

HOUSE CALL

KelseyCare Advantage

October 2021

NEW 2022 PLAN BENEFITS

We are excited to share with you the new benefits we have for 2022!

NEW PLAN NAMES

First, we have brand new plan names! Although we have new plan names, it's still the same great KelseyCare Advantage coverage that you've come to expect. Below you will find a recap of our new plan names.

NO ACTION NEEDED!

You do not need to do anything; you will remain in your current plan.

ANNUAL NOTICE OF CHANGES

You can also review your Annual Notice of Changes (ANOC) for more detailed information regarding the changes to your plan. You should have received your 2022 ANOC in the mail or by email if you have opted-in to receive electronic notifications but if you didn't then just visit our website at www.kelseycareadvantage.com to download a copy of your plan.

- Click on "Already a Member?"
- Then "Plan Documents"
- Click to expand the "Annual Notice of Changes" section and select the plan you are enrolled in (look for the new plan name!)

Rx (HMO) is now called **GOLD**

Essential (HMO) is now called **SILVER**

Rx+Choice (HMO-POS) is now called **GOLD freedom**

Essential+Choice (HMO-POS) is now called **SILVER freedom**

Rx Select (HMO-POS) is now called **GOLD community**

Essential Select (HMO-POS) is now called **SILVER community**

NEW 2022 PLAN BENEFITS

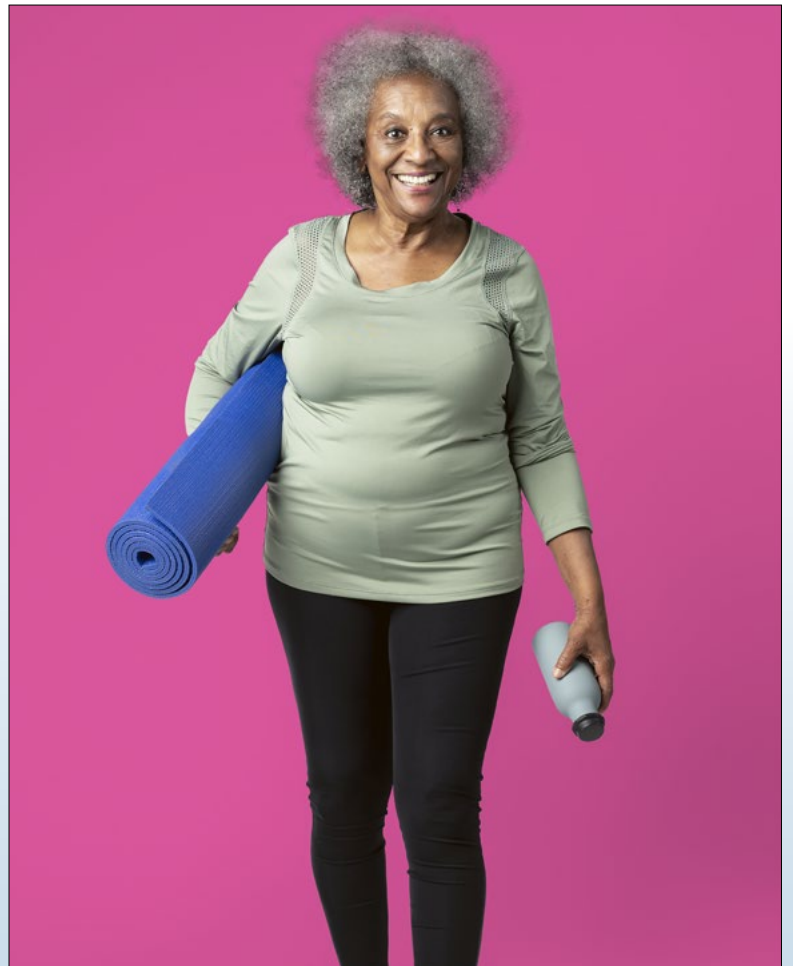
PLAN HIGHLIGHTS

Here are just a few of the highlights for our new 2022 benefits:

- **COVID-19 Benefit:** If you are hospitalized with a COVID-19 diagnosis, your inpatient acute hospital cost-share will be waived, you pay \$0. Additionally, all testing and related visits are covered at 100%. Once you are discharged from the hospital, you can receive a meal delivery of two meals per day, for seven days.
- **Dental:** All of our plans currently include some preventive dental coverage. In 2022, select plans will offer comprehensive dental.
- **Over-the-Counter (OTC) items:** Use your allowance to purchase eligible items from participating locations. Items are eligible to be delivered to your home.
- **Vision Care:** For select plans, increased coverage for eyewear, glasses and/or contact lenses every year, unrelated to post-cataract surgery.
- **Wellness Rewards:** In 2022, some of our plans will include a Wellness Rewards program which allows you to earn gift cards for completing healthy actions. Members can earn up to \$100 annually.

