Kelsey Care Advantage

SILVER (HMO) and SILVER freedom (HMO-POS)

2022 SUMMARY OF BENEFITS

PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 713-442-CARE (2273) or toll-free at 1-866-535-8343 (TTY users can call: 711).

Understanding the Benefits

	Review the full list of benefits found in the *Evidence of Coverage (EOC)*, especially for those services that you routinely see a doctor. Visit www.kelseycareadvantage.com or call 1-866-535-8343 (TTY users can call 711) to view a copy of the EOC.
	Review the *Provider Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

Understanding Important Rules

	In addition to your monthly plan premium (if applicable), you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
	Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
	Except in emergency or urgent situations, we do not cover services by Out-of-Network providers (doctors who are not listed in the provider directory), unless you are enrolled in the KelseyCare Advantage Silver Freedom plan.
	The KelseyCare Advantage Silver Freedom plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher cost-share for services received by non-contracted providers.

GENERAL PLAN INFORMATION

Tips for comparing your Medicare choices	This Summary of Benefits booklet gives you a summary of what KelseyCare Advantage Silver (HMO) and KelseyCare Advantage Silver Freedom (HMO-POS) cover 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 book	• Things to know about KelseyCare Advantage Silver and KelseyCare Advantage Silver Freedom • Monthly Premium, Deductible, Limits on How Much You Pay for Covered Services • Covered Medical and Hospital Benefits
Hours of Operation	• 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.
Phone numbers and Website	• If you are a member of this plan, call toll-free 1-866-535-8343 (TTY users can call 711). • If you are not a member of this plan, call toll-free 1-800-663-7146 (TTY users can call 711). • Our website: www.kelseycareadvantage.com
Who Can Join?	To join KelseyCare Advantage, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. **Our service area includes the following counties in Texas:** Brazoria, Fort Bend, Harris, Montgomery and Galveston (excluding the island).

Which doctors and hospitals can I use?	**KelseyCare Advantage Silver:** 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.	**KelseyCare Advantage Silver Freedom:** Has a network of doctors, hospitals, and other providers. *For some services you can use providers that are not in our network.*
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.		
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. We cover Part B drugs such as chemotherapy and some drugs administered by your provider. These plans do not cover Part D prescription drugs.	

Summary of Benefits

January 1, 2022 – December 31, 2022

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

	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
How much is the monthly premium?	$0 per month. KelseyCare Advantage will reduce your Medicare Part B Premium buy up to $10 per month.	$0 per month.
	In addition, you must continue to keep paying your Medicare Part B premium.	
How much is the deductible?	These plans do not have a medical 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. If you reach the limit on the 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.**	
	Your yearly limit(s) in this plan: • $3,450 for services you receive from In-Network providers.	Your yearly limit(s) in this plan: • $3,450 for services you receive from In-Network providers. • $10,000 for services you receive from Out-of-Network providers.
Is there a limit on how much the plan will pay?	Our plan has a coverage limit every year for certain In-Network benefits. Contact us for the services that apply.	

Services with a [1] may require prior authorization.
Services with a [2] may require a referral from your doctor.

	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Inpatient Hospital Coverage[1,2]	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. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days, per benefit period. In-Network: • $325 copay per stay* • $0 copay per day for lifetime reserve days (if available)	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. Once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days, per benefit period. In-Network: • $325 copay per stay* • $0 copay per day for lifetime reserve days (if available) Out-of-Network: • 40% coinsurance per stay*
	*Acute inpatient hospital stay cost-share waived with a COVID-19 diagnosis	
Outpatient Hospital Coverage[1,2]	In-Network: • $250 copay	In-Network: • $250 copay Out-of-Network: • 20% coinsurance
Ambulatory Surgery Center (ASC)[1,2]	In-Network: • $225 copay	In-Network: • $225 copay Out-of-Network: • 20% coinsurance
Doctor Visits (Primary Care Providers and Specialists)[1,2]	In-Network office visit: • Primary care: $0 copay • Specialist: $20 copay	In-Network office visit: • Primary care: $0 copay • Specialist: $20 copay Out-of-Network office visit: • Primary care: $10 copay • Specialist*: $35 copay *40% coinsurance for each MD Anderson provider visit

