

Medicare HMO Plans Comparison

Benefit	KelseyCare Advantage HMO	Cigna HealthSpring HMO	TexanPlus HMO
Service Area	Brazoria, Chambers, Liberty, Waller, Ft. Bend, Harris, Montgomery, Galveston	Angelina, Bexar, Brazoria, Cameron, Chambers, Cherokee, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston, Grayson, Gregg, Hardin, Harris, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Liberty, Lubbock, Montgomery, Nacogdoches, Newton, Orange, Parker, Polk, Rains, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy, Wise, Wood	Brazoria, Chambers, Ft. Bend, Galveston zip codes - 77510,77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Austin, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, Waller
Annual Deductibles	None	None	None
Maximum Annual Out-of-Pocket Costs	\$3,400 for certain services. You will always pay copayments or coinsurance for outpatient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage	\$2,500 for certain medical services and Medicare Part B prescription expenses. You will always pay copayments or coinsurance for outpatient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage	\$3,400 for certain services. You will always pay copayments or coinsurance for outpatient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage
Lifetime Maximum	None	None	None
PCP	\$0 copayment	\$10 copayment	\$0 copayment
Specialist	\$15 copayment	\$25 copayment	\$35 copayment
Chiropractic	\$15 copayment	\$20 copayment	\$20 copayment
Podiatry	\$15 copayment	\$25 copayment	\$35 copayment
Inpatient Hospital	\$300 copayment	\$275 copayment	\$325 copayment
Emergency Room	\$50 copayment	\$100 copayment	\$100 copayment
Ambulance	\$100 copayment	\$100 copayment	\$150 copayment
Urgent Care Center	\$50 copayment	\$40 copayment	\$25 copayment
Lab & X-Ray Diagnostic Radiology	\$0 copayment \$100 for CT, MRI, CNM \$150 for PET scans	\$0 copayment with office visit \$100 for CT, MRI, CNM \$150 for PET scans	\$0 copayment with office visit 10% coinsurance
Therapeutic Radiology (treatment of cancer and other diseases with radiation)	\$15 copayment	\$25 copayment	10% coinsurance
Physical Therapy	\$15 copayment	\$25 copayment	\$35 copayment
Occupational Therapy	\$15 copayment	\$25 copayment	\$35 copayment
Immunizations	\$0 copayment	\$0 copayment	\$0 copayment
Home Health	\$0 copayment	\$0 copayment	\$0 copayment
Skilled Nursing	\$0/day - days 1-20 \$100/day - days 21-100 Covered 100 days per benefit period.	\$20/day for days 1-100 Covered 100 days per benefit period.	\$0/day - days 1-20 \$100/day - days 21-100 Covered 100 days per benefit period.
Renal Dialysis	\$50 copayment per session	\$25 copayment per session	\$30 copayment per session
Durable Medical Equipment	10% coinsurance	10% coinsurance	20% coinsurance
Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Equipment	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic Supplies	20% coinsurance	0% - 20% coinsurance	0% - 20% coinsurance
Diabetic Monitoring / Training	\$0 copayment	\$0 copayment	\$0 copayment
Diabetic - Injectable Insulin (30-day supply)	See prescription drug benefit	See prescription drug benefit	See prescription drug benefit
Colorectal Screening	\$0 copayment	\$0 copayment	\$0 copayment
Hospice	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility
Well-Woman Exam	\$0 copayment	\$0 copayment	\$0 copayment
Well-Man Exam	\$0 copayment	\$0 copayment	\$0 copayment

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Outpatient Surgery				
Hospital	\$175 copayment		\$200 copayment	\$150 copayment
Ambulatory	\$150 copayment		\$200 copayment	\$50 copayment
Mental Health				
Inpatient	\$300 copayment 190 days lifetime max		\$275 copayment 190 days lifetime max	\$325 copayment 190 days lifetime max
Outpatient	\$35 copayment per session		\$25 copayment per session	\$35 copayment per session
Substance Abuse				
Inpatient	\$300 copayment 190 days/lifetime		\$275 copayment 190 days lifetime max	\$325 copayment 190 days lifetime max
Outpatient	\$35 copayment per session		\$25 copayment per session	\$35 copayment per session
Prescriptions				
Retail	In-network	Out-of-network		
Generic (preferred)	\$10 copayment	\$15 copayment	\$10 copayment	\$10 copayment
Non-preferred Generic	\$30 copayment	\$35 copayment	—	\$415 copayment
Preferred Brand	\$30 copayment	\$35 copayment	\$30 copayment	\$40 copayment
Non-Preferred Brand	\$45 copayment	\$50 copayment	\$45 copayment	\$55 copayment
Specialty Drugs	\$75 copayment	\$80 copayment		\$75 copayment
<i>Prescriptions filled out-of-network for KelseyCare HMO will cost \$5 more than in-network. Preferred or network pharmacies are Walmart, Sam's Club, Kelsey-Seybold and H-E-B.</i>				
Mail Order				
Generic (preferred)	90-day supply for a 3-month copayment (as listed) is provided at the local pharmacy. Kelsey-Seybold pharmacies will mail prescriptions upon request.		\$20 copayment for 60-day supply	30 days: \$10 copayment 90 days: \$10 copayment
Non-preferred Generic			—	30 Days: \$15 copayment 90 Days: \$15 copayment
Preferred Brand			\$60 copayment for 60-day supply	30 Days: \$40 copayment 90 Days: \$80 copayment
Non-Preferred Brand			\$90 copayment for 60-day supply	30 Days: \$55 copayment 90 Days: \$110 copayment
Specialty Drugs	N/A	30 Days: \$75 copayment 90 Days: N/A		
Medicare Part B Drugs	15% until out-of-pocket max = \$3,400 then 100%	15% until medical and Medicare Part B prescription expenses out-of-pocket max. = \$2,500 then 100%	10% until out-of-pocket max = \$3,400 then 100%	
Additional Benefits				
Dental	\$0 for Medicare-covered benefits	Discount services (up to 50% for certain services at selected providers)	\$5 for preventive dental visits \$0 for comprehensive dental visits \$35 Co-pay for Medicare-covered dental services. Medicare covers dental services related to medical treatment. Our plan covers a maximum of \$500 for comprehensive dental services and \$500 for preventive dental services each year.	
Vision	\$0 per routine annual exam \$50 max per year for contact lenses and eye glasses	There is a \$0 copay for one eye exam per year. All other Medicare Covered eye exams are \$25. Diabetic retinal exams are \$0. There is a max of \$100 each year for routine eye wear coverage.	\$0 per annual exam Medicare covered Contact Lenses, Eye Glasses, Eye Glass Lenses, Eye Glass Frames \$0 co-pay (covered up to \$100 every two years)	
Hearing	\$15 copayment per routine annual exam Hearing aid discount up to 20% per year	You pay \$25 copay for Medicare covered hearing exams. Discount program provides a discount up to 30% for hearing aids at select providers.	\$35 Copay for Medicare covered hearing exam. Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.	
<i>If there exists a conflict between this Comparison Chart and the official plan document for each plan, the official plan document will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.</i>				