WILL I GET A NEW ID CARD?

Yes, new ID cards will be ready in late December, and we will send it to you automatically. You do not need to do anything.



COVID-19 BOOSTER VACCINE



WHAT IS A BOOSTER DOSE?

There is a possibility with new variants of COVID-19 that immunity and efficacy with previous vaccine schedules may decrease. The role of a booster vaccination would be to prolong and broaden immunity. The need for booster vaccinations is not definite, and currently not recommended except for select populations.

WHO NEEDS A BOOSTER DOSE?

The Centers for Disease Control and Prevention (CDC) is recommending an additional dose of the Pfizer-BioNTech vaccine for the following populations:

- People 65 years and older and residents in long-term care settings should receive a booster shot
- People aged 50–64 years with underlying medical conditions should receive a booster shot
- People aged 18–49 years with underlying medical conditions may receive a booster shot
- People aged 18–64 years who are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting may receive a booster
- Please see list of underlying medical conditions and other risk factors here: [People with Certain Medical Conditions | CDC](#)

If you meet any of the criteria listed above, you should discuss with your healthcare provider if an additional dose is appropriate for you.

WHEN SHOULD I GET AN ADDITIONAL (BOOSTER) DOSE?

The CDC recommends an additional dose of only the Pfizer-BioNTech vaccine. At this time the CDC recommends a booster dose be given at least 6 months after completion of the primary series.

At this time the emergency use authorization for a booster shot only applies to the Pfizer-BioNTech vaccine. There have been no additional approvals for the Moderna or Johnson&Johnson vaccine.

IS THERE RISK WITH AN ADDITIONAL DOSE?

The CDC states, “There is limited information about the risks of receiving an additional dose of vaccine, and the safety, efficacy, and benefit of additional doses of COVID-19 vaccine in immunocompromised people continues to be evaluated. So far, reactions reported after the third mRNA dose were similar to that of the two-dose series: fatigue and pain at injection site were the most commonly reported side effects, and overall, most symptoms were mild to moderate. However, as with the two-dose series, serious side effects are rare, but may occur.”

This information is accurate as of 09/24/2021. The FDA and the CDC are continually updating their recommendations as further research comes out. Please see sources below for the most accurate and up to date information:

[CDC Statement on ACIP Booster Recommendations | CDC Online Newsroom | CDC](#)

[COVID-19 Vaccine Booster Shot | CDC](#)

[COVID-19 Vaccines | FDA](#)

Sources:

[COVID-19: Vaccines to prevent SARS-CoV-2 infection - UpToDate](#)

[COVID-19 Vaccines for Moderately to Severely Immunocompromised People | CDC](#)

MONOCLONAL ANTIBODY INFUSIONS FOR COVID-19

Monoclonal antibodies, also known as mAbs, are a group of medications made of laboratory-made proteins. These proteins work similarly to natural antibodies to recognize and attack harmful antigens such as viruses. In November 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization to use monoclonal antibody treatments for patients with COVID-19. The medications work by binding to the spike protein on the outside of the SARS-CoV-2 virus particles, thereby reducing the virus' ability to enter human cells.

