

KelseyCare
Advantage
☆☆☆☆

2024 BROKER GUIDE

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A message from our Director

In 2024, KelseyCare Advantage is poised for a significant transformation, offering plans that align perfectly with your clients' preferences.

Our Thrive and Freedom plans now allow Medicare beneficiaries to keep their current out-of-plan doctors at no additional cost. We've also enhanced comprehensive dental coverage with zero cost-share, addressing a common request from your clients.

Furthermore, Kelsey-Seybold Clinic is expanding throughout Greater Houston, bringing our trusted care closer to your clients in various neighborhoods.

KelseyCare Advantage is now more robust than ever, with our doctors collaborating to prioritize preventive care and patient-centric approaches.

Our Broker Managers and support team are here to ensure your success. We offer 5-star plans for your members and 5-star support for you.

Thank you for your unwavering commitment to representing KelseyCare Advantage. We believe this 2024 Agent Guide will be an invaluable resource, not only for presenting our new plans and benefits to your clients but also for growing your business.

We appreciate your dedication to delivering top-tier healthcare to your clients!



Carlos Mendoza
Director of External Distribution

Meet your Broker Managers



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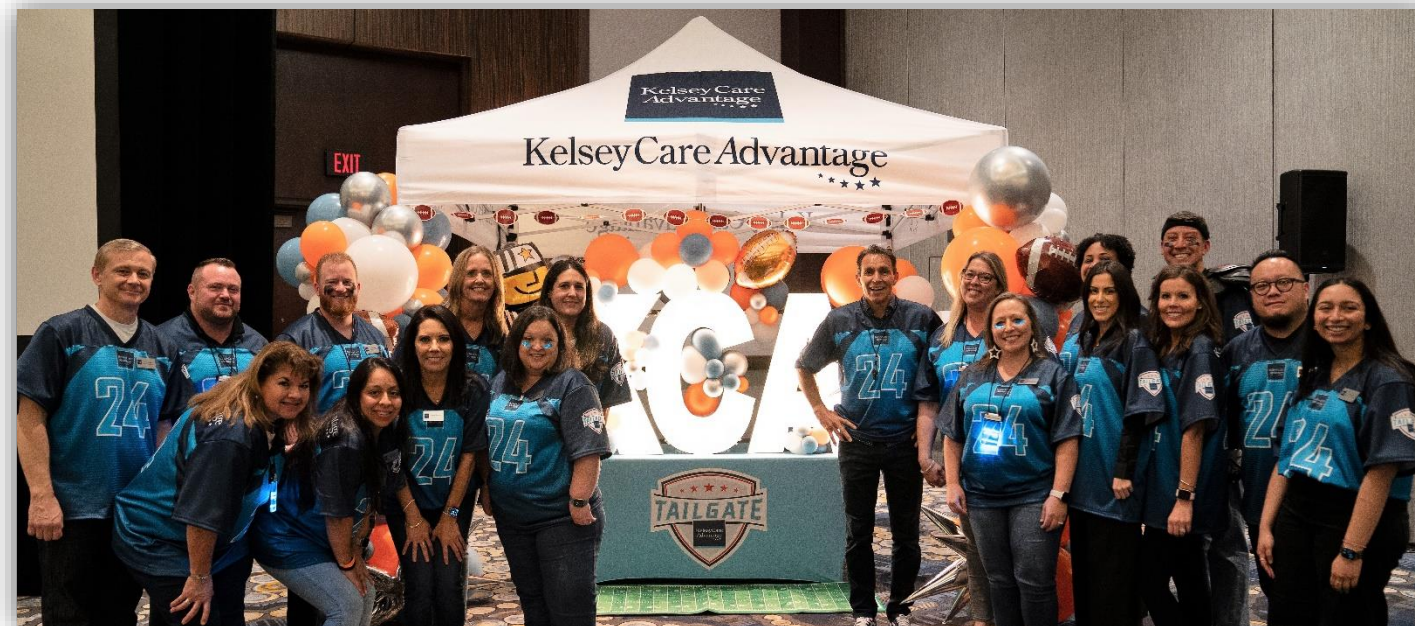
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RESOURCE AND SUPPORT

