The City of Houston is excited to announce our transition to Aetna Premier, Aetna Basic and KelseyCare Advantage HMO for our Medicare Advantage (MA) plans effective January 1, 2021. While we appreciate the service that UnitedHealthcare, WellCare/TexanPlus and Cigna HealthSpring have provided to our members, we were required to enter into a competitive bid process because their contracts were expiring. The result of this process yielded significant cost savings for you and the City. The new contracts were negotiated for $158 million for three years with two one-year renewal options. The current contracts were negotiated in 2014 for $185 million. This represents a $27 million or 14.5% savings.

These cost reductions will help protect the City of Houston’s Medicare Advantage Health Plans’ fiscal sustainability and provide significant savings back to you while still providing great benefits. The City of Houston is thrilled that we’re able to provide this coverage to those who have dedicated their careers to serving The City of Houston.

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<td>23</td>
<td>City of Houston FAQs</td>
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</tbody>
</table>
Open Enrollment is the time to evaluate your City of Houston Medicare Advantage Plan coverage and make any necessary changes. This Decision Guide will help you navigate your options for the 2021 benefit year. The choices you make during Open Enrollment are for benefits effective January 1, 2021, through December 31, 2021.

If you are Medicare eligible and you want to be covered by the City of Houston’s Medicare plans, your participation in Open Enrollment is essential. The annual opportunity also allows you to add or drop eligible dependents from coverage.

If you do not participate in Open Enrollment you will be defaulted to the plan that is equal or less in cost of your current plan with similar coverage.

Important News About 2021

- The UnitedHealthcare, WellCare TexanPlus and Cigna HealthSpring plans will not be offered in 2021.
- You must make an active election for your 2021 plan.
- All retirees must submit their MA plan enrollment application form no later than December 11, 2020 to enroll in a plan.
- If you do not select a plan, you will be auto-enrolled in the plan that is more closely matched to your current benefits.
- The selected MA Plans vendors are Aetna and KelseyCare Advantage. These vendors have received Medicare’s highest Star-ratings and will provide enhanced healthcare provider coverage; lower premium rates; and transition planning to ensure that retirees’ healthcare treatment will continue without any service gaps or delays.
Enrolling in a Plan

Eligibility
As a retiree, you are eligible for coverage if:

- you are covered by Medicare Parts A and B;
- and you are covered by a City of Houston health plan;
- or you were covered by a City of Houston medical plan on Jan. 1, 2010, and filed paperwork to opt out of a city plan. You may elect to re-enroll (opt back in) during this enrollment period. If you have Medicare Parts A and B, you can only opt back into a City-sponsored Medicare plan.

Electing a Medicare Plan
Remember: To have City of Houston medical coverage when you or your dependent becomes Medicare eligible, you must enroll in Medicare Parts A and B AND elect a City-sponsored Medicare Advantage plan. To change plans after January 1, 2021, you must contact the Benefits Division by the 15th of the month for coverage to be effective the 1st of the following month.

Here is what you need to do:

- Access a fillable PDF Medicare Advantage Enrollment Form on CityofHoustonBenefits.org or complete the form provided in this guide on page 19.
- Complete and authorize the submission of the form and statement of understanding for the plan elected.
- Return all of your forms to the Benefits Division before on or before December 11, 2020 for coverage to be effective January 1, 2021.

Changing Medicare Plans
Each person who wants to disenroll from a Medicare plan must complete a disenrollment form and complete an enrollment form to switch to another Medicare plan for themselves or any dependent.

Forms
To access the Medicare Advantage Enrollment Form, visit CityofHoustonBenefits.org and go to the Forms & Documents tab to download a fillable PDF. Or use the form found on page 19 of this guide.

During the Medicare Advantage Plan Open Enrollment period, forms must be submitted on or before December 11, 2020 for a January 1, 2021 effective date. To change plans after January 1, 2021 the Benefits Division must receive your form by the 15th of the month for coverage to be effective the 1st of the following month.

Three Ways to Submit Forms

Mail:
City of Houston Benefits Division, Attn: Medicare Advantage
611 Walker, 4th Floor
Houston, TX 77002

Secure Document Submission Portal:
CityofHoustonBenefits.org

In-person Open Enrollment drop off locations:
Available Monday - Friday, 9 a.m. - 4 p.m.

611 Walker, Houston, TX 77002
Street Lobby Level

E.B. Cape Center, 4501 Leeland Street, Houston, TX 77023
Lobby Area
As a Medicare-eligible member, you have three plan options to choose from for 2021:

- Aetna Basic PPO
- Aetna Premier ESA PPO
- KelseyCare Advantage HMO

**Your Options**

- Enroll in a City of Houston Medicare Advantage plan for yourself and/or your Medicare-covered dependent(s).
- Switch plans for yourself and/or your Medicare-covered dependent(s).
- Opt out of City of Houston coverage.

If you are currently enrolled in a city Medicare Advantage plan and do not participate in Open Enrollment, you will be defaulted to the plan that is equal or less in cost of your current plan with similar coverage.

The Eligibility and Enrollment Support Center is available to assist you with your questions during Open Enrollment.

**KelseyCare Advantage**
7 days a week, 8 a.m. – 8 p.m. CST
713-442-2COH (2264)

**Aetna Health Care**
Monday - Friday, 7 a.m. – 8 p.m. CST
1-800-307-4830 (TTY: 711)

For general enrollment questions contact:

**City of Houston Benefits**
Monday - Friday, 8 a.m. - 5 p.m. CST
832-393-6000
Under all plans, you must pay a monthly premium to cover eligible family members. You also must pay the federal government for your premiums for Medicare Part A (if any) and Medicare Part B.