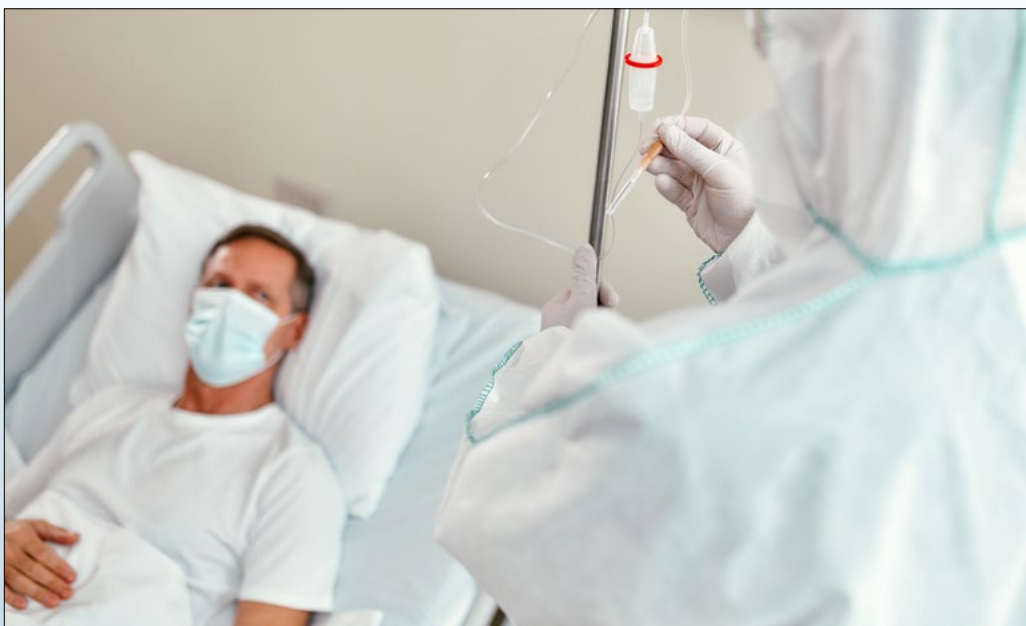
When administered within 10 days of COVID-19 symptom onset, monoclonal antibody treatments have been shown to reduce the risk of hospitalization for high-risk patients by 70%. Patients at high risk of developing severe COVID-19 include patients with co-morbidities such as diabetes, heart problems, immunocompromise, or obesity, as well as patients over the age of 65. Although vaccination is still the most important tool in the fight against COVID-19, monoclonal antibodies are an important treatment option for patients who contract the virus.

Kelsey-Seybold Clinic was one of the first facilities in the Greater Houston area to offer monoclonal antibodies to patients with COVID-19. Since November 2020, the Infusion Specialty Unit at the Spring Medical and

Diagnostic Center has administered approximately 1,000 doses of monoclonal antibody treatment. The treatment is administered intravenously in an isolation unit that was specially developed for patients with COVID-19. The Infusion Specialty Unit currently treats up to 18 patients per day and is open five to six days per week. Any Kelsey-Seybold Clinic medical provider may refer a qualifying patient to the COVID-19 mAb Infusion Team for treatment consideration. Once orders are placed, the Infusion Specialty Unit staff contacts the patient for scheduling.

Like any medical treatment, monoclonal antibody infusions carry a small risk of side effects, including allergic reaction, headaches, dizziness, or nausea. For this reason, the treatment is administered by specially trained registered nurses who monitor patients throughout the treatment and for one hour after its completion. Patients can rest in an infusion recliner during the treatment and observation period.

In all, the appointment takes about two hours. Many patients receiving the treatment have reported significant improvement in their COVID-19 symptoms within 1-2 days of receiving the infusion. Kelsey-Seybold Clinic is pleased to be able to offer this important treatment option for high-risk patients who have contracted COVID-19.



TOP TEN TIPS FOR CHRONIC KIDNEY DISEASE

According to the Centers for Disease Control and Prevention (CDC), 15% of all US adults (that's 37 million people) are estimated to have chronic kidney disease (CKD) - and most don't know they have it. Diabetes and hypertension are the most common causes. While there is no cure for CKD, there are things you can do that might help your kidneys last longer - even for years:

Control High Blood Pressure

This has been proven to be the most important treatment for slowing kidney damage. Your blood pressure should be less than 120/80 if you have excess protein in your urine; otherwise it should be less than 130/80.

Discuss With Your Doctor Medications That Block The Renin-Angiotensin System

These medicines not only control blood pressure, but also help kidneys that are leaking too much protein in the urine (proteinuria). They act to decrease proteinuria and slow kidney damage.

Control Your Blood Sugar If You Have Diabetes

Controlling your diabetes will slow kidney damage. If you are in an early stage of CKD, talk with your doctor about specific diabetic medications that may have additional effects to decrease your risk of worsening kidney function.