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What to expect from your Broker team

- 1. ASSIGNED BROKER MANAGER**
- 2. WEEKLY TRAININGS AND 1 ON 1 SUPPORT**
- 3. EVENT PLANNING AND MARKETING MATERIALS**
- 4. FAST, ACCURATE COMMISSION**
- 5. SIMPLE, EASY CONTRACTING AND CERTIFICATION**
- 6. CO-OP MARKETING OPPORTUNITIES**
- 7. EASY ENROLLMENT PLATFORM WITH ELECTRONIC SOA**

PLAN COMPARISON

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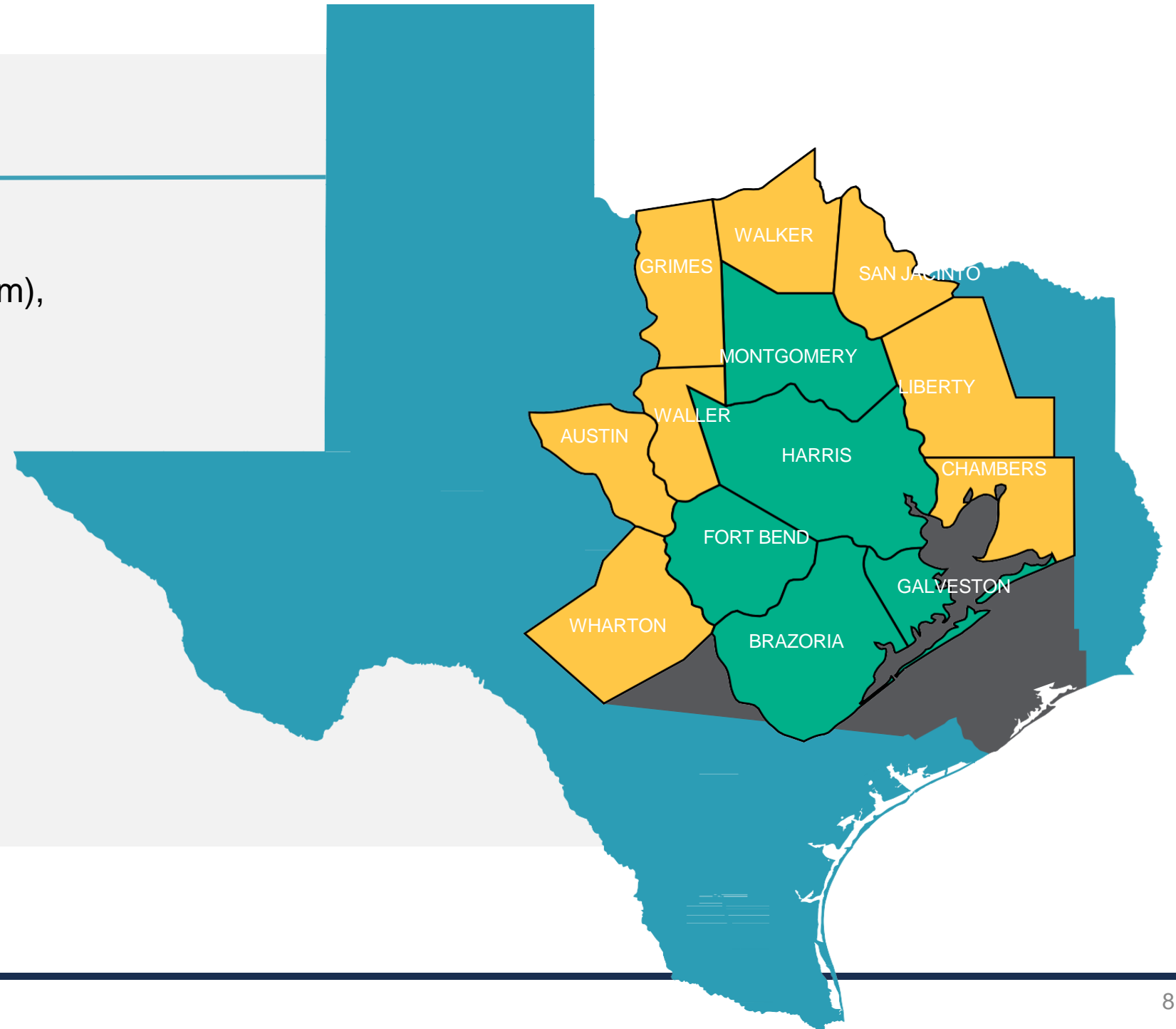
Our plans throughout Greater Houston



