

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 first of the following month.

Please check the appropriate box below:

_____ KelseyCare Advantage RX
Plan Premium: \$0.
Medicare Part D Prescription Coverage, \$0 Copay for Primary Care office visits, \$15 Copay for Specialist visits, \$50 Copay for Worldwide Emergency Coverage, \$500 Inpatient Hospital Copay, \$1,000 allowance for hearing aids every two years, \$3,400 out of pocket maximum for certain medical services.

_____ KelseyCare Advantage RX + Choice
Plan Premium: \$49.00 per month.
Medicare Part D Prescription Coverage, \$0 Copay for Primary Care office visits, \$15 Copay Specialist visits, \$50 Copay for Worldwide Emergency Coverage, \$500 Inpatient Hospital Copay, \$1,000 allowance for hearing aids every 2 years, \$3,400 out of pocket maximum for certain medical services.

Includes Point-of-Service (POS) Benefits: POS or out of network benefits cover certain medically necessary services from non plan providers. When using the POS benefit you are responsible for more of the cost share.

_____ KelseyCare Advantage Essential
Plan Premium: \$0.
\$0 Copay for Primary Care office visits, \$0 Copay for Specialist visits, \$50 Copay for Worldwide Emergency Coverage, \$375 Inpatient Hospital Copay, \$150 allowance for eyewear every 2 years, \$1,000 allowance for hearing aids every two years, \$30.00 monthly Social

KelseyCare Advantage

Security Part B premium buy down, \$3,400 out of pocket maximum for certain medical services.

KelseyCare Advantage Essential + Choice

Plan Premium: \$0.

\$0 Copay for Primary Care office visits, \$0 Copay for Specialist visits, \$50 Copay for Worldwide Emergency Coverage, \$375 Inpatient Hospital Copay, \$150 allowance for eyewear every 2 years, \$1,000 allowance for hearing aids every two years, \$3,400 out of pocket maximum for certain medical services.

Includes Point-of-Service (POS) Benefits: POS or out of network benefits cover certain medically necessary services from non plan providers. When using the POS benefit you are responsible for more of the cost share.

YOUR PLAN PREMIUM

If we determine that you owe a late enrollment penalty, we need to know how you would prefer to pay it. You can pay by mail. You can also choose to pay your premium by automatic deduction from your Social Security Check each month.

You can pay your monthly plan premium by Mail or Electronic Funds Transfer (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security 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 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.

KelseyCare Advantage

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 benefit check. (The Social Security deduction may take two or more months to begin. In most cases, the first deduction from your Social Security benefit check will include all premiums due from your enrollment effective date up to the point withholding begins.)

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

_____ Spanish

Please contact KelseyCare Advantage at **713-442-CARE** or **1-866-535-8343**. TTY users should call 1-866-302-9336 if you need information in another format or language than what is listed above. Our office hours are Monday through Sunday 8:00 a.m. to 8:00 p.m.

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

KelseyCare Advantage
PO Box 61609
Houston, Texas 77208-9905