



# 2022 Annual Notice of Changes

The Essential+Choice (HMO-POS) plan is now called **Silver Freedom (HMO-POS)**

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1-866-535-8343 (TTY: 711) | [www.KelseyCareAdvantage.com](http://www.KelseyCareAdvantage.com)

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# ***KelseyCare Advantage Silver Freedom (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+Choice. 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.**
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### **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](http://www.medicare.gov/plan-compare) website.
  - Review the list in the back of your *Medicare & You 2022* handbook.

- 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 Freedom.
- 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 Freedom.
- 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](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### **About KelseyCare Advantage Silver Freedom**

- 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 Freedom.

## Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for KelseyCare Advantage Silver Freedom 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](http://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)
<b>Monthly plan premium</b>	\$0	\$0
<b>Maximum in-network out-of-pocket amount</b> This is the <u>most</u> 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
<b>Maximum out-of-network Point of Service (POS) out-of-pocket amount</b> This is the <u>most</u> 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
<b>Doctor office visits</b>	<u><b>In-Network:</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$20 copay per visit  <u><b>Out-of-Network:</b></u> Primary care visits: 50% coinsurance per visit Specialist visits: 20% coinsurance per visit	<u><b>In-Network:</b></u> Primary care visits: \$0 copay per visit Specialist visits: \$20 copay per visit  <u><b>Out-of-Network:</b></u> Primary care visits: \$10 copay per visit Specialist visits*: \$35 copay  *40% coinsurance for each MD Anderson provider visit

Cost	2021 (this year)	2022 (next year)
<p><b>Inpatient hospital stays</b> 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.</p>	<p><b><u>In-Network:</u></b> 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.</p>	<p><b><u>In-Network:</u></b> 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.</p>
<p><b>Inpatient hospital stays (Continued)</b></p>	<p><b><u>Out-of-Network:</u></b> 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</p>	<p><b><u>Out-of-Network:</u></b> For Medicare-covered hospital stays: 40% coinsurance per stay</p>

***Annual Notice of Changes for 2022***  
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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+Choice to KelseyCare Advantage Silver Freedom.

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

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)
<b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
<b>Monthly Premium for Dental Optional Supplemental Benefits</b>	\$32.80	<u>Not available.</u> See the “Dental services (Comprehensive)” information within the chart in Section 2.4 for benefits added to your Medicare Advantage plan.

### 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)
<p><b>Maximum in-network out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) count toward your maximum in-network out-of-pocket amount.</p>	\$3,450	<p>\$3,450</p> <p>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.</p>
<p><b>Maximum out-of-network Point of Service (POS) out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) count toward your maximum out-of-network POS out-of-pocket amount.</p>	\$10,000	<p>\$10,000</p> <p>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.</p>

### 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](http://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.

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## **Section 2.4 – Changes to Benefits and Costs for Medical Services**

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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)
<b>Acupuncture for chronic low back pain</b>	<b><u>Out-of-Network</u></b> You pay a 20% coinsurance for each Medicare-covered visit.	<b><u>Out-of-Network</u></b> You pay a \$35 copay for each Medicare-covered visit.
<b>Ambulance Services</b>	<b><u>Out-of-Network:</u></b> You pay a 50% coinsurance for each one-way Medicare-covered ground transportation service.	<b><u>Out-of-Network:</u></b> You pay a \$250 copay for each one-way Medicare-covered ground transportation service.
<b>Chiropractic Services</b>	<b><u>Out-of-Network</u></b> You pay a 20% coinsurance for each Medicare-covered chiropractic visit.	<b><u>Out-of-Network</u></b> You pay a \$35 copay for each Medicare-covered chiropractic visit.

Cost	2021 (this year)	2022 (next year)
<b>Dental Services (Comprehensive)</b>	<u><b>In-Network</b></u> <u>Not Covered</u>	<p>\$1,500 maximum plan coverage amount for comprehensive and preventive dental services every year.</p> <p><u><b>In-Network</b></u>  You pay a 50% coinsurance for each service.</p> <p><u>Restorative Services (up to 4 total fillings per year)</u></p> <ul style="list-style-type: none"> <li>• Amalgam Filling– one surface (D2140)</li> <li>• Amalgam Filling– two surfaces (D2150)</li> <li>• Amalgam Filling– three surfaces (D21600)</li> <li>• Amalgam Filling– four surfaces (D2161)</li> <li>• Resin-Based Composite– one surface, anterior (D2330)</li> <li>• Resin-Based Composite– two surfaces, anterior (D2331)</li> <li>• Resin-Based Composite– three surfaces, anterior (D2332)</li> <li>• Resin-Based Composite – four or more surfaces, anterior (D2335)</li> </ul>

