

HOUSE CALL

KelseyCare Advantage

January 2015

YOU SHOULD BE "ON THE MOVE"!

You might consider standing up to read this article. Or if you've been standing a while, sitting down. No, seriously – it's a matter of health!

A new study finds that older adults could benefit from something as basic as standing if they've been sitting still all day.

Older adults should have some type of movement nine times each hour to be healthy, concluded Luís B. Sardinha with the Exercise and Health Laboratory at the University of Lisbon (Portugal).

Sardinha, who led the study published in the Journals of Gerontology: Series A, said that for older adults, just standing up can lead to better "physical function," or the way the body works.

"Research already shows physical activity and fitness among older adults can lead to better quality of life, lower medical costs and longer life," said KelseyCare Advantage Medical Director Donnie Aga, M.D. "But getting seniors to exercise on a regular basis isn't always easy."

"We already know that inactivity

means muscles aren't being used, which is not the healthiest thing to do," added Dr. Aga. "This new study demonstrates that just moving or standing to get those muscles moving might offset the effects of being inactive."

The study looked at strength, endurance, agility, balance and flexibility in adults 65 to 94 years old, examining the effects of taking breaks from sitting still. It found that moderate to vigorous physical activity led to better physical function.

Sardinha said about two thirds of people involved in the study did some kind of regular exercise, but that only one fifth met the recommended 30 minutes a day of moderate-to-vigorous physical activity.

The study also found that people who were more like "couch potatoes" and took fewer breaks had much lower physical function than others who were more active or who broke up still time more often.

Sardinha said his study's findings show that even though older adults may not meet physical activity



Donnie Aga, MD, KelseyCare Advantage Medical Director

recommendations, if they break-up still time more often, they may experience benefits in many areas that are important to healthy physical function.

"There are many simple ways that older adults can keep moving," said Dr. Aga. "Standing-up and walking around while talking on the phone, limiting the amount of time watching TV and standing up during commercials, or even standing to pick something up instead of asking someone else to do it."

Dr. Aga recommends asking your KelseyCare physician what activities and frequency of movement may be best for you.

SOLUTIONS FOR WOMEN WITH BLADDER CONTROL PROBLEMS

Did you know that 25 million Americans suffer from bladder control problems – a condition known as urinary incontinence? And despite the many treatments that are available, it's STILL a subject that many people, perhaps even yourself, don't want to talk about – even with their doctors? Well, don't worry. You are in good company. And, potentially, in good hands.

"I see patients who have been living in a constant state of anxiety about urinary incontinence, mapping out restrooms for every trip outside their home," writes board-certified Kelsey-Seybold Clinic urologist Dr. Benjamin E. Dillon for CNN Health. "In fact, it is not uncommon for my patients to avoid wearing light-colored clothing or to carry an extra set of clothes in their car."

"Many times, patients don't realize that the issue can be treated early on, before it controls their life," added Dr. Dillon. "That's why it's so important to discuss this problem with a doctor."

Dr. Dillon also notes that there are five common myths that keep patients from telling their doctors about a loss of bladder control:

1. I'm the only person with incontinence. False! About 25 million other Americans have it, too! Some of them leak urine when laughing, coughing and exercising. It usually results from weakened pelvic muscles. Others experience an uncontrollable urge to urinate.

2. The condition is irreversible.

False! Speaking with your doctor is the first step toward regaining the bladder control you once had and so you can get your quality of life back to where it once was.

3. It's a "normal" part of aging.

False! Although it is more common in women older than 40, a loss of bladder control can happen to anyone – men or women, young or old.

4. Medications are your only option. False! Treatment options can range from basic lifestyle and behavioral changes, medications and therapies, medical devices or surgery. No two patients are the same.

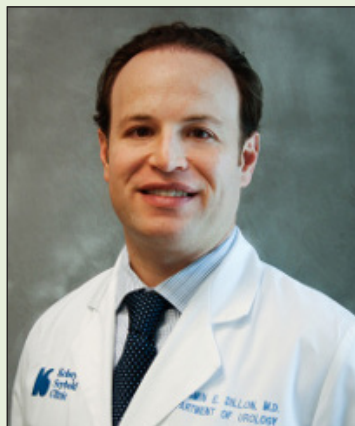
5. It's annoying but not serious.

False! Losing bladder control is an inconvenience that can grow worse if left untreated. It causes many people needless stress and can ruin quality of life and disrupt day to day routines.

If any of this rings true, consider making an appointment to see Dr. Dillon to find out what treatments may be best for you. Or discuss it with your own doctor. Help is available and there's no need for any embarrassment. Remember that it's best to seek the advice of a doctor sooner rather than later to prevent the condition from getting worse.

Dr. Dillon, who is fellowship trained in Female Pelvic Medicine and Reconstructive Surgery, sees patients at Kelsey-Seybold Clinic's Main Campus, Woman's Center, Spring Medical and Diagnostic Center and Fort Bend Medical and Diagnostic Center locations.

