changes to Benefits and Costs for Next Year

Section 2.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$0	$0
Monthly Premium for Dental Optional Supplemental Benefits This plan premium applies to you only if you are enrolled in Dental optional supplemental benefits. (You must also continue to pay your Medicare Part B Premium.)	$32.80	$32.80

Section 2.2 – Changes to Your Maximum Out-of-Pocket Amount

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

Cost	2021 (this year)	2022 (next year)
Maximum in-network out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum in-network out-of-pocket amount.	$3,450	$3,450 Once you have paid $3,450 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Maximum out-of-network Point of Service (POS) out-of-pocket amount Your costs for covered medical services (such as copays and deductibles) count toward your maximum out-of-network POS out-of-pocket amount.	$10,000	$10,000 Once you have paid $10,000 out-of-pocket for covered out-of-network Part A and Part B services, you will pay nothing for your covered out-of-network Part A and Part B services for the rest of the calendar year.

Section 2.3 – Changes to the Provider Network

There are changes to our network of providers for next year. An updated *Provider Directory* is located on our website at www.kelseycareadvantage.com. You may also call Member Services for updated provider information or to ask us to mail you a *Provider Directory*. **Please review the 2022 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan, you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, we must furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days' notice that your provider is leaving our plan so that you have time to select a new provider.

- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider to manage your care.

Section 2.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2022 Evidence of Coverage.*

Opioid treatment program services

Members of our plan with opioid use disorder (OUD) can receive coverage of services to treat OUD through an Opioid Treatment Program (OTP) which includes the following services:

- U.S. Food and Drug Administration (FDA)-approved opioid agonist and antagonist medication-assisted treatment (MAT) medications.
- Dispensing and administration of MAT medications (if applicable)
- Substance use counseling
- Individual and group therapy
- Toxicology testing
- Intake activities
- Periodic assessments

Cost	2021 (this year)	2022 (next year)
Inpatient Hospital Care	**In-Network:** For Medicare-covered hospital stays: You pay a $150 copay per day for days 1-4 $0 copay per day for days 5-90 60 lifetime reserve days are covered for $0 copay per day. Maximum of $600 per stay **Out-of-Network:** For Medicare-covered hospital stays: You pay a $1,000 copay for days 1-60 $250 copay per day for days 61-90 $500 copay per day for days 91-150	**In-Network:** For Medicare-covered hospital stays: You pay a $325 copay per stay. 60 lifetime reserve days are covered for $0 copay per day. Inpatient hospital stays with a confirmed COVID-19 diagnosis will have the $325 cost-share waived. **Out-of-Network:** For Medicare-covered hospital stays: You pay a 40% coinsurance per stay.
Inpatient Mental Health Care	**In-Network:** You pay a $150 copay per day for days 1-4 $0 copay per day for days 5-90 Maximum of $600 per stay **Out-of-Network:** You pay a $1,000 copay for days 1-60 $250 copay per day for days 61-90 $500 copay per day for days 91-150	**In-Network:** You pay a $325 copay per stay. **Out-of-Network:** You pay a 40% coinsurance per stay.

Cost	2021 (this year)	2022 (next year)
Meal Benefit	**In-Network:** Not Covered	**In-Network:** You pay a $0 copay for up to 2 meals per day for 7 days after discharge from an inpatient stay with a COVID-19 diagnosis. Prior authorization is required.

SECTION 3 Administrative Changes

The information below shows the administrative changes for next year.

Description	2021 (this year)	2022 (next year)
Point-of-Service Referrals	Referrals are required for selected POS benefits.	Referrals are not required for POS benefits.
Over-the-counter items	Eligible OTC items available at any KelseyPharmacy.	Eligible items available from participating CVS locations and by ordering online or over the phone through the plan's catalog for delivery to your home via OTC Health Solutions.

SECTION 4 Deciding Which Plan to Choose

Section 4.1 – If you want to stay in KelseyCare Advantage Silver Community

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our KelseyCare Advantage Silver Community plan.

Section 4.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan timely,
- -- *OR*-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 6), or call Medicare (see Section 8.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, KS Plan Administrators, LLC offers other Medicare health plans These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from KelseyCare Advantage Silver Community.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from KelseyCare Advantage Silver Community.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 8.1 of this booklet).
    - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 5 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2022.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.3 of the *Evidence of Coverage.*

If you enrolled in a Medicare Advantage plan for January 1, 2022, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2022. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 6 Programs That Offer Free Counseling about Medicare

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

Health Information Counseling and Advocacy Program (HICAP) is independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare.

Health Information Counseling and Advocacy Program (HICAP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call Health Information Counseling and Advocacy Program (HICAP) at 1-800-252-9240. You can learn more about Health Information Counseling and Advocacy Program (HICAP) by visiting their website (https://www.tdi.texas.gov/consumer/hicap).

SECTION 7 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don't even know it. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;

  - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
  - Your State Medicaid Office (applications).

- **Help from your state's pharmaceutical assistance program.** Texas has a program called Texas Kidney Health Care Program (KHC) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Section 6 of this booklet).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Texas HIV Medication Program (THMP). Note: To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number. You can call the Texas HIV Medication Program (THMP) at 1-800-255-1090.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 1-800-255-1090.

SECTION 8 Questions?

Section 8.1 – Getting Help from KelseyCare Advantage Silver Community

Questions? We're here to help. Please call Member Services at 713-442-CARE (2273) or toll-free at 1-866-535-8343. (TTY only, call 711.) We are available for phone calls 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours, and on federal holidays.

Read your 2022 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for KelseyCare Advantage Silver Community. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription

drugs. A copy of the *Evidence of Coverage* is located on our website at www.kelseycareadvantage.com. You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.kelseycareadvantage.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 8.2 – Getting Help from Medicare

To get information directly from Medicare:

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

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

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare health plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read *Medicare & You 2022*

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or 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.

Method	KelseyCare Advantage Member Services - Contact Information	
Call	**1-866-535-8343** Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays. Member Services also has free language interpreter services available for non-English speakers.	
TTY	**711** Calls to this number are free. Hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 – March 31. From April 1 – September 30, Monday through Friday, hours are 8:00 a.m. to 8:00 p.m. local time. Messaging service used weekends, after hours and on federal holidays.	
Fax	713-442-5450	
Write	KelseyCare Advantage ATTN: Member Services 11511 Shadow Creek Parkway Pearland, TX 77584	- OR – KelseyCare Advantage ATTN: Member Services P.O. Box 841569 Pearland, TX 77584-9832
Website	www.kelseycareadvantage.com	

Health Information Counseling and Advocacy Program (HICAP)

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

METHOD	Health Information Counseling and Advocacy Program (HICAP) (Texas' SHIP) - Contact Information
CALL	1-800-252-9240
TTY	1-800-735-2989 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.
WRITE	701 West 51st Street MC: W352 Austin, TX 78751
Website	https://www.tdi.texas.gov/consumer/hicap

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