Cost	2021 (this year)	2022 (next year)
<b>Dental Services (Comprehensive) (Continued)</b>		<ul style="list-style-type: none"> <li>• Resin-Based Composite – one surface, posterior (D2391)</li> <li>• Resin-Based Composite – two surfaces, posterior (D2392)</li> <li>• Resin-Based Composite – three surfaces, posterior (D2393)</li> <li>• Resin-Based Composite – four or more surfaces, posterior (D2394)</li> </ul> <p><u>Periodontic Services</u></p> <ul style="list-style-type: none"> <li>• Periodontal Scaling and Root Planing, per quadrant (D4341): 4 quad every 24 months</li> <li>• Periodontal Scaling and Root Planing, 1-3 teeth (D4342): 4 quad every 24 months</li> <li>• Full Mouth Debridement (D4355): 1 every 12 months</li> <li>• Periodontal Maintenance (D4910): 1 every 6 months</li> </ul> <p><u>Prosthetic Services</u></p> <p>Adjustments to Dentures (2 per year)</p> <ul style="list-style-type: none"> <li>• Adjust Complete Denture – Maxillary (D5410)</li> <li>• Adjust Complete Denture – Mandibular (D5411)</li> <li>• Adjust Partial Denture – Maxillary (D5421)</li> <li>• Adjust Partial Denture – Mandibular (D5422)</li> </ul>

Cost	2021 (this year)	2022 (next year)
<b>Dental Services (Comprehensive) (Continued)</b>		<p>Repairs to Complete Dentures (unlimited up to plan coverage maximum amount)</p> <ul style="list-style-type: none"> <li>• Repair Broken Complete Denture Base – Mandibular (D5511)</li> <li>• Repair Broken Complete Denture Base – Maxillary (D5512)</li> <li>• Repair Missing or Broken Teeth – Complete Denture (D5520)</li> </ul> <p>Repairs to Partial Dentures (unlimited up to plan coverage maximum amount)</p> <ul style="list-style-type: none"> <li>• Repair Resin Denture Base – Mandibular (D5611)</li> <li>• Repair Resin Denture Base – Maxillary (D5612)</li> <li>• Replace Broken Teeth – Per Tooth (D5640)</li> </ul> <p><u>Oral and Maxillofacial Surgery Services (unlimited up to plan coverage maximum amount)</u></p> <ul style="list-style-type: none"> <li>• Extraction – Erupted Tooth or Exposed Root (D7140)</li> </ul> <p><u>Non-routine Services</u></p> <ul style="list-style-type: none"> <li>• Palliative (emergency) Treatment of Dental Pain (D9110): 1 visit per year</li> </ul>

Cost	2021 (this year)	2022 (next year)
<b>Inpatient Hospital Care</b>	<p><b><u>In-Network:</u></b> 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</p> <p><b><u>Out-of-Network:</u></b> 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</p>	<p><b><u>In-Network:</u></b> 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.</p> <p><b><u>Out-of-Network:</u></b> For Medicare-covered hospital stays:  You pay a 40% coinsurance per stay.</p>
<b>Inpatient Mental Health Care</b>	<p><b><u>In-Network:</u></b> You pay a \$150 copay per day for days 1-4 \$0 copay per day for days 5-90  Maximum of \$600 per stay</p> <p><b><u>Out-of-Network:</u></b> 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</p>	<p><b><u>In-Network:</u></b> You pay a \$325 copay per stay.</p> <p><b><u>Out-of-Network:</u></b> You pay a 40% coinsurance per stay.</p>

Cost	2021 (this year)	2022 (next year)
<b>Meal Benefit</b>	<b><u>In-Network:</u></b> Not Covered	<b><u>In-Network:</u></b> 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.
<b>Optional Supplemental Dental Benefits</b>	Optional supplemental benefits are available for an extra premium.	<u>Not</u> available. See the “Dental services (comprehensive)” section within this chart for benefits added to your Medicare Advantage plan.
<b>Outpatient Diagnostic Lab Services</b>	<b><u>Out-of-Network:</u></b> You pay a 20% coinsurance for laboratory tests.	<b><u>Out-of-Network:</u></b> You pay a \$0 copay at LabCorp or 50% coinsurance at any other provider for laboratory tests.
<b>Outpatient X-rays</b>	<b><u>Out-of-Network</u></b> You pay a 20% coinsurance for Medicare-covered outpatient X-rays.	<b><u>Out-of-Network</u></b> You pay a \$20 copay for Medicare-covered outpatient X-rays.
<b>Outpatient Mental Health Care Services</b>	<b><u>Out-of-Network</u></b> You pay a 50% coinsurance for each Medicare-covered individual therapy visit.  You pay a 50% coinsurance for each Medicare-covered group therapy visit.	<b><u>Out-of-Network</u></b> You pay a \$35 copay for each Medicare-covered individual therapy visit.  You pay a \$35 copay for each Medicare-covered group therapy visit.