To learn more about him, please visit <http://bit.ly/drddillon>. And you can read his complete CNN Health article at <http://bit.ly/incontinence-myths>.



Benjamin Ethan Dillon, MD

SPECIALTY: Urology

JOINED KELSEY-SEYBOLD:
August 2012

BOARD CERTIFICATION:
American Board of Urology; Urology
and Female Pelvic Medicine and
Reconstructive Surgery (FMP-RS)

"I believe that although many of my patients have similar conditions, treating each patient requires an individual approach. By working with my patients, together, we can develop treatment options that will help improve their overall quality of life."

ASK DENISE

Q. *Why is it important for me to know how much my drugs cost?*

A. Knowing the total cost of your drugs will help you plan how much you will pay out of pocket during the year for your drugs. The total cost of your drugs effects when you enter the coverage gap and how much you will have to pay out of pocket while you are in this stage of coverage. Understanding the total cost will help you anticipate how much you will be spending on your drugs throughout the year. Once you have identified which drugs are concerns for you financially, you can discuss them with your doctor to determine whether there are any lower cost alternatives that may be appropriate for you.

Q. *How can I find out the total cost of my drugs?*

A. There are several ways to determine the total cost of your drugs. Your monthly Explanation of Benefits (EOB) offers this information and will allow you to estimate your total monthly drug costs, as well as which stage of coverage you are in. You can also call member services at 713-442-2273 for the most up-to-date information on your drug costs and coverage stage. While your doctor may not know the exact costs of your drugs, he or she can help you identify any expensive brand name drugs and discuss alternatives that may be right for you.

Q. *What topics are important for me to discuss with my doctor?*

A. You and your doctor can work together to make the best decisions for your health. Ask your doctor about any brand name medications that you may be taking. There may be lower cost alternatives that will effectively treat your condition. Your doctor may also be aware of manufacturer discounts or patient assistance programs for high-cost drugs with no acceptable alternatives. You should work together with your doctor to ensure that you do not need to stop taking important medications at any point during the year due to cost.

Q. *Will I pay a deductible each time I fill my prescriptions?*

A. No, you begin in the Deductible stage when you fill your first prescription of the year*. The Rx, Rx+Choice, and Rx Premier Plans each have a Deductible stage. The deductible is \$50. During the deductible stage, you pay the full cost of your drugs. Once you have paid \$50 for your drugs, you enter the Initial Coverage stage, where you pay copayments or coinsurance for your prescriptions.

*Coverage level may be different for Low Income Subsidy members.



Denise M. Jonathan,
Pharm. D., R.Ph.

DO YOU HAVE A QUESTION FOR DENISE?

With each quarterly newsletter, Denise answers questions that are submitted by KelseyCare Advantage members. If you have a general pharmacy or prescription question, please submit them to HouseCall@KelseyCareAdvantage.com.

Advice provided by Denise is for educational purposes only and does not constitute medical advice or a guaranty of treatment, outcome, or cure.

UNDERSTANDING STAGES OF COVERAGE FOR MEDICARE PRESCRIPTION DRUG COVERAGE

KelseyCare Advantage members with Medicare prescription drug coverage—often referred to as Medicare “Part D”—need to understand exactly how the coverage stages work. Without a clear understanding, you may end up paying more for your medications than you anticipated.

Although Part D covers a big part of your prescription drug costs, it doesn’t cover all of them. How much you pay for a drug depends on which stage of coverage you are in at the time you get a prescription filled or refilled. Here is a breakdown of Medicare’s Part D coverage stages.

Stage 1 - Yearly Deductible Stage

During this stage, you pay the full cost of your drugs. You stay in this stage until you have paid \$50 for your drugs (\$50 is the amount of your deductible).

Stage 2 - Initial Coverage Stage

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total \$2,960.

Stage 3 - Coverage Gap Stage or “The Donut Hole”

For Tier 1 Preferred Generic drugs, you pay your Initial Coverage Stage Copay. For brand name drugs, you pay 45% of the price (excluding the dispensing fee and vaccination administration fee, if any), and 65% of the price for all other generic drugs. You stay in this stage until your year-to-date “out-of-pocket costs” (your payments) reach a total of \$4,700.

Stage 4 - Catastrophic Coverage Stage

You enter catastrophic coverage when your TrOOP (true-out-of-pocket) costs are \$4,700. During Stage 4, KelseyCare Advantage pays most of the cost for your drugs.

Members who are not participating in the Medicare “Extra Help” program can expect to pay:

- The greater of \$2.65 or 5% for a generic medication.
- The greater of \$6.60 or 5% for a brand medication.

You will stay in the catastrophic coverage stage for the remainder of the coverage year.