PLAN COVERAGE BY REGION

FLAGSHIP COUNTIES: Thrive, Signature (Platinum), Secure, Honor (Silver), Classic (Gold), and Freedom (Gold Freedom)

EMERGING COUNTIES: Honor (Silver) and Freedom (Gold Freedom)



Plan Health Benefits Comparison

PLAN	THRIVE (HMO-POS PLAN)	SIGNATURE (HMO PLAN)	SECURE (HMO PLAN)	HONOR (HMO PLAN)	CLASSIC (HMO PLAN)	FREEDOM (HMO-POS PLAN)
PBP	H0332-011	H0332-009	H0332-010	H0332-001	H0332-002	H0332-004
Star Rating	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★	★★★★★
Monthly Premium	\$0	\$0	\$0	\$0	\$0	\$0
Medical Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Drug Deductible	\$100 T3,4,5	\$0	\$0	N/A	\$100 T3,4,5	\$100 T3,4,5
INN MOOP	\$6,000	\$4,000	\$3,850	\$3,850	\$3,450	\$3,450
OON MOOP	\$10,000	N/A	N/A	N/A	N/A	\$10,000
Core Medical Benefits						
Doctor Services						
PCP (INN / OON)	\$0 / \$10	\$0 / N/A	\$0 / N/A	\$0 / N/A	\$0 / N/A	\$0 / \$10
Specialist (INN / OON)	\$40 / \$60, MD Anderson 40%	\$20 / N/A	\$10 / N/A	\$10 / N/A	\$20 / N/A	\$20 / \$35, MD Anderson 40%
Hospital Services						
Inpatient Hospital	\$375 Days 1-5, \$0 Days 6-90	\$300/stay	\$245/stay	\$295/stay	\$325/stay	\$325/stay
Outpatient Hospital	\$325	\$300	\$150	\$200	\$300	\$300
Urgently Needed Care						
Emergency Room	\$100	\$120	\$120	\$120	\$120	\$120
Urgent Care	\$25	\$25	\$5	\$5	\$25	\$25
Ambulance	\$100	\$100	\$100	\$225	\$100	\$225
Tests, Labs and Imaging						
Diagnostic Tests/ Procedures	\$0-25	\$0-25	\$0-25	\$0-25	\$0-25	\$0-25
Lab Services	\$0	\$0	\$0	\$0	\$0	\$0
Diagnostic Radiological Services	\$150	\$150	\$150	\$150	\$150	\$150
Outpatient X-rays	\$0	\$0	\$0	\$0	\$0	\$0
Medicare Covered Services						
Diabetic Supplies	\$0; meters and test strips are limited to manufacturers Roche and LifeScan (40% OON).	\$0; meters and test strips are limited to manufacturers Roche and LifeScan.	\$0; meters and test strips are limited to manufacturers Roche and LifeScan.	\$0; meters and test strips are limited to manufacturers Roche and LifeScan.	\$0; meters and test strips are limited to manufacturers Roche and LifeScan.	\$0; meters and test strips are limited to manufacturers Roche and LifeScan (50% OON).