The premiums shown below apply to Medicare eligible retirees and their dependents, for whom the City of Houston pays 75% of the cost of monthly premiums.

### Aetna Basic PPO

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>2021 Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Only</td>
<td>$18.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$36.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$36.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$54.00</td>
</tr>
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</table>

### Aetna Premier ESA PPO

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>2021 Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Only</td>
<td>$63.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$126.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$126.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$189.00</td>
</tr>
</tbody>
</table>

### KelseyCare Advantage HMO

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>2021 Monthly Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subscriber Only</td>
<td>$42.00</td>
</tr>
<tr>
<td>Subscriber + Child(ren)</td>
<td>$84.00</td>
</tr>
<tr>
<td>Subscriber + Spouse</td>
<td>$84.00</td>
</tr>
<tr>
<td>Subscriber + Family</td>
<td>$126.00</td>
</tr>
</tbody>
</table>
A Medicare Advantage (MA) plan is another way to provide Original Medicare Part A (hospital) and Part B (medical) benefits and more. MA plans are offered through private insurance companies that have been approved by Medicare. With a Medicare Advantage plan, you don’t lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs. The Aetna Medicare Advantage coverage includes Medicare prescription drug coverage (Medicare Part D); therefore, you do not need a stand-alone Medicare Part D Plan.

In 2021, Aetna will offer two Medicare Advantage PPO Plan options. Please see below for information about the City of Houston Aetna Basic PPO plan.

Additional Benefits

• SilverSneakers® Fitness Program
• Routine Eye and Hearing Exams
• Eyewear Reimbursement: $50 every 12 months
• Lower co-pays at preferred pharmacies like HEB, CVS, and Walmart
• Telehealth and Teladoc
• 24/7 Nurse Line
• Chronic health condition support
• Fall Prevention Program
• Resources for Living

Key Facts

• When you enroll, you have one plan, with one ID card, for both medical and prescription drug coverage. No need for a stand-alone Part D plan.
• No referrals required.
• You have access to in and out of network benefits with our National PPO plan. Use network doctors to avoid paying out-of-network cost sharing.
• No deductible for in or out of network services.
• Most in-network services have a set copay, providing you with certainty in your out-of-pocket costs.
• Covers you nationally when traveling and emergency care is covered worldwide.

Important Information

Am I eligible?
You must have Medicare Part A and Part B to be eligible for the plan. The premiums for Medicare Part A and Part B are paid out of your Social Security benefits.

Will the medicine I’m taking currently be covered under this plan?
Call 1-800-307-4830 (TTY: 711), Monday - Friday, 8 AM to 9 PM ET, or refer to the prescription drug lists on AetnaRetireePlans.com. Select “2021 GRP B2 Plus (5 Tier) Formulary - MAPD” for the Basic plan.

Can I keep my doctors?
You’ll most likely be able to continue seeing your doctors. The Aetna Medicare Advantage plan gives you the freedom to see any licensed doctor or visit any hospital that receives Medicare payments and accepts your plan. Over 850,000 network doctors and specialists, and over 3,500 network hospitals accept the Aetna Medicare Advantage plan.

Prescription drugs are covered. Therefore, you do not need a stand-alone Medicare Part D Plan.

See Frequently Asked Questions page for more important information.
A Medicare Advantage plan is another way to provide Original Medicare Part A (hospital) and Part B (medical) benefits and more. Medicare Advantage plans are offered through private insurance companies that have been approved by Medicare. With an MA plan, you don’t lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs. The Aetna Medicare Advantage coverage includes Medicare prescription drug coverage (Medicare Part D); therefore, you do not need a stand-alone Medicare Part D Plan.

In 2021, Aetna will offer two Medicare Advantage PPO plan options. Please see below for information about the City of Houston Aetna Premier PPO ESA plan.

### Additional Benefits

- Same cost share for in- and out-of-network services
- No referrals required
- SilverSneakers® fitness program
- Routine eye and hearing exams
- Eyewear: $70 every 24 months
- Hearing aids: $500 every 36 months
- Lower copays at preferred pharmacies like HEB, CVS and Walmart
- Transportation services to medical appointments: 24 one-way trips at $0 copay
- Meal delivery after hospitalization
- Telehealth and 24/7 nurse line

### Key Facts

- Pay the same cost share for any doctor or hospital, whether they are in or out of network.
- One plan, with one ID card, for both medical and prescription drug coverage. No need for a standalone Part D plan.
- No referrals required.
- Most services have a set copay, providing you with certainty in your out-of-pocket costs.
- Covers you nationally when traveling and emergency care is covered worldwide.

### Important Information

**Am I eligible?**
You must have Medicare Part A and Part B to be eligible for the plan. The premiums for Medicare Part A and Part B are paid out of your Social Security benefits.

**Will the medicine I’m taking currently be covered under this plan?**
Call 1-800-307-4830 (TTY: 711), Monday - Friday, 8 AM to 9 PM ET, or refer to the prescription drug lists on AetnaRetireePlans.com. Select “2021 GRP B2 (5 Tier) Formulary - MAPD” for the Premier plan.

**What does ESA (Extended Service Area) mean?**
You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan. You pay the same cost for any doctor or hospital, according to the costs listed on your plan benefits.

**Can I keep my doctors?**
You’ll most likely be able to continue seeing your doctors. You have access to in- and out-of-network providers. Over 850,000 network doctors and specialists, and over 3,500 network hospitals accept the Aetna MA plan. You are covered nationally and emergency care is covered worldwide.

