

HOUSE CALL

KelseyCare Advantage

January 2021

NEW ID CARDS FOR 2021!

You should have already received your new 2021 KelseyCare Advantage ID card! If you have not received a card, please call Member Services at (713) 442-CARE (2273) or toll-free at 1-866-535-8343. Your personal KelseyCare Advantage member ID number has not changed. Please be aware that no action is needed to stay enrolled in your current plan.

WHAT IS DIFFERENT ABOUT THE NEW CARDS?

- Copay amounts have been updated to reflect the 2021 benefits
- The back of the card layout makes it easier to read

WHAT DO I DO WITH MY OLD KELSEY-CARE ADVANTAGE ID CARD?

- Cut it up and throw it away!

As always, keep your red, white, and blue Medicare card in a safe place in case you need it later.



PREVENTIVE DENTAL

In case you haven't heard the good news, Preventive Dental is now included in your KelseyCare Advantage plan for 2021! Preventive Dental is a benefit that is not covered by original Medicare.

PREVENTIVE DENTAL

Administered by FCL Dental, services covered include routine preventive exams, cleanings, and x-rays. An in-network dentist must be used, dental services provided by an out-of-network dentist are not covered.



To use your preventive dental benefit, simply present your KelseyCare Advantage plan ID card to the FCL Dental provider you have chosen. If you have any questions about preventive dental services, please call FCL Dental at 1-877-493-6282.

SUPPLEMENTAL DENTAL

If you think you might need more coverage than what is included with the preventive dental coverage, we also offer optional supplemental dental coverage. The optional supplemental dental coverage is a comprehensive plan that covers dental services that the preventive dental benefit does not cover such as:

- Fillings
- Root canals
- Extractions
- Dentures
- Crowns

You must enroll separately into the optional supplemental dental plan and there is a separate monthly premium of \$32.80 for 2021. If you are interested in enrolling in the optional supplemental dental plan or would just like more information about it, please call 713-442-5646 to speak to a Health Plan Specialist for more information.

DISPATCH HEALTH

If you are homebound and find yourself in need of urgent care, KelseyCare Advantage offers Dispatch Health.

Dispatch Health is a mobile urgent care that can be deployed to the home of our members who are homebound. **This service is not for patients who can come to the clinic to be seen or can do a video visit or E-visit.**

On average, Dispatch Health can be in the patient's home within an hour to give urgent care level of service. In the home the patient will be assessed by a nurse practitioner and an EMT. The Dispatch Health team can perform on-site diagnostics such as a urine and blood test, EKG, and they can test and treat COVID-19 and the flu. They

can also give IV fluids, IV antibiotics, IV Lasix, place a Foley catheter, and even replace a peg tube that has fallen out.

If you are a KelseyCare Advantage patient who is homebound and has an urgent need then you can self-refer. Please call the Dispatch Health intake line at **713-422-2920** to start the process. Once the visit is complete, Dispatch Health will send a report of the visit to add to your Kelsey-Seybold Clinic medical record.

Currently Dispatch Health has only one vehicle and does not cover the entire Houston area. The intake nurse will let you know if they will not be able to come to your home. Dispatch Health is open daily from 8 a.m. to 8 p.m.

COPING WITH GRIEF DURING COVID-19

People usually think of grief happening from the loss of a loved one. But grief can happen from any major change or loss. The COVID-19 crisis has interfered with people's normal routines. Most people get a sense of relief having a routine and knowing when something is expected. All that has changed for the time being and we are left with a sense of not knowing what comes next. Many people are also worried about what the "new normal" will look like once the crisis is over.

Grief can be experienced as feelings of shock, sadness, anger, and confusion. It can make people feel overwhelmed, lose interest in activities they used to enjoy, sleep less or more, or have changes in their appetite. These are normal responses to loss or change.

Below is a list of some things that you can do to help get through the grief:

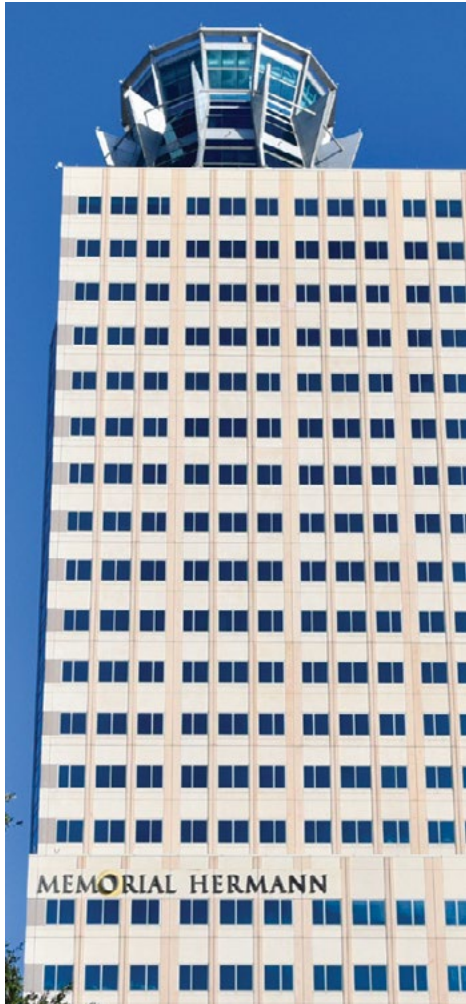
- Reach out to family, friends, or co-workers by phone, text, email, or video calls. It helps to talk about it. Part of grief is thinking that no one else is feeling the same things. When you talk about it, you see that you are not alone.
- Exercise at home to music, an online video, or yoga. Exercising can help your mind and body stay healthy. This may be a great time to learn relaxation or visualization techniques. There are many sources for these online.
- Try to limit the amount of time watching negative content on television. Stick with credible sources for health information such as the CDC (Center for Disease Control) or WHO (World Health Organization).
- Walking and riding a bike are safe ways to exercise. Just be sure to talk to your doctor first before significantly increasing your activity and remember to follow social distancing rules, staying at least six feet apart.

- Try to keep up a healthy diet and eat regularly. Taking care of your body helps your mind stay well too. During times of grief, many people will turn to food. More than ever, please be mindful when nourishing your body.
- Talk together as a family about the changes and sacrifices we are being asked to make. Help young children such as your grandchildren to talk out their feelings or fears and let them know that it is safe to do so. Be open to answering questions and concerns that they may have and how to work together to cope with those feelings.

Reach out for professional help. Many counselors and therapists are offering phone or video call appointments. Professionals can help you handle strong feelings. Finally, be kind to yourself and others and find ways to connect as much as possible.



NEW! MEMORIAL & RIVER OAKS CLINICS OPEN 2021



We are excited to announce the opening of our brand-new Kelsey-Seybold Clinic – Memorial City in January 2021!

The Clinic will offer primary care visits and additional specialties will be added in the Spring of 2021 including Cardiology (general/interventional), and Pulmonary Medicine.

At 12,500 square-feet, the Kelsey-Seybold Clinic – Memorial City will be located inside the Memorial Hermann Tower with convenient skywalk access from Garage 5 and will offer comprehensive care for adults.

Patients will have immediate access to an on-site laboratory, X-ray, and diagnostics soon after opening. Patients will also have access to an extensive referral network for various specialists with offices at neighboring clinics, including Downtown at The Shops, Tanglewood, Meyerland, and Berthelsen Main Campus.

Welcome to our new clinic in Memorial City!

COMING IN THE FALL 2021 - NEW RIVER OAKS CLINIC!

The 12,500 square foot River Oaks Clinic will be located at the corner of West Gray and Shepherd. More details coming soon!

OVER-THE-COUNTER BENEFIT

KelseyCare Advantage is proud to provide members of the Rx, Rx+Choice, Rx Select, Essential, Essential+Choice and Essential Select plans access to approved over-the-counter (OTC) products in partnership with Kelsey Pharmacy.

The OTC benefit will provide members with a quarterly allowance of \$25 which can be used towards purchasing KelseyCare Advantage

approved OTC products at Kelsey Pharmacies.

The approved KelseyCare Advantage OTC products cover a wide range of needs such as allergy relief products, cough and cold medicine, antacids, pain relievers, vitamins, minerals, first aid products and more. Approved OTC products will be detailed in a catalog available on our website at www.kelseycareadvantage.com.

These products must be purchased through a Kelsey Pharmacy either in person, over the phone, or online through MyKelsey Online. OTC items can be mailed to your home.

For more information, you can visit our website at www.kelseycareadvantage.com or call our Member Services team at 713-442-9452 or toll-free at 1-866-534-0557 (TTY users can call 711).

PART D PRESCRIPTION DRUG DEDUCTIBLE

Plans Rx, Rx+Choice, Rx Select Members without Low-Income Subsidy (LIS) Coverage

KelseyCare Advantage understands the importance of affordable access to your medications. That is why, the plan is taking multiple steps to ensure low out-of-pocket costs for most of your drugs during the deductible stage:

*The annual deductible **does not** apply to tiers 1 (preferred generic), tier 2 (non-preferred generic) drugs, **and** select insulins participating in the Senior Savings model:*

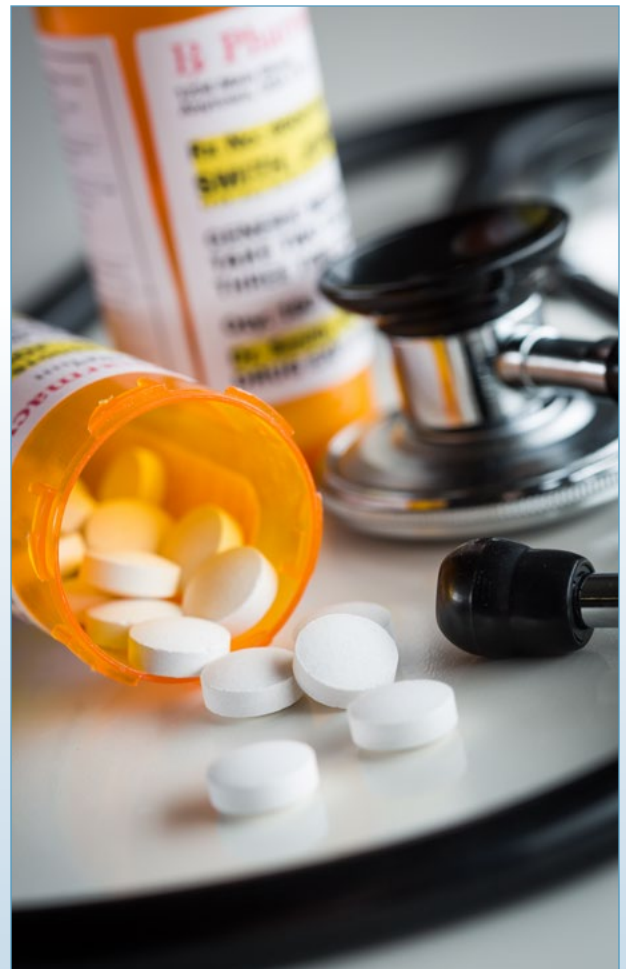
- You will begin your enrollment paying only the required copay for generic prescriptions on Tiers 1 and 2, regardless of whether you have met the drug deductible or not.
- Select insulins participating in the Senior Savings model will not be subject to the annual deductible and you will only be responsible for the listed copay. To learn more about select insulins, review the 2021 drug list on www.kelseycareadvantage.com or call our Member Service Representatives at 713-442-CARE (2273).

A \$100 deductible applies to tiers 3 (preferred brand), 4 (non-preferred drug) and 5 (specialty tier) drugs:

- A \$100 deductible will apply to any drugs on tiers 3, 4 and 5 at your first fill and until the full deductible cost is met. You will be responsible for the full cost of the drug until the deductible is met, afterwards your copay or coinsurance for those drug tiers will begin.

TIPS FOR MANAGING YOUR ANNUAL DEDUCTIBLE:

- Utilize generic products whenever possible. Consult with your prescriber to see if there are lower-cost alternatives for any of your medications.
- If you are using an insulin product that is not participating in the Senior Savings model, consult with your prescriber to see if an alternative insulin may be appropriate for you. Select insulins participating in this program will cost no more than \$35 a month during the deductible and coverage gap (donut hole) stages of your coverage.
- Prepare to pay more out of pocket for your brand or specialty products at the first fill. You would be required to pay the full cost of your drugs on tiers 3, 4 and 5 until the deductible is met, so expect higher out-of-pocket costs for these products in the first few months of enrollment.
- Track your deductible on your Explanation of Benefits (EOB). Use your EOB to track where you are in the deductible stage, how much you have paid towards your deductible and how much would be expected from you to meet the deductible at any given time of the year.
- Your EOB can now be viewed online through your CVS Caremark member portal at www.caremark.com.



Q&A PART D TRANSITION BENEFIT

TRANSITION SUPPLY Q&A:

Q. I received a transition supply letter in the mail, what does this mean?

A. A transition supply is a temporary one-month supply of a drug provided in certain circumstances, such as being a new plan member or being negatively impacted by changes to the drug list. A transition supply is provided for eligible Part D drugs that would have otherwise been rejected at the pharmacy at the time of fill. These drugs may not be on the KelseyCare Advantage drug list, may require a prior authorization, or the requested amount may be higher than the maximum amount allowed by the plan. A transition supply will temporarily waive these restrictions for one 30-day fill during the first 90 days of enrollment (or affected change), to provide you with time to discuss medication alternatives or coverage determination options with your prescriber.

Q. What do I need to do after receiving a transition supply?

A. When you receive a transition supply, a letter will be mailed to you with details about the reason for the transition supply and the type of waived restriction(s). Depending on the restriction type, the letter may list other alternative drugs that you can discuss with your physician, or steps that need to be taken to get your medication covered. If you receive a transition letter, contact your prescriber and initiate next steps as soon as possible prior to the next fill.

Q. What do I need to do to discuss with my prescriber?

A. We recommend that you have your letter with you when discussing options with your prescriber. To continue receiving a medication that has a restriction (such as a prior authorization or step therapy process) you can contact the CVS Caremark Coverage Determination department to start a coverage determination.

If your drug is not covered by the plan (also called non-formulary) you can consult with your prescriber to see if there are any covered drugs which you can use instead. If none of the alternatives are considered appropriate by your prescriber, they can start a non-formulary exception request process by contacting the CVS Caremark Coverage Determination department.

CVS Caremark Coverage Determinations
Phone Number (toll-free): 1-888-970-0914
TTY: 711

Q. How many transition supplies will I be eligible to receive?

A. You will be eligible for only one 30-day supply for each medication that is negatively impacted by a change to the drug list. For instance, if you are filling multiple drugs that have been affected by drug list changes, you will receive **one** temporary supply for each affected medication within the first 90-days of enrollment.



PLANNING AHEAD WITH AN ADVANCE DIRECTIVE AND LIVING WILL

It's not something we like to think about, but the fact is, none of us will live forever. With that in mind, the best time to make decisions about your medical care is not during a health crisis that leaves you too sick or injured to express your wishes. Rather, the ideal time is when you can think clearly and can carefully weigh different options and discuss them with family members or trusted friends.

Once you have come up with a plan, you need to put it down in writing in what is known as an advance directive. The advance directive is a legal document containing written instructions for the kind of medical care you want if you cannot make decisions for yourself. It helps guide doctors and caregivers if you become terminally ill, seriously injured, lapse into a coma or are in the late stages of dementia or near the end of life.

Consider preparing this document sooner than later, as end-of-life situations can happen at any time and age. By planning ahead, you can get the medical care you want, avoid unnecessary suffering and relieve caregivers of difficult decision-making during moments of crisis or grief. You also help reduce confusion or disagreement about the choices you would want people to make on your behalf.

Another option is something called a living will. A living will is also a legal document, but it spells out medical treatments you would and would not want used to keep you alive, as well as your preferences for other medical decisions, such as pain management or organ donation. If you go this route, you'll want to consider how important it is for you to be independent and self-sufficient. You'll also need to think about



situations that might leave you with no quality of life. Would you want treatment to extend your life in any or all situations? Would you want treatment only if a cure is possible?

The living will should address a number of end-of-life care decisions. Be sure to talk to your doctor if you have questions about any of the following medical decisions:

- **Cardiopulmonary resuscitation (CPR)** restarts the heart when it has stopped beating.
- **Mechanical ventilation** takes over your breathing if you are unable to breathe on your own.
- **Tube feeding** supplies the body with nutrients and fluids intravenously or via a tube in the stomach.
- **Dialysis** removes waste from your blood and manages fluid levels if your kidneys no longer function.
- **Antibiotics or antiviral medications** can be used to treat infections.
- **Palliative care or comfort care** includes interventions that may be used to keep you comfortable and manage pain while respecting your other treatment wishes.
- **Organ and tissue donations** for transplantation can be specified in your living will.
- **Donating your body** for scientific study also can be specified.

While this may seem like a grim topic, it is important to think about it before you ever find yourself in a medical crisis.

COVID-19 & HEALTHCARE FRAUD

Scammers are hard at work using COVID-19 as a way to take advantage of the unsuspecting. According to the U.S. Department of Health and Human Services Office of Inspector General, fraudsters are using fake COVID-19 telemarketing calls, text messages, social media platforms, and door-to-door visits for their scams.

The information gathered from you is valuable because it can be used to bill federal health care programs and to commit medical identity theft.

Here are some ways to protect yourself and loved ones:

- Be aware that scammers are pretending to be COVID-19 contact tracers. They are also contacting people unexpectedly to offer COVID-19 tests and supplies. **Do not respond to calls from or engage in visits with unknown individuals.**
- Be cautious of unsolicited requests for personal, medical, or financial information.
- Be vigilant and protect yourself from potential fraud concerning COVID-19 vaccines.
 - You will not be asked for money to enhance your ranking for vaccine eligibility.
 - Government and State officials will not call you to obtain personal information for you to receive the vaccine.
 - You will not be solicited door-to-door to receive the vaccine.

If you suspect COVID-19 healthcare fraud, report it immediately at 1-800-447-8477.

Important Plan Information

11511 Shadow Creek Parkway | Pearland, TX 77584