Cost	2021 (this year)	2022 (next year)
<b>Outpatient Psychiatrist Services</b>	<p><b><u>Out-of-Network</u></b> You pay a 50% coinsurance for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay a 50% coinsurance for each Medicare-covered group therapy visit with a psychiatrist.</p>	<p><b><u>Out-of-Network</u></b> You pay a \$35 copay for each Medicare-covered individual therapy visit with a psychiatrist.</p> <p>You pay a \$35 copay for each Medicare-covered group therapy visit with a psychiatrist.</p>
<b>Outpatient Substance Abuse Services</b>	<p><b><u>Out-of-Network:</u></b> You pay a 50% coinsurance for each Medicare-covered individual outpatient substance abuse service.</p> <p>You pay a 50% coinsurance for each Medicare-covered group outpatient substance abuse service.</p>	<p><b><u>Out-of-Network:</u></b> You pay a \$35 copay for each Medicare-covered individual outpatient substance abuse service.</p> <p>You pay a \$35 copay for each Medicare-covered group outpatient substance abuse service.</p>
<b>Over-the-counter items</b>	<p>You receive up to \$25 every three months that can be used to purchase approved over-the-counter items at Kelsey Pharmacy locations.</p>	<p>You receive up to \$50 every three months that can be used to purchase eligible items from participating locations or through the plan's catalog for delivery to your home.</p>
<b>Physical &amp; Speech Therapy Services</b>	<p><b><u>Out-of-Network:</u></b> You pay a 50% coinsurance for each Medicare-covered physical or speech therapy visit.</p>	<p><b><u>Out-of-Network:</u></b> You pay a \$40 copay for each Medicare-covered physical or speech therapy visit.</p>
<b>Podiatry Services</b>	<p><b><u>Out-of-Network:</u></b> You pay a 20% coinsurance for each Medicare-covered podiatry visit.</p>	<p><b><u>Out-of-Network:</u></b> You pay a \$35 copay for each Medicare-covered podiatry visit.</p>

Cost	2021 (this year)	2022 (next year)
<b>Primary Care Physician Visits</b>	<b><u>Out-of-Network</u></b> You pay a 50% coinsurance for each Medicare-covered primary care doctor visit.	<b><u>Out-of-Network</u></b> You pay a \$10 copay for each Medicare-covered primary care doctor visit.
<b>Specialist Visits</b>	<b><u>Out-of-Network</u></b> You pay a 20% coinsurance for each Medicare-covered specialist visit.	<b><u>Out-of-Network</u></b> You pay a \$35 copay for each Medicare-covered specialist* visit.  *You pay 40% coinsurance for each Medicare-covered specialist visit with any MD Anderson provider.
<b>Vision Care</b>	<b><u>In-Network</u></b> \$75 plan coverage limit for eyewear, glasses and/or contact lenses every year unrelated to post-cataract surgery. Allowance can only be used on one date of service.	<b><u>In-Network</u></b> \$125 plan coverage limit for eyewear, glasses and/or contact lenses every year unrelated to post-cataract surgery. Allowance can only be used on one date of service.

### SECTION 3 Administrative Changes

The information below shows the administrative changes for next year.

Description	2021 (this year)	2022 (next year)
<b>Point-of-Service Referrals</b>	Referrals are required for selected POS benefits.	Referrals are <u>not</u> required for POS benefits.

Description	2021 (this year)	2022 (next year)
<b>Over-the-counter items</b>	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 Freedom

**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 Freedom 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](http://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 Freedom.
- 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 Freedom.
- 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 Freedom

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 Freedom. 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](http://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](http://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](http://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](http://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](http://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.

<b>Method</b>	<b>KelseyCare Advantage Member Services - Contact Information</b>	
<b>Call</b>	<b>1-866-535-8343</b> 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.	
<b>TTY</b>	<b>711</b> 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.	
<b>Fax</b>	713-442-5450	
<b>Write</b>	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
<b>Website</b>	<a href="http://www.kelseycareadvantage.com">www.kelseycareadvantage.com</a>	

### **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.

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

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