See Frequently Asked Questions page for more important information.
Q. What is a Medicare Advantage plan?
A. A Medicare Advantage plan is another way to provide Original Medicare Part A (hospital insurance) and Original Medicare Part B (medical insurance) benefits and more. It’s called Medicare Part C. Medicare Advantage plans are offered through private insurance companies that have been approved by Medicare. With a Medicare Advantage plan, you don’t lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs.

Q. What is the Aetna Medicare Premier Plan (PPO) with ESA?
A. This is a type of Medicare Advantage plan. You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan. You pay the same cost for any doctor or hospital, according to the costs listed on your plan benefits summary.

Q. What is the Aetna Medicare Basic Plan (PPO)?
A. This is a similar Medicare Advantage plan. You still have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan. However, you will likely pay more for an out-of-network provider.

Q. Does the Aetna Medicare Advantage plan offer prescription drug coverage?
A. Yes. You’ll get both medical and prescription drug coverage all in one plan. Aetna’s comprehensive formulary will continue to cover prescriptions with minimal changes. Visit AetnaRetireePlans.com for more information.

Q. Can I keep my doctors?
A. You’ll most likely be able to continue seeing your doctors. The Aetna Medicare Advantage plan gives you the freedom to see any licensed doctor or hospital eligible to receive Medicare payment and accept your plan. Over 850,000 network doctors and specialists, and over 3,500 network hospitals accept the Aetna Medicare Advantage plan. You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan.

Q. Do I need a referral to see a specialist?
A. No. Referrals are not required.

Q. Do I need a primary care doctor?
A. No. A primary care doctor is not required, but encouraged.

Q. How do I find out if my doctor accepts the Aetna Medicare Advantage plans?
A. Just call Aetna at 1-800-307-4830 (TTY: 711), Monday - Friday, 8 AM to 9 PM ET. They’ll contact your doctor and confirm for you or can help you find other nearby doctors or hospitals to meet your needs.

Q. Once the plan becomes effective January 1, 2021, will I need to let my doctor know that I have changed plans?
A. Yes. You’ll need to provide your new Aetna ID card when you receive medical and prescription drug services. Your new ID card will take the place of your current red, white and blue ID card for Original Medicare and will be the only health ID card you will need to carry.

Q. How do I transition my care to Aetna?
A. We want to make your transition to Aetna as smooth as possible. Fill out the transition of care form that will be mailed to you. Our team will work with you to make sure the benefits are applied correctly. In addition, you have access to our continuity of care advocates who will support you throughout this transition.

Q. What is my coverage if I am traveling internationally?
A. Aetna will cover urgent and emergency care while you are traveling outside the U.S. You will need to pay for the costs up front and then submit paid receipts directly to Aetna for reimbursement. Aetna reimburses at Medicare rates. Prescription drugs are not covered outside of the United States and its territories.

Q. Will the medicine I’m taking currently be covered under this plan?
A. Call 1-800-307-4830 (TTY: 711), Monday - Friday, 8 AM to 9 PM ET, or refer to the prescription drug lists on AetnaRetireePlans.com.

1. Scroll down under “Manage your prescription”.
2. Under “Plan Type”, choose “MAPD”.
KelseyCare Advantage (HMO) is a Houston area 5-out-of-5 star rated copay-based plan. Members have open access to Kelsey-Seybold Clinic’s premier multi-specialty physician group and, if needed, can be referred to other contracted providers who work closely with Kelsey-Seybold physicians. Members also have access to the KelseyCare Advantage affiliate provider network. If you are referred outside of Kelsey, the cost-share is the same.

### Additional Benefits

KelseyCare Advantage has been rated 5-out-of-5 stars by Medicare for 5 years in a row:
- Keeping Members Healthy
- Managing Chronic Conditions
- Delivers Member Satisfaction

### Maximized Coordinated Care
- Medication Therapy Management Program
- Medication Reconciliation Program
- Integrated Medical Records
- Population Health for Chronic Conditions

### Key Facts

- No PCP or referrals required
- Low copays
- Same-day Care
- One-Stop Shop Medical Home
- Preventive Services covered at 100%
- Free Transportation
- Hearing & Vision coverage

- Access to all 25 Kelsey locations
- 6 NEW clinics opening in 2021
- Over 70 Medical Specialties
- PCP copay is $0
- Specialist copay is $25
- Free SilverSneakers Membership

### Prescriptions

- The Plan utilizes a closed formulary, or drug list. This means that certain drugs are not covered. The formulary is updated on a monthly basis with approval by CMS (Centers for Medicare & Medicaid Services).

- **New for 2021:** Tier 2 copays have decreased to $15 for 30-Day Supply at a Preferred Retail Pharmacy and $20 for a 30-Day Supply at a Standard Retail Pharmacy.

- **New for 2021:** Mail order pharmacy services are offered for our plan by CVS Caremark® Mail Service Pharmacy.

- The pharmacies that offer preferred cost-sharing for City of Houston are Kelsey Pharmacies, HEB Pharmacies, CVS, and CVS Caremark Mail Service Pharmacy.

KelseyCare Advantage is contracted with MD Anderson however, members cannot self-refer. If a patient develops cancer, the patient would be evaluated and treated by a Kelsey-Seybold Oncologist, if Kelsey cannot treat their particular condition, we would refer the patient to a contracted facility for treatment. One of those facilities could be MD Anderson, or it may be another facility, it depends on the type of cancer.

New KelseyCare Advantage members and patients who are actively undergoing cancer treatment should complete a Transition of Care form for review. If approved, an authorization will be sent to the provider or facility where the treatment is being performed to continue the treatment.
Q. Are Medicare Advantage and Traditional Medicare the same thing?
A. Medicare was originally designed in 1965 to provide affordable medical coverage to older Americans. Medicare began with Parts A and B, but evolved in the 1980s with an influx of private Medicare plans that today are called Medicare Advantage plans (Part C and D).