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<table>
<tr><th></th><th>KelseyCare Advantage
Silver (HMO)</th><th>KelseyCare Advantage
Silver Freedom (HMO-POS)</th></tr>
<tr><td rowspan="2">Preventive Care</td><td><u>In-Network:</u>
• $0 copay</td><td><u>In-Network:</u>
• $0 copay
<u>Out-of-Network:</u>
• 50% coinsurance</td></tr>
<tr><td colspan="2">Preventive services include:
• Abdominal aortic aneurysm screening
• Alcohol misuse counseling
• Bone mass measurement
• Breast cancer screening (mammogram)
• Cardiovascular disease (behavioral therapy)
• Cervical and vaginal cancer screening
• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)
• Depression Screening
• Diabetes screening
• HIV screening
• Medical nutrition therapy services
• Obesity screening and counseling
• Prostate cancer screenings (PSA)
• Sexually transmitted infections screening and counseling
• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
• Vaccines, including Flu shots, hepatitis B shots, pneumococcal shots
• “Welcome to Medicare” preventive visit (one-time)
• Yearly “Wellness” visit
Any additional preventive services approved by Medicare during the contract year will be covered.</td></tr>
<tr><td>Emergency Care</td><td colspan="2">$120 copay
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.</td></tr>
<tr><td>Urgently Needed Services</td><td colspan="2">$25 copay</td></tr>
</table>

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Diagnostic Services, Labs, Imaging[1,2]	Diagnostic radiology services (such as MRIs, CT scans): • In-Network: $0 to $150 copay, depending on the service Diagnostic tests and procedures: • In-Network: $0 to $25 copay, depending on the service Lab services: • In-Network: $0 copay Outpatient X-Rays: • In-Network: $0 copay Therapeutic radiology services (such as radiation treatment for cancer): • In-Network: $50 copay	Diagnostic radiology services (such as MRIs, CT scans): • In-Network: $0 to $150 copay, depending on the service • Out-of-Network: 20% coinsurance Diagnostic tests and procedures: • In-Network: $0 to $25 copay, depending on the service • Out-of-Network: 20% coinsurance Lab services: • In-Network: $0 copay • Out-of-Network: $0 copay at LabCorp or 50% coinsurance at any other provider Outpatient X-Rays: • In-Network: $0 copay • Out-of-Network: $20 copay Therapeutic radiology services (such as radiation treatment for cancer): • In-Network: $50 copay • Out-of-Network: 20% coinsurance
Hearing Services[1,2]	Exam to diagnose and treat hearing and balance issues: • In-Network: $20 copay Routine hearing exam: • In-Network: $0 copay. You are covered for up to 1 routine hearing exam every year. Hearing aid allowance: Our plan pays up to $750 maximum plan coverage amount per ear for hearing aid benefits every three years. You pay any amount over this plan allowed amount. Replacement batteries are not covered.	Exam to diagnose and treat hearing and balance issues: • In-Network: $20 copay • Out-of-Network: 20% coinsurance Routine hearing exam: • In-Network: $0 copay. You are covered for up to 1 routine hearing exam every year. Hearing aid allowance: Our plan pays up to $750 maximum plan coverage amount per ear for hearing aid benefits every three years. You pay any amount over this plan allowed amount. Replacement batteries are not covered.

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Medicare-covered Dental Services[1,2] *(see the additional benefits section for other dental services available)*	Medicare-covered Dental Services: (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): In-Network: • $20 copay	Medicare-covered Dental Services: (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): In-Network: • $20 copay Out-of-Network: • $35 copay
Vision Services	Routine eye exam and eyewear: In-Network only: • $0 copay for 1 routine vision exam every year $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. In-Network: • $20 copay for each exam to diagnose and treat conditions of the eye • $0 copay for each annual glaucoma screening Eyeglasses or contact lenses after cataract surgery: • In-Network: $0 copay	Routine eye exam and eyewear: In-Network only: • $0 copay for 1 routine vision exam every year $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. In-Network: • $20 copay for each exam to diagnose and treat conditions of the eye • $0 copay for each annual glaucoma screening Out-of-Network: • 20% coinsurance for each exam to diagnose and treat conditions of the eye • 50% coinsurance for each annual glaucoma screening Eyeglasses or contact lenses after cataract surgery: • In-Network: $0 copay • Out-of-Network: 50% coinsurance up to the Medicare allowed rate.

