

KelseyCare Advantage

Plan Selection Form

Date: _____

Member Name: _____

Member Number: _____

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month.

Please check the appropriate box below:

_____ **KelseyCare Advantage Rx HMO**

Plan Premium: \$0

This plan provides Medicare Part D prescription drug coverage. There is a yearly \$50 Part D deductible. There is a \$5 copay for each primary care office visit, \$35 copay for each specialist office visit, and \$75 copay for each emergency room visit worldwide. There is a \$0 copay for both primary care physician E-visits and video visits. There is a \$25 copay for specialist E-visits and a \$35 copay for specialist video visits. There is a \$500 copayment for each hospital admission for days 1 – 90. There are 90 covered days per benefit period and 60 lifetime reserve days which can only be used once each year. There is a \$75 plan coverage allowance for eyewear every year and a \$125 plan coverage allowance for hearing aids every year. There is a \$0 copay for a basic fitness center membership, including fitness classes. There is a \$3,400 in-network out-of-pocket maximum for Medicare covered Part A and B services. Part D prescription drugs do not count toward the maximum out-of-pocket. You must continue to pay your Medicare Part B premium.

_____ **KelseyCare Advantage Rx+Choice HMOPOS**

Plan Premium: \$77.00 per month

This plan provides Medicare Part D prescription drug coverage. There is a yearly \$50 Part D deductible. There is a \$5 copay for each primary care office visit, \$35 copay for each specialist office visit, and \$75 copay for each emergency room visit worldwide. There is a \$0 copay for both primary care physician E-visits and video visits. There is a \$25 copay for specialist E-visits and a \$35 copay for specialist video visits. There is a \$500 copayment for each hospital admission for days 1 – 90. There are 90 covered days per benefit period and 60 lifetime reserve days which can only be used once each year. There is a \$75 plan coverage allowance for eyewear every year and a \$75 plan coverage allowance for hearing aids every year. There is a \$0 copay for a basic fitness center membership, including fitness classes. There is a \$3,400 in-network out-of-pocket maximum for Medicare covered Part A and B services. Part D prescription drugs do not count toward the maximum out-of-pocket. You must continue to pay your Medicare Part B premium.

Includes a Point-of-Service (POS) Benefit: This plan has a POS benefit which covers Medicare covered Part A and B medical services you get from non-plan providers or from network providers where services have not been prior authorized. When you use the POS benefit, you are responsible

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for more of the cost of care. The POS benefit has a \$10,000 out-of-network out of pocket limit every year for Medicare covered Part A and B services. Part D prescription drugs do not count toward the maximum out-of-pocket. You must continue to pay your Medicare Part B premium.

KelseyCare Advantage Essential HMO

Plan Premium: \$0

This plan does not include Medicare Part D prescription drug coverage. There is a \$5 copay for each primary care office visit, \$20 copay for each specialist office visit and \$75 copay for each emergency room visit worldwide. There is a \$0 copay for both primary care physician E-visits and video visits. There is a \$10 copay for specialist E-visits and a \$20 copay for specialist video visits. There is a \$500 copayment for each hospital admission for days 1 – 90. There are 90 covered days per benefit period and 60 lifetime reserve days which can only be used once each year. There is a \$75 plan coverage allowance for eyewear every year, a \$500 plan coverage allowance for hearing aids every year, and a \$10 monthly Social Security Part B premium reduction. There is a \$0 copay for a basic fitness center membership, including fitness classes. There is a \$3,400 in-network out-of-pocket maximum for Medicare covered Part A and B services. You must continue to pay your Medicare Part B premium.