KelseyCare Advantage is a Medicare Advantage plan. You get all of the benefits of traditional Medicare as well as coverage for things that Traditional Medicare does not cover. In addition, this plan covers your Prescription Medications.

Q. What doctors can I go to on KelseyCare Advantage?
A. With all KelseyCare Advantage plans, you get open access to Kelsey-Seybold Clinic's premier multispecialty physician group, an extensive network of primary care providers and specialists.

You can visit any Kelsey provider at any location. Look for a Kelsey-Seybold Clinic location near you at www.kelsey-seybold.com/find-a-location. This page also lists which specialty services are offered at each location.

In addition to primary and specialty care, most Kelsey locations also have additional services:
- Kelsey Pharmacies
- Onsite Labs and Radiology

Kelsey Care Advantage is also contracted with many Community Network Providers. Providers who are not located within a Kelsey-Seybold Clinic location, but at their own practice. You can find a list of those contracted providers by visiting www.kelseycareadvantage.com/COH.

Q. Do I need a PCP or referral to see a specialist?
A. No. While we highly recommend having a Primary Care Physician, you are not required to select one. There is no need for a referral or prior authorization. Simply choose a physician at your preferred location and schedule an appointment online or by calling 713-442-0000.

Q. How do I transition my care to KelseyCare Advantage?
A. We want to make your transition to KelseyCare Advantage as smooth as possible. Fill out the transition of care form that will be mailed to you. Our team will work with you to make sure the benefits are applied correctly. In addition, you have access to our continuity of care advocates who will support you throughout this transition.

Q. Does KelseyCare Advantage provide coverage outside the Houston area?
A. KelseyCare Advantage offers benefits which allow members to connect with Kelsey-Seybold providers virtually. If you are traveling and feel ill, instead of going to an ER or Urgent Care, you can schedule a Video Visit or E-Visit with a Kelsey provider who has access to your personal medical history. If you need a prescription, the provider will send the details to any pharmacy. And just in case you need it, Emergency Care is covered Worldwide, and Urgent Care is covered within the United States.

Q. Are my medications covered?
A. There are two ways to find out if your prescription medications are covered.

1. Search the 2021 City of Houston Drug List found at www.kelseycareadvantage.com/COH. Enter part of the drug name and then click Add to List. You can add all your medications and save the document for your reference.

2. Call Member Services at 713-442-2COH (2264) (TTY: 711) and ask them to look up your medications, make sure to have the spelling of the drug and the quantity information available.

Q. Can I get care and prescriptions while traveling internationally?
A. KelseyCare Advantage covers all your Virtual Health and Telemedicine. Get medical care delivered right to your smartphone, tablet or computer.

Whether you are traveling or just don't feel well enough to go out. You will receive care from a Kelsey-Seybold provider who has access to your personal medical record.

Need a prescription? The Kelsey provider will send your prescription to any location near you and you can get on with your day. Worldwide Emergency Care as well as Urgent Care in the U.S. is also covered, just in case.

Q. Where can I find more information?
A. Visit www.kelseycareadvantage.com/COH for more information.
# Plan Comparison Chart

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out-of-network</td>
<td></td>
</tr>
<tr>
<td><strong>Service Area</strong></td>
<td>National PPO</td>
<td>National PPO</td>
<td>Brazoria, Chambers, Liberty, Waller, Ft. Bend, Harris, Montgomery, Galveston, Walker, Wharton, San Jacinto, Austin, Grimes</td>
</tr>
<tr>
<td><strong>Annual Deductibles</strong></td>
<td>$0</td>
<td>$0</td>
<td>$150</td>
</tr>
<tr>
<td><strong>Maximum Annual Out-of-Pocket Costs</strong></td>
<td>$3,400</td>
<td>$5,000 for in and out-of-network services combined</td>
<td>$3,500</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td><strong>PCP</strong></td>
<td>$0 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Preventive care</strong></td>
<td>$0 copay</td>
<td>30% coinsurance</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Chiropractic</strong></td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$15 copay</td>
</tr>
<tr>
<td><strong>Podiatry</strong></td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>$300 per stay</td>
<td>30% per stay</td>
<td>$250 per stay</td>
</tr>
<tr>
<td><strong>Outpatient Surgery Hospital</strong></td>
<td>$150 copay</td>
<td>30%</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Outpatient Surgery Ambulatory</strong></td>
<td>$150 copay</td>
<td>30% coinsurance</td>
<td>$0 copay</td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$80 copay</td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Urgent Care Center</strong></td>
<td>$50 copay</td>
<td>$50 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td><strong>Lab &amp; X-Ray Diagnostic Radiology</strong></td>
<td>$0 copay Lab X-ray</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

You may pay more for out-of-network services.