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
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.	
	In-Network: • $325 copay per stay • $0 copay per day for lifetime reserve days (if available) Outpatient individual or group therapy visit: In-Network: • $20 copay	In-Network: • $325 copay per stay • $0 copay per day for lifetime reserve days (if available) Out-of-Network: • 40% coinsurance per stay Outpatient individual or group therapy visit: In-Network: • $20 copay Out-of-Network: • $35 copay
Skilled Nursing Facility (SNF)[1,2]	Our plan covers up to 100 days in a SNF per benefit period. In-Network: • $0 copay per day for days 1-20 $125 copay per day for days 21-100	Our plan covers up to 100 days in a SNF per benefit period. In-Network: • $0 copay per day for days 1-20 $125 copay per day for days 21-100 Out-of-Network: • 50% coinsurance per stay
Physical Therapy[1,2]	In-network: • $10 copay	In-Network: • $10 copay Out-of-Network: • $40 copay
Ambulance (*Medicare-covered ground and air transportation services)*	In-Network: • $200 copay for each one-way trip	In-Network: • $200 copay for each one-way trip Out-of-Network: • $250 copay for each one-way ground ambulance trip • 50% coinsurance for each one-way air ambulance trip

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Transportation	• $0 copay This plan covers up to 20 one-way trips every year to plan-approved locations. Transportation is limited to medical appointments and medical facilities within the plan service area.	
Medicare Part B Drugs[1]	Part B chemotherapy drugs and other Part B drugs: In-Network: • 20% coinsurance	Part B chemotherapy drugs and other Part B drugs: In-Network: • 20% coinsurance Out-of-Network: • 20% coinsurance

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Additional Medical Benefits

	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Acupuncture[1,2]	Annually the plan covers up to 12 acupuncture visits within 90 days for chronic low back pain, 8 additional sessions if improvement shown. No more than 20 acupuncture treatments can be given yearly.	
	In network: • $20 copay	In network: • $20 copay Out-of-Network: • $35 copay
Foot Care (podiatry services)[1,2]	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	
	In-Network: • $20 copay	In-Network: • $20 copay Out-of-Network: • $35 copay
Meals[1]	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.	
Medical Equipment/ Supplies (Durable medical equipment, diabetes supplies, prosthetic devices and related medical supplies)[1]	Durable medical equipment: In-Network: • 20% coinsurance Diabetes monitoring supplies: In-Network: • You pay 0% coinsurance for meters and test strips, if you use a preferred brand (Roche and LifeScan). • You pay 0% coinsurance for lancets, lancet devices and control solutions. Non-preferred brands of diabetic supplies (includes meters and test strips) are not covered.	Durable medical equipment In-Network: • 20% coinsurance Out-of-Network: • 50% coinsurance (even if preferred brands are used) Diabetes monitoring supplies: In-Network: • You pay 0% coinsurance for meters and test strips, if you use a preferred brand (Roche and LifeScan). • You pay 0% coinsurance for lancets, lancet devices and control solutions. • Non-preferred brands of diabetic supplies (includes meters and test strips) are not covered.

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Medical Equipment/ Supplies (Continued)		Out-of-Network: • 50% coinsurance (even if preferred brands are used)
	Therapeutic shoes or inserts and Prosthetic devices: In-Network: • 20% coinsurance	Therapeutic shoes or inserts and Prosthetic devices: In-Network: • 20% coinsurance Out-of-Network: • 50% coinsurance
	Continuous Glucose Monitors – Preferred Brands: Dexcom and FreeStyle Libre: In-Network: • Continuous blood glucose monitors 15% at retail pharmacy and 20% at DME vendor. All other DME is 20% coinsurance. Preferred continuous blood glucose monitors are Dexcom and FreeStyle Libre, all other CGMs are excluded. • Non-preferred brands not covered.	Continuous Glucose Monitors – Preferred Brands: Dexcom and FreeStyle Libre: In-Network: • Continuous blood glucose monitors 15% at retail pharmacy and 20% at DME vendor. All other DME is 20% coinsurance. Preferred continuous blood glucose monitors are Dexcom and FreeStyle Libre, all other CGMs are excluded. • Non-preferred brands not covered. Out-of-Network: • Not covered
Wellness Programs (e.g., fitness)	You pay a $0 copay for SilverSneakers® Fitness Program – Basic fitness center membership including fitness classes.	
Chiropractic Care[1,2]	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): In-Network: • $20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): In-Network: • $20 copay Out-of-Network: • $35 copay