Help During the Donut Hole, and More

For many seniors, the Stage 3 Coverage Gap or “donut hole” is the stage of most concern, because it means paying more out-of-pocket than in other stages. However, there are a few things to keep in mind that may help you through this stage.

1. KelseyCare Advantage shares the cost of your medications by providing coverage of all Tier 1 preferred generic drugs during the Stage 3 donut hole.
2. The Medicare Coverage Gap Discount Program provides manufacturer discounts on brand name drugs to Part D enrollees who have reached the coverage gap and are not already receiving “Extra Help.” A 50% discount on the negotiated price (excluding the dispensing fee and vaccine administration fee, if any) is available for those brand name drugs from manufacturers that have agreed to pay the discount. The plan pays an additional 5% and you pay the remaining 45% for your brand drugs.
3. You also receive some coverage for generic drugs on Tier 2 and Tier 5. The plan pays 35% of the price for generic drugs and you pay the remaining 65% of the price.

Also, at the beginning of each plan year, all Part D recipients start Stage 1 again. Coverage limits may change yearly, so make sure you know each year what you will be expected to pay.

If you're a member of a KelseyCare Advantage employer group plan or have Low Income Subsidy, it's important to note that your coverage levels may be different. Please consult your Evidence of Coverage, or call Member Services for more information.

If you have questions or concerns, please call Member Services, available daily from 8:00 am-5:00 pm, at 713-442-CARE (2273) or 1-866-535-8343. TTY/TDD users should call 1-866-302-9336.

HOW CAN YOUR NON-MEDICARE DEPENDENTS GET COVERAGE?

As a current patient, we know that you value the level of service that Kelsey-Seybold offers. And many of you have asked us if Kelsey-Seybold participates in individual insurance plans for your family and friends who aren't eligible for KelseyCare Advantage. Well, we'd like to introduce you to Community Health Choice, Kelsey-Seybold's new partner in the Health Insurance Marketplace.

Community Health Choice is a local non-profit that strives to make high-quality healthcare available to everyone. Through their silver or gold copay plans, patients will

be able to go to the same Kelsey-Seybold doctors and clinics you currently use, giving them the quality of care they expect and need – at more affordable prices than ever.

These plans offer access to Kelsey-Seybold doctors and clinics, giving your family and friends high quality care at an affordable cost.

Community Health Choice Silver and Gold copay plans have:

- No Deductible
- Affordable monthly premiums
- Access to Kelsey-Seybold Clinic



These plans are also eligible for government assistance to help cover monthly premiums!

If you, or your family and friends, are interested in learning more about these plans, call 713-442-4444 or visit the Kelsey-Seybold website at kelsey-seybold.com/marketplaceplans.



**Kelsey
Seybold
Clinic®**



**COMMUNITY
HEALTH CHOICE**

Affordable care from the doctors you count on

Kelsey-Seybold invites you to learn more about these no-deductible, individual health plans, as well as all of the benefits and services available at Kelsey-Seybold Clinic. Register for a one-to-one meeting by calling 713-442-4444.

Cinco Ranch

WED January 21, 9 a.m. - 1 p.m.
23000 Highland Knolls Dr.
Katy, Texas 77494

The Woodlands

THU January 29, 9 a.m. - 1 p.m.
106 Vision Park Blvd.
Shenandoah, Texas 77384

Fort Bend Medical and Diagnostic Clinic

SAT January 31, 9 a.m. - 1 p.m.
11555 University Blvd.
Sugar Land, Texas 77478

Main Campus

TUE January 27, 9 a.m. - 1 p.m.
SAT January 31, 9 a.m. - 1 p.m.
2727 West Holcombe Blvd.
Houston, Texas 77025

Spring Medical and Diagnostic Clinic

SAT January 31, 9 a.m. - 1 p.m.
15655 Cypress Woods Medical Drive,
Suite 100, Houston, Texas 77014

THE NEW MEDICARE YEAR HAS BEGUN!

We've scheduled meetings to help you understand the benefits of your KelseyCare Advantage plan. Members of our healthcare team will be available during the meetings to answer questions.

To ensure we have enough space for everyone, we request that you make a reservation.

RSVP Today!
Call 1-866-371-4853
(TTY/TDD 1-866-302-9336)
between 8 a.m. and 5 p.m.,
Monday through Friday.

Upcoming Member Meetings

February 11 (Wednesday)	First Colony Branch Library 2121 Austin Parkway Sugar Land, Texas 77479	2pm
February 12 (Thursday)	The Vintage 10701 Vintage Preserve Parkway, Houston, TX 77070	10am & Noon
February 17 (Tuesday)	Spring Medical and Diagnostic Clinic 15655 Cypress Woods Medical Drive, Suite 100 Houston, Texas 77014	10am & Noon
February 20 (Friday)	Main Campus 2727 West Holcombe Blvd. Houston, Texas 77025	3pm

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Important Plan Information