You will pay the same cost-share for in- and out-of-network services combined.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out-of-network</td>
<td></td>
</tr>
<tr>
<td>Therapeutic Radiology (treatment of</td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td>cancer and other diseases with</td>
<td></td>
<td></td>
<td>$15 copay</td>
</tr>
<tr>
<td>radiation)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$15 copay</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$15 copay</td>
</tr>
<tr>
<td>Immunizations</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health</td>
<td>$0 copay</td>
<td>30% coinsurance</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Skilled Nursing</td>
<td>$0 copay per day, day(s) 1-20; $100 copay per day(s) 21-100 100 Limited to 100 days per Medicare Benefit Period</td>
<td>30% coinsurance</td>
<td>$0 copay per day, day(s) 1-20; $75 copay per day, day(s) 21-100 Limited to 100 days per Medicare Benefit Period</td>
</tr>
<tr>
<td>Renal Dialysis</td>
<td>$30 copay</td>
<td>$30 copay</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>10% coinsurance</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>10% coinsurance</td>
</tr>
<tr>
<td>Prosthetic Devices</td>
<td>10% coinsurance</td>
<td>30% coinsurance</td>
<td>20% coinsurance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Diabetic Equipment</td>
<td>See diabetic supplies</td>
<td>See diabetic supplies</td>
<td>See diabetic supplies</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>$0 copay</td>
<td>15% coinsurance</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>20% coinsurance</td>
</tr>
<tr>
<td>Diabetic Monitoring / Training</td>
<td>$0 copay</td>
<td>$0 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0 copay</td>
</tr>
<tr>
<td>Diabetic - Injectable Insulin (30-day supply)</td>
<td>See prescription drug benefit</td>
<td>See prescription drug benefit</td>
<td>See prescription drug benefit</td>
</tr>
<tr>
<td>Hospice</td>
<td>Covered by Original Medicare at a Medicare certified hospice</td>
<td>Covered by Original Medicare at a Medicare certified hospice</td>
<td>Covered by Medicare at Medicare-certified facility</td>
</tr>
</tbody>
</table>
## Mental Health

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out-of-network</td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>$300 per stay</td>
<td>30% per stay</td>
<td>$250 copay per stay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$300 copay per stay</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$15 copay</td>
<td>30% coinsurance</td>
<td>$20 copay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$20 copay</td>
</tr>
</tbody>
</table>

## Key Extra Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing</td>
<td>Routine hearing screening</td>
<td>Routine hearing screening</td>
<td>$15 Routine hearing exam</td>
</tr>
<tr>
<td></td>
<td>$0 copay/ 30% coinsurance</td>
<td>$0 Hearing aid reimbursement</td>
<td>Hearing aid discount up to 20% per year</td>
</tr>
<tr>
<td>Vision</td>
<td>$0 copay / 30% coinsurance per annual routine exam</td>
<td>$0 per annual routine exam</td>
<td>$0 Routine eye exam</td>
</tr>
<tr>
<td></td>
<td>Diabetic eye exam $0 copay/ 30% coinsurance</td>
<td>Diabetic eye exams $0</td>
<td>$50 allowance towards glasses or contacts</td>
</tr>
<tr>
<td></td>
<td>Eyewear Reimbursement $50 once every 12 months</td>
<td>Eyewear Reimbursement $70 every 24 months</td>
<td></td>
</tr>
</tbody>
</table>

## Medical Dental (Medicare-covered services only; i.e. injury to mouth)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 copay/ 30% coinsurance Non-routine care covered by Medicare</td>
<td>$20 copay Non-routine care covered by Medicare</td>
<td>$0 for Medicare-covered benefits</td>
<td></td>
</tr>
</tbody>
</table>

## Routine Dental

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered</td>
<td></td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

## Telehealth

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Includes PCP, Behavioral Health or Urgent Care</td>
<td></td>
<td></td>
<td>$0 PCP</td>
</tr>
<tr>
<td>Teladoc Services Included at PCP copay</td>
<td></td>
<td></td>
<td>$15 Specialist</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Kelsey-Seybold Virtual Health</td>
</tr>
</tbody>
</table>

## Meal delivery

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not covered Up to 14 meals after in-patient hospital stay</td>
<td></td>
<td></td>
<td>Not covered</td>
</tr>
</tbody>
</table>

## Fitness benefit

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>SilverSneakers® fitness benefit</td>
<td></td>
<td></td>
<td>SilverSneakers® fitness benefit</td>
</tr>
</tbody>
</table>
All of the City of Houston’s Medicare Advantage Plans include Part D, and offer comparable or better pharmacy benefits. The drug formularies established by Medicare for 2021 serves as the model for Medicare plan formularies. If requested from your chosen provider*, you will receive a formulary list when you enroll in a plan. You can also find out how much your prescriptions will cost by calling the plan, visiting the plan’s website or viewing the chart below.

*Note: Reference the back page for provider contact information.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Basic PPO</th>
<th>Aetna Premier ESA PPO</th>
<th>KelseyCare Advantage HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Network</td>
<td>Out-of-network</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$0 Deductible</td>
<td>$0 Deductible</td>
<td>$0 Deductible</td>
</tr>
<tr>
<td>Preferred Generic</td>
<td>$10 preferred pharmacy</td>
<td>$2 preferred pharmacy</td>
<td>$10 preferred pharmacy</td>
</tr>
<tr>
<td></td>
<td>$15 standard pharmacy</td>
<td>$5 standard pharmacy</td>
<td>$15 standard pharmacy</td>
</tr>
<tr>
<td>Non-preferred Generic</td>
<td>$15 preferred pharmacy</td>
<td>$10 preferred pharmacy</td>
<td>$15 preferred pharmacy</td>
</tr>
<tr>
<td></td>
<td>$20 standard pharmacy</td>
<td>$20 standard pharmacy</td>
<td>$20 standard pharmacy</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$30 preferred pharmacy</td>
<td>$40 copay</td>
<td>$30 preferred pharmacy</td>
</tr>
<tr>
<td></td>
<td>$35 standard pharmacy</td>
<td>$35 standard pharmacy</td>
<td>$35 standard pharmacy</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$45 preferred pharmacy</td>
<td>$75 copay</td>
<td>$45 preferred pharmacy</td>
</tr>
<tr>
<td></td>
<td>$50 standard pharmacy</td>
<td>$50 standard pharmacy</td>
<td>$50 standard pharmacy</td>
</tr>
<tr>
<td>Specialty Drugs</td>
<td>$75 preferred pharmacy</td>
<td>$75 copay</td>
<td>$75 preferred pharmacy</td>
</tr>
<tr>
<td></td>
<td>$80 standard pharmacy</td>
<td>$80 preferred pharmacy</td>
<td>$80 standard pharmacy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mail Order 90-day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Generic</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non-preferred Generic</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Preferred Brand</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Specialty Drugs</td>
</tr>
<tr>
<td>Medicare Part B drugs</td>
</tr>
</tbody>
</table>
Due to the COVID-19 pandemic and for the safety of our members and staff, most of the events this year will be virtual with limited opportunity for in-person appointments. However, the City will offer various ways for you to learn more about your 2021 benefits.