Neutralize Excess Acid

Damaged kidneys cannot get rid of your body's acid normally. Neutralizing this excess acid may slow kidney damage, and is linked to a longer lifespan! It is also proven to prevent bone damage and muscle wasting.

Dietary Changes

For most CKD patients, the best diet is the "DASH" diet. It is low in sodium (less than 2 gms per day) and rich in fruits, vegetables, legumes, fish, and poultry. A modest protein restriction of 0.8 gm/kg/day may slow the progression of your kidney disease. In addition, obesity may cause proteinuria and increase damage to the kidneys. For this reason, a weight loss diet may be recommended to help your kidneys.

Stop Smoking

Getting rid of cigarettes slows your kidney damage. Continuing to smoke cigarettes speeds up your kidney damage and increases your risk of kidney failure. So far, marijuana use has not been associated with increased harm to your kidneys.

Drink If You're Thirsty

Despite what you may have heard, there is no proof that forcing fluids helps slow progression of kidney disease - and in some situations it may be dangerous to do so. There is also no proof that any particular fluid is beneficial for the kidneys. Studies are currently investigating sodas - with hints that these drinks may speed up kidney damage.

Limit Your Alcohol Intake

As a general rule, limiting to one glass of wine, twelve ounces of beer, or one ounce of hard liquor per day is best. Regular heavy drinking doubles the risk of CKD, and this risk worsens over time. Binge drinking can even cause the kidneys to shut down suddenly.

Avoid Pain Pills Such As Ibuprofen, Advil®, Aleve And Motrin®

These medicines are known as nonsteroidal anti-inflammatory pills, and they are proven to potentially harm the kidneys. Acetaminophen is generally safe for the kidneys.

Keep Your Heart Healthy!

Heart disease is often linked with CKD. Your primary care doctor or cardiologist may advise you to exercise, take vitamin D, or lower your cholesterol - these maneuvers may not only prevent heart disease, but may also help slow the progression of kidney damage.

OCTOBER IS BREAST CANCER AWARENESS MONTH



October is Breast Cancer Awareness Month. While most of us are generally aware of breast cancer, many fail to take the necessary steps to check for possible signs of the disease in its earliest stages.

The American Cancer Society reminds us that finding breast cancer early and receiving treatment is the most effective way to prevent breast cancer deaths. Breast cancer that is detected early, when it's small and hasn't spread, is easier to treat with a positive outcome.

Getting regular screenings is the most reliable way to find breast cancer early. The American Cancer Society has screening guidelines for women at average risk of breast cancer, and for those at high risk for breast cancer.

Screenings for breast cancer are designed to find any traces of the disease before they cause symptoms (like a lump). **Screenings** refers to tests and exams used to find a disease in people who don't have any symptoms. **Early detection** means finding and diagnosing a disease earlier than if you'd waited for symptoms to start.

The American Cancer Society has developed the following guidelines for women at **average risk** for breast cancer – meaning they do not have a personal history of breast cancer, a strong family history of breast cancer or a genetic mutation known to increase risk of breast cancer and have not had chest radiation therapy before age 30.

- Women between 40 and 44 have the option to start screening with a mammogram every year.
- Women 45 to 54 should get mammograms every year.



- Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.
- All women should understand what to expect when getting a mammogram for breast cancer screening.

Be sure to talk to your doctor about breast cancer screening, especially if there is a history of breast cancer or other types of cancer in your family. And learn more about cancer detection, prevention and treatment on the American Cancer Society website at <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection.html>.

UNDERSTANDING THE MEDICARE PART D COVERAGE GAP

It's important for KelseyCare Advantage members with Medicare prescription drug coverage to understand how the different stages of coverage work to prevent paying more than anticipated for your Part D drugs.

Your Part D coverage will assist with covering a certain portion of the negotiated drug cost depending on the stage of coverage which you are in during the prescription fill. The coverage stage will also affect the copay or coinsurance amount for which you are responsible.

FOUR STAGES OF COVERAGE

DEDUCTIBLE STAGE

Tier 1 and 2 generic drugs are not subject to the deductible, and you will begin the benefit year paying initial coverage stage (stage 2) copays for these products. You will pay a yearly deductible of \$100 on drugs placed on Tiers 3*, 4 and 5. You must pay the full cost of those drugs until you fulfill the plan deductible.