Supplemental Benefits Comparison

PLAN	THRIVE (HMO-POS PLAN)	SIGNATURE (HMO PLAN)	SECURE (HMO PLAN)	HONOR (HMO PLAN)	CLASSIC (HMO PLAN)	FREEDOM (HMO-POS PLAN)
Supplemental Benefits						
Dental	\$3,500 P&C limit; Prev & Comp 0%	\$3,000 P&C limit; Prev & Comp 0%	\$2,500 P&C limit; Prev & Comp 0%	\$2,000 P&C limit; Prev & Comp 0%	0% Preventative OSB; \$3,000 P&C limit	\$2,500 P&C limit; 0% Comprehensive
Vision	\$0 eye exam/yr; \$175 eyewear/yr	\$0 eye exam/yr; \$125 eyewear/yr	\$0 eye exam/yr; \$125 eyewear/yr	\$0 eye exam/yr; \$125 eyewear/yr	\$0 eye exam/yr; \$75 eyewear/yr	\$0 eye exam/yr; \$125 eyewear/yr
Hearing	\$0 hearing exam/yr; \$750 per ear every 3 years	\$0 hearing exam/yr; \$750 per ear every 3 years	\$0 hearing exam/yr; \$750 per ear every 3 years	\$0 hearing exam/yr; \$750 per ear every 3 years	\$0 hearing exam/yr; \$750 per ear every 3 years	\$0 hearing exam/yr; \$750 per ear every 3 years
Fitness	One Pass	One Pass	None	None	One Pass	One Pass
OTC	\$150/quarter	\$125/quarter	\$90/quarter	\$50/quarter	\$40/quarter	\$95/quarter
Flex Card (dental, vision, hearing)	\$1,000 DVH and fitness equipment	\$750 DVH	\$250 DVH	None	\$500 DVH	\$750 DVH
Transportation	None	Unlimited to medical appts	Unlimited to medical appts	20 one-way ride to medical appts	20 one-way ride to medical appts	Unlimited to medical appts

Part D Prescription Drug Coverage



Key Features

- Formulary vaccines covered at \$0
- Formulary insulins covered with \$35 monthly copay cap
- 90-day supplies are covered at preferred pharmacies at 2.5x copay
- Supplement drug coverage includes:
 - generic Viagra (sildenafil)
 - folic acid
 - vitamin B12
 - vitamin D2 (ergocalciferol)

PLAN		THRIVE		SIGNATURE/SECURE		CLASSIC/FREEDOM	
PBP		011		009 & 010		002 & 004	
Deductible		\$100 (T3, 4, 5)		\$0		\$100 (T3, 4, 5)	
	Day Supply	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED	PREFERRED	NON-PREFERRED
Tier 1	30	\$0	\$7	\$0	\$7	\$0	\$3
Tier 2	30	\$5	\$15	\$0	\$15	\$0	\$15
Tier 3	30	\$45	\$47	\$40	\$47	\$40	\$45
Tier 4	30	\$90	\$100	\$80	\$100	\$80	\$90
Tier 5	30	31%	31%	33%	33%	31%	31%
Tier 6	30	\$0	\$0	\$0	\$0	\$0	\$0
Insulins		\$35	\$35	\$35	\$35	\$35	\$35
Tier 1	90	\$0	\$21	\$0	\$21	\$0	\$9
Tier 2	90	\$13	\$45	\$0	\$45	\$0	\$45
Tier 3	90	\$113	\$141	\$100	\$141	\$100	\$135
Tier 4	90	\$225	\$300	\$200	\$300	\$200	\$270
Tier 5	90	NA	NA	NA	NA	NA	NA
Tier 6	90	\$0	\$0	\$0	\$0	\$0	\$0
Insulins		\$87.50	\$105.00	\$87.50	\$105.00	\$87.50	\$105.00

WHO TO CALL

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Contact Us

MEMBER CONCIERGE SERVICES

713-442-CARE (2273) or 1-800-535-8343 (TTY: 711) (Member must be on the line) MemberServices@KelseyCareAdvantage.com

TRANSPORTATION:

713-KCA-RIDE or 855-931-7433

UTILIZATION MANAGEMENT

713-442-5339

MKO HELPLINE

713-442-6565 www.MyKelseyOnline.com

Virtual Visits: www.Kelsey-SeyboldVirtualHealth.com

CONTACT CENTER FOR APPOINTMENTS

713-442-0000

KELSEYCARE ADVANTAGE BROKER SUPPORT

713-442-4949 KCABrokerSupport@KelseyCareAdvantage.com

KELSEYCARE ADVANTAGE COMMISSIONS SUPPORT

713-442-4949 Commissions@KelseyCareAdvantage.com

BROKER CONTACT INFORMATION

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THANK YOU

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