**Telephonic Appointments**

Not sure which plan to select? Schedule your telephonic appointment with a KelseyCare Advantage or Aetna Healthcare representative to determine which plan is right for you.

Aetna Health Care: 1-800-307-4830 (TTY: 711)

KelseyCare Advantage: 713-442-2COH (2264)

**Medicare Telephone Town Hall Event Schedule**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday - Friday Nov. 18 - Dec. 11</td>
<td>8 a.m.</td>
</tr>
<tr>
<td>Monday - Friday Nov. 18 - Dec. 11</td>
<td>1 p.m.</td>
</tr>
<tr>
<td>Monday - Friday Nov. 18 - Dec. 11</td>
<td>6 p.m.</td>
</tr>
</tbody>
</table>

Note: Nov. 25-28 town halls will not be available due to holidays.

**Webinars**

Online webinars will be offered and will include information on all of your 2021 benefit options, including any changes in benefits. Representatives from the City of Houston and plan vendors will present.

Go to cityofhoustonbenefits.org for webinar links.

**Medicare Webinar Schedule**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday, Nov. 30</td>
<td>9 a.m. - 11 a.m.</td>
</tr>
<tr>
<td>Monday, Nov. 30</td>
<td>5 p.m. - 7 p.m.</td>
</tr>
<tr>
<td>Friday, Dec. 4</td>
<td>9 a.m. - 11 a.m.</td>
</tr>
<tr>
<td>Friday, Dec. 4</td>
<td>2 p.m. - 4 p.m.</td>
</tr>
<tr>
<td>Monday, Dec. 7</td>
<td>9 a.m. - 11 a.m.</td>
</tr>
<tr>
<td>Monday, Dec. 7</td>
<td>5 p.m. - 7 p.m.</td>
</tr>
</tbody>
</table>

**In-person appointments**

Scheduled in-person appointments are available by registering at cityofhoustonbenefits.org. Appointments will be located at E.B. Cape Center, 4501 Leeland Street, Houston, TX 77023. Appointments are limited, so please register soon!
Open Enrollment Checklist

You can enroll in or change your plan any time from November 18 through December 11, 2020 — The choices you make during Open Enrollment are for benefits effective January 1, 2021 through December 31, 2021.

- Enroll in Medicare Parts A & B with the Social Security Administration.
- Contact Medicare for questions about your Original Medicare coverage at 1-800-MEDICARE.
- Visit CityofHoustonBenefits.org for more information about your 2021 benefits. Use the resources to assist you with your decision making. You’ll find a plan comparison, rate sheets, videos and plan summaries.
- Enroll in one of the City of Houston’s Medicare Plans.
- Confirm that you have a physical address and not just a PO Box to ensure you receive all mailings.
- Review the benefits you’ve selected.
- Remember to keep a copy of your enrollment form for your records. Confirmation notifications will be mailed out the week of Dec. 21.

Submit your Medicare Advantage Forms through one of three methods
- Secure Document Submission Portal at CityofHoustonBenefits.org
- Mail to City of Houston Benefits Division, Attn: Medicare Advantage, 611 Walker, 4th Floor, Houston, TX 77002
- In-person Open Enrollment drop off locations:
  Available Monday - Friday, 9 a.m. - 4 p.m.
  611 Walker, Houston, TX 77002 Street Lobby Level
  E.B. Cape Center, 4501 Leeland Street, Houston, TX 77023 Lobby Area

- The Eligibility and Enrollment Support Center is available to assist you with your questions during Open Enrollment.

**KelseyCare Advantage**
7 days a week, 8 a.m. – 8 p.m. CST
713-442-2COH (2264)

**Aetna Health Care**
Monday - Friday, 7 a.m. – 8 p.m. CST
1-800-307-4830 (TTY: 711)

**For general enrollment questions contact:**

**City of Houston Benefits**
Monday - Friday, 8 a.m. - 5 p.m. CST
832-393-6000
This document reflects information as of the date listed herein. There is no promise, guarantee, or vested right to access health care coverage or a premium allowance. To the extent allowed by law or an agreement between the City of Houston and an employee association recognized as the exclusive bargaining agent for covered employees, the City of Houston has the discretion to amend, suspend, or terminate the health care plan at any time.

Plan Documents
The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage refer to the 2020 plan documents. SBCs and plan documents for each of the plans can be found on the HR website at cityofhoustonbenefits.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 800-997-1406 to request a copy. You may obtain a printed copy of the SBC or plan documents at no charge by contacting the Benefits Division at 832-393-6000 and it will be sent to you within seven days.

Medicare
When an employee retires and becomes covered by Medicare, the employee and his/her Medicare covered dependents must enroll in a city-sponsored Medicare Advantage plan. In order to do so, you must first enroll in Medicare Parts A and B, and pay for Medicare Part B. All of the City-sponsored Medicare plans also include prescription drug plans, which provide more comprehensive prescription coverage than Medicare Part D, so it is not necessary to enroll in Part D. If you have any questions regarding Medicare you can contact the Social Security Administration at 800-772-1213 or online at SocialSecurity.gov. When you start thinking about retiring you can attend a retirement information seminar given by the Human Resources Benefits Department. This seminar will answer your questions about the city’s retiree health benefit programs and Medicare. For details regarding the seminar, please contact 832-393-6000.