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Diabetes Self-Management Training[1,2]	In-Network: • $0 copay	In-Network: • $0 copay Out-of-Network: • 50% coinsurance
Home Health Care[1,2]	In-Network: • $10 copay	In-Network: • $10 copay Out-of-Network: • 50% coinsurance
Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	
Outpatient Substance Abuse[1,2]	Individual or group therapy visit: In-Network: • $20 copay	Individual or group therapy visit: In-Network: • $20 copay Out-of-Network: • $35 copay
Surgery[1,2]	In-Network: • $250 copay at outpatient hospital • $225 copay at ambulatory surgery center	In-Network: • $250 copay at outpatient hospital • $225 copay at ambulatory surgery center Out-of- network: • 20% coinsurance
Over-the-Counter Items (OTC)	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.	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.
Renal Dialysis[1,2]	In-Network: • 20% coinsurance	In-Network: • 20% coinsurance Out-of-Network: • 50% coinsurance

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Telemedicine visits	E-Visits and Video Visits are a covered benefit for Kelsey-Seybold primary care and specialty physicians.	
	In-Network: • PCP: Phone, E-Visits and Video Visits with a PCP: $0 copay • Specialist: Specialty and Mental Health Phone, E-Visits and Video Visits: $15 copay	In-Network: • PCP: Phone, E-Visits and Video Visits with a PCP: $0 copay • Specialist: Specialty and Mental Health Phone, E-Visits and Video Visits: $15 copay Out-of-Network: • Not covered
Outpatient Rehabilitation[1,2]	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions over 36 weeks):	
	In-Network: • $20 copay Occupational therapy: In-Network: • $10 copay	In-Network: • $20 copay Out-of-Network: • 50% coinsurance Occupational therapy: In-Network: • $10 copay Out-of-Network: • 50% coinsurance

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	KelseyCare Advantage Silver (HMO)	KelseyCare Advantage Silver Freedom (HMO-POS)
Preventive Dental Services	In-Network: • $25 copay per visit Periodic Oral Evaluation: 1 every 6 months Comprehensive Oral Evaluation: 1 every 36 months Limited Oral Evaluation: 1 every 12 months Intraoral–Complete Series of Radiographic Images: 1 every 36 months Panoramic Film: 1 every 12 months Bitewings – two films: 1 every 12 months Bitewings – four films: 1 every 12 months Cleaning: 1 every 6 months	In-Network: • $25 copay per visit Periodic Oral Evaluation: 1 every 6 months Comprehensive Oral Evaluation: 1 every 36 months Limited Oral Evaluation: 1 every 12 months Intraoral–Complete Series of Radiographic Images: 1 every 36 months Panoramic Film: 1 every 12 months Bitewings – two films: 1 every 12 months Bitewings – four films: 1 every 12 months Cleaning: 1 every 6 months Out-of-Network: • Not covered
Comprehensive Dental Services	In-Network: • 50% coinsurance for each service. Periodontic Services Prosthodontic Services Restorative Services Oral and Maxillofacial Surgery Services Please see Chapter 4 of the Evidence of Coverage for details. $1,500 maximum plan coverage amount for comprehensive and preventive dental services every year.	In-Network: • 50% coinsurance for each service. Periodontic Services Prosthodontic Services Restorative Services Oral and Maxillofacial Surgery Services Please see Chapter 4 of the Evidence of Coverage for details. $1,500 maximum plan coverage amount for comprehensive and preventive dental services every year. Out-of-Network: • Not covered

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This information is not a complete description of benefits. Call 1-866-535-8343 for more information. TTY users can call 711.

KelseyCare Advantage is offered by KS Plan Administrators, LLC, an HMO with a Medicare contract. Enrollment in KelseyCare Advantage depends on contract renewal. Contact the plan for more information.