INITIAL COVERAGE STAGE

Once the deductible for drugs placed on Tiers 3*, 4 and 5 is fulfilled, you will enter the Initial Coverage Stage and depending on the tier placement of your drugs, you will be responsible for a copay or coinsurance. Please refer to KelseyCare Advantage's Formulary for further information about tier placement and cost sharing. You stay in this stage until your year-to-date "total drug costs" reach a total of \$4,430. "Total Drug Costs" include what is paid by you and your insurance.

COVERAGE GAP ("DONUT HOLE")

In this stage, you will pay 25% of the negotiated drug cost for generic and brand medications placed in Tier 3*, 4 and 5. Copays for generic medications placed in Tier 1 and Tier 2 will remain the same as what you were responsible for during the deductible and initial coverage stages. Copays for Tier 3 Select Insulins will also remain the same as what you were responsible for during the deductible and initial coverage stages. Please refer to KelseyCare Advantage's Formulary for further information regarding prescription medications and associated tiers. You will remain in the Coverage Gap Stage until your year-to-date "out-of-pocket costs" reach a total of \$7,050.

CATASTROPHIC COVERAGE STAGE

You enter catastrophic coverage when your year-to-date "out-of-pocket costs" reach a total of \$7,050. During Stage 4, KelseyCare Advantage pays most of the cost for your drugs.

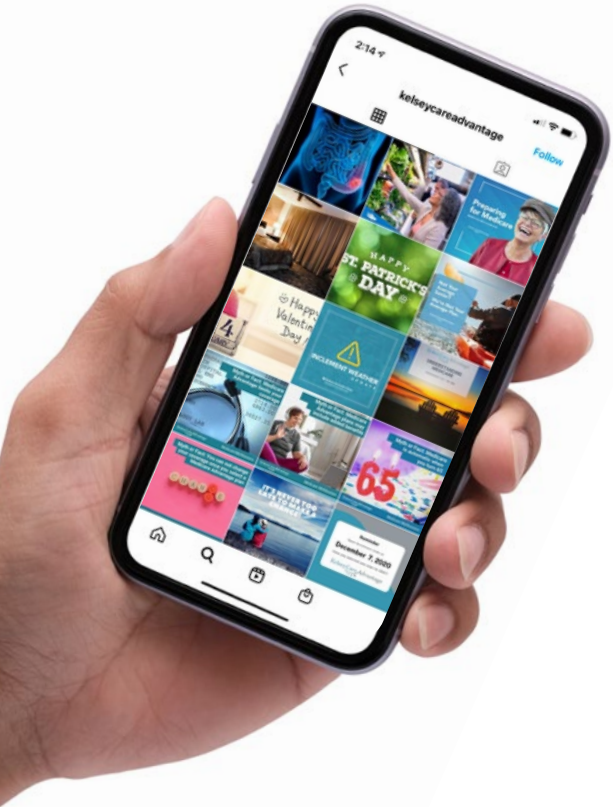
Members who are not participating in the Medicare "Extra Help" program can expect to pay:

- The greater of \$3.95 or 5% for a generic medication regardless of drug tier.
- The greater of \$9.85 or 5% for a brand medication regardless of drug tier.

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

*Select Insulins on Tier 3 that are eligible for the Part D Senior Savings model will cost no more than \$35 for a thirty-day supply during the deductible, initial coverage and coverage gap stages. This applies to certain plans only. For more information about the Part D Senior Savings Model refer to the 2022 Evidence of Coverage (EOC) or visit www.kelseycareadvantage.com.

CONNECT WITH US ON SOCIAL MEDIA!



Don't forget to stay social with us ... If you haven't already then please connect with us on Facebook, Twitter, and Instagram! On our social media sites, you'll see a variety of health and life-style features, KelseyCare Advantage plan updates, and you can see Kelsey-Seybold Clinic updates such as clinic closures or changes to hours of operation, due to bad weather.

- See what's new with SilverSneakers, which is included in your KelseyCare Advantage plan
- See cutting edge health and fitness information and share it with your friends and family
- Contact us with questions that you have about the plan

We hope to connect with you soon!



Important Plan Information

11511 Shadow Creek Parkway | Pearland, TX 77584

KelseyCare Advantage