Notice of Privacy Practices
The City of Houston’s group health plans are designed to protect your privacy. In fact, even though we provide health benefits coverage for you, we do not have access to your medical records. That information is maintained by your doctor and your health plan provider. Federal and state laws require us to maintain the privacy of any information regarding your health care and treatment that is personally identifiable to you, and that is transmitted or maintained by the plans, regardless of the form. This includes information and identifiable factors such as your name, age, and address.

A Notice of Privacy Practices is posted at houstontx.gov/hr and describes how medical information about you may be used and disclosed, and how you can get access to this information. The notice also explains the plans’ privacy practices, legal duties, and your rights concerning your protected health information. You can visit the website to review and retrieve the privacy notice.

If you are unable to access the notice, or prefer a copy by mail, contact the privacy officer at one of the following:

Privacy Officer
City of Houston
Human Resources Department

📍 611 Walker - 4th Floor
Houston, Texas 77002

✉️ privacyofficer@houstontx.gov

📞 832.393.6199
## Medicare Plan Enrollment Form

**City of Houston Benefits Medicare Eligible Retiree/Survivor Universal Enrollment Form**

611 Walker, 4th Floor, TX 77002 | 832-393-6000
terrebenefits@houstontx.gov | cityofhoustonbenefits.org

Submit completed form to the Secure Document Portal at houstontx.gov/hr/benefits/sds_submission_form.html

---

**Print or type with blue or black ink only**

<table>
<thead>
<tr>
<th>Employee ID</th>
<th>Pension System</th>
<th>Contact Number</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Municipal</td>
<td>☐ Fire</td>
<td>☐ Police</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>M.I.</th>
</tr>
</thead>
</table>

Address (Check box if address change) ☐

Apt. No. City State Zip County

☐ Please check box if you would prefer us to send you information in large print.

---

**A. Complete the following for each person to be covered under a City Medicare Advantage Plan. Select a plan for yourself and each eligible dependent. If a covered person does not have Medicare Parts A & B, please complete Section F of this form to continue their coverage in an Active Employee health plan.**

**Opt Out:** I understand that I may re-enroll in the future during Open Enrollment, or if I have a Qualifying Life Event.

☐ Medical ☐ Dental ☐ Vision

**Medicare Advantage Plans (select one):**

☐ Aetna Basic PPO
☐ Aetna Premiere ESA PPO
☐ KelseyCare Advantage HMO

**Medical Coverage Tier (select one):**

☐ Retiree/Survivor Only
☐ Retiree/Survivor + Spouse
☐ Retiree/Survivor + Child(ren)
☐ Retiree/Survivor + Family

**Vision and Dental Plans** Complete the following for each person to be covered under a City Dental and/or Vision Plan. Select a plan for yourself and each eligible dependent. You may only select these plans if you were enrolled at time of retirement.

**Dental Plans (select one):**

☐ DHMO
☐ DPPO

**Dental Coverage Tier (select one):**

☐ Retiree/Survivor Only
☐ Retiree/Survivor + 1 Dependent
☐ Retiree/Survivor + 2 or more Dependents

**Vision Coverage Tier (select one):**

☐ Retiree/Survivor Only
☐ Retiree/Survivor + Spouse
☐ Retiree/Survivor + Child(ren)
☐ Retiree/Survivor + Family

---

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Last Name, First Name, M.I.</th>
<th>Gender (M or F)</th>
<th>Medical (add or drop)</th>
<th>Dental (add or drop)</th>
<th>Vision (add or drop)</th>
<th>Date of Birth</th>
<th>Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self/Retiree</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>
### B. Medicare Information - Retiree

Please refer to your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR
- Attach a copy of your Medicare card or your letter from the Social Security Administration.

<table>
<thead>
<tr>
<th>Name (as it appears on your Medicare card):</th>
<th>Medicare Number:</th>
<th>Is entitled to:</th>
<th>Effective Date:</th>
</tr>
</thead>
</table>

HOSPITAL (Part A)  
MEDICAL (Part B)  

You must have Medicare Part A and Part B to join a City of Houston Medicare Advantage plan.

### C. Medicare-Related Questions - Retiree

- Yes □  No □  Do you or your spouse work?
- Yes □  No □  Did you become eligible for Medicare because of ESRD and has it been less than 30 months since you became eligible? If so, Medicare Advantage will be your secondary coverage for the first 30 months of the coordination period. If yes, provide your prior commercial coverage carrier’s name: ___________________________  
  Member number: ___________________________  Effective Date: ___________________________
- Yes □  No □  Was your previous policy terminated? If yes, provide termination date: ___________________________
- Yes □  No □  Are you enrolled in your state Medicaid program? If Yes, provide your Medicaid number: ___________________________  
  If Yes, will Medicaid pay your premiums for your selected Medicare Advantage policy? □ Yes □ No  
  Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? □ Yes □ No
- Yes □  No □  Will you have other prescription drug coverage in addition to your above selected Medicare Advantage plan?  
  If Yes, please list your other coverage and your identification (ID) number(s) for this coverage: Name of other coverage: ___________________________  ID#: ___________________________  Group #: ___________________________

### B. Medicare Information - Dependent

Please refer to your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.
- OR
- Attach a copy of your Medicare card or your letter from the Social Security Administration.

<table>
<thead>
<tr>
<th>Name (as it appears on your Medicare card):</th>
<th>Medicare Number:</th>
<th>Is entitled to:</th>
<th>Effective Date:</th>
</tr>
</thead>
</table>

HOSPITAL (Part A)  
MEDICAL (Part B)  

You must have Medicare Part A and Part B to join a City of Houston Medicare Advantage plan.

### C. Medicare-Related Questions - Dependent

- Yes □  No □  Do you or your spouse work?
- Yes □  No □  Did you become eligible for Medicare because of ESRD and has it been less than 30 months since you became eligible? If so, Medicare Advantage will be your secondary coverage for the first 30 months of the coordination period. If yes, provide your prior commercial coverage carrier’s name: ___________________________  
  Member number: ___________________________  Effective Date: ___________________________
- Yes □  No □  Was your previous policy terminated? If yes, provide termination date: ___________________________
- Yes □  No □  Are you enrolled in your state Medicaid program? If Yes, provide your Medicaid number: ___________________________  
  If Yes, will Medicaid pay your premiums for your selected Medicare Advantage policy? □ Yes □ No  
  Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium? □ Yes □ No
- Yes □  No □  Will you have other prescription drug coverage in addition to your above selected Medicare Advantage plan?  
  If Yes, please list your other coverage and your identification (ID) number(s) for this coverage: Name of other coverage: ___________________________  ID#: ___________________________  Group #: ___________________________
F. Disclosures

KelseyCare Advantage Plan

By completing this enrollment application, I agree to the following:

- I must keep both Hospital (Part A) and Medical (Part B) to stay enrolled in KelseyCare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that KelseyCare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people who are covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my KelseyCare Advantage coverage begins, I must get all of my medical and prescription drug benefits from KelseyCare Advantage network providers. Benefits and services provided by KelseyCare Advantage and contained in my KelseyCare Advantage “Evidence of Coverage” document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor KelseyCare Advantage will pay for benefits or services that are not covered.
- I understand that my signature or initials (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under State law to complete this enrollment, and
  2. Documentation of this authority is available upon request by Medicare.

Paying your Late Enrollment Penalty (LEP) If you owe a late enrollment penalty, you can pay your penalty that you currently have or may owe by mail, Electronic Funds Transfer (EFT), credit card each month. You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay KelseyCare Advantage the Part D-IRMAA.

Aetna Basic and Premiere Plans

By completing this enrollment application, I agree to the following: Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B coverage. I can only be in one Medicare Advantage Plan. I will release my information to Medicare and other services contained in my Aetna Medicare Advantage plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES. PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, I must get all my health care from the Aetna Medicare Advantage plan, except for emergency or urgently needed services or out of area dialysis services. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Advantage plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES. I've been advised not to cancel or drop any supplemental insurance I currently have until I receive written notification of my confirmed effective date from Aetna. I understand that the providers in the Aetna network are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. I understand if I'm getting assistance from a sales agent, broker, or other individual employed by or contracted with Aetna’s Medicare Advantage plans, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan. Release of information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aetna Medicare will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.
G. Non-Medicare Eligible Medical Plans (select one)
If a covered person does not have Medicare Parts A & B, please complete the following to continue their coverage in an Active Employee health plan.

- Cigna Consumer-Driven Health Plan
- Cigna Limited Network Plan
  - Kelsey-Seybold
  - Village Family Practice
  - Renaissance
- Cigna Open Access

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<tr>
<th>Relationship</th>
<th>Last Name, First Name, M.I.</th>
<th>Gender (M or F)</th>
<th>Medical (add or drop)</th>
<th>Dental (add or drop)</th>
<th>Vision (add or drop)</th>
<th>Date of Birth</th>
<th>Social Security No.</th>
<th>Tobacco User*</th>
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<tbody>
<tr>
<td>Self/Retiree</td>
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Note: An eligible dependent means your legal spouse, and any child (natural, adopted, foster, grandchild, stepchild, a child for whom you are legal guardian and/or have legal support obligations) who is your dependent for federal income tax purposes, resides with you (except in the case of a court order), and is under age 26. A dependent may be your child who is age 26 or older, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical disability or handicap which arose while the child was covered as a dependent under this Plan, or while covered as a dependent under a prior City plan without a break in coverage. Proof of the child’s condition and dependence must be submitted within 31 days after the child/children ceases to qualify.

*Non-Tobacco User Discount – If you and/or your dependent(s) do not use tobacco products, you qualify for the monthly non-tobacco user discount of $35 per non-tobacco user. If you and/or any of your dependent(s) are indicated above as a tobacco user, you will not be eligible for the non-tobacco user discount. By enrolling and participating in a smoking/tobacco cessation program, you may become eligible for the monthly non-tobacco user discount of $35 per participant. In order to be eligible for the discount, previously indicated tobacco users on any of the City of Houston’s medical plans must participate in a smoking cessation program. Smoking/tobacco cessation programs must be facilitated or validated by the City of Houston.

H. City of Houston Authorizations
This document reflects information as of the date listed herein. There is no promise, guarantee, or vested right to access health care coverage or a premium allowance. To the extent allowed by law or an agreement between the City of Houston and an employee association recognized as the exclusive bargaining agent for covered employees, the City of Houston has the discretion to amend, suspend, or terminate the health care plan at any time.

I am a retiree or survivor of the City of Houston, eligible to participate in the City of Houston Medicare Advantage Plan. I apply to make the above coverage election(s) and understand the information I have provided is part of my application. All statements made by me may be relied upon by the City of Houston; if any information that I have provided is found to be materially incorrect, my coverage may be denied. I understand that if both I and my spouse work(ed) for the City of Houston, I may be covered as an employee/retiree or as a dependent, but not both. Dependent(s) may be enrolled under only one parent or guardian.

I agree that if I acquire other coverage outside