KelseyCare Advantage Essential+Choice HMOPOS

Plan Premium: \$0

This plan does not include Medicare Part D prescription drug coverage. There is a \$5 copay for each primary care office visit, \$20 copay for each specialist office visit, and \$75 copay for each emergency room visit worldwide. There is a \$0 copay for both primary care physician E-visits and video visits. There is a \$10 copay for specialist E-visits and a \$20 copay for specialist video visits. There is a \$500 copayment for each hospital admission for days 1 – 90. There are 90 covered days per benefit period and 60 lifetime reserve days which can only be used once each year. There is a \$75 plan coverage allowance for eyewear every year and a \$500 plan coverage allowance for hearing aids every year. There is a \$0 copay for a basic fitness center membership, including fitness classes. There is a \$3,400 in-network out-of-pocket maximum for Medicare covered Part A and B services. You must continue to pay your Medicare Part B premium.

Includes a Point-of-Service (POS) Benefit: This plan has a POS benefit which covers Medicare covered Part A and B medical services you get from non-plan providers or from network providers where services have not been prior authorized. When you use the POS benefit, you are responsible for more of the cost of care. The POS benefit has a \$10,000 out-of-network out-of-pocket limit every year for Medicare covered Part A and B services.

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YOUR PLAN PREMIUM

For KelseyCare Advantage Rx HMO:

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail each month or quarterly. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

For KelseyCare Advantage Rx+Choice HMOPOS:

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board Check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare does not cover.

If you don't select a payment option, you will receive a bill each month.

Please select a premium payment option:

Receive a bill

Electronic Fund Transfer (EFT)

Electronic funds transfer (EFT) from your bank account each month. Please enclose a VOIDED check or provide the following:

Account holder name: _____

Bank routing number: _____ **Bank account number:** _____

Automatic deduction from your monthly Social Security or RRB benefit check.

I get monthly benefits from: Social Security RRB

(The Social Security or RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums).

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Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

_____ Spanish

Please contact KelseyCare Advantage at 713-442-CARE (2273) or 1-866-535-8343, then press Option 2, if you need information in an accessible format or language other than what is listed above. TTY users should call 1-866-302-9336. Our office hours are 8:00 a.m. to 8:00 p.m. seven days a week from October 1 to March 31 (with calls handled by our voicemail system on Thanksgiving and Christmas as well as on weekends and holidays from April 1 to September 30).

Signature:	Today's Date:
If you are the authorized representative, you must sign above and provide the following information:	
Name: _____	
Address: _____	
Phone Number: (____) _____ - _____	
Relationship to Enrollee: _____	

Please mail this form to:

KelseyCare Advantage
P.O. Box 841569
Pearland, Texas 77584



Discrimination is Against the Law

KelseyCare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. KelseyCare Advantage does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

KelseyCare Advantage:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact KelseyCare Advantage Member Services. If you believe that KelseyCare Advantage has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: KelseyCare Advantage, Attn: Grievance Department, 11511 Shadow Creek Parkway, 1-866-535-8343, TTY 1-866-302-9336, Fax 713-442-9536 You can file a grievance in person, by phone, by mail, or fax. If you need help filing a grievance, KelseyCare Advantage Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Multi-language Interpreter Services Insert

ATTENTION: If you speak any non-English language, language assistance services, free of charge, are available to you. Call 1-866-535-8343 (TTY: 1-866-302-9936).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-535-8343 (TTY: 1-866-302-9936).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-535-8343 (TTY: 1-866-302-9936).

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-866-535-8343 (TTY: 1-866-302-9936)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-535-8343 (TTY: 1-866-302-9936) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-535-8343 (رقم هاتف الصم والبكم: 1-866-302-9936).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-535-8343 (TTY: 1-866-302-9936).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-535-8343 (TTY: 1-866-302-9936).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-535-8343 (ATS: 1-866-302-9936).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-535-8343 (TTY: 1-866-302-9936) पर कॉल करें।

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-535-8343 تماس بگیرید (TTY: 1-866-302-9936).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-535-8343 (TTY: 1-866-302-9936).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-535-8343 (TTY: 1-866-302-9936).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-535-8343 (телетайп: 1-866-302-9936).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-866-535-8343 (TTY: 1-866-302-9936) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-535-8343 (TTY: 1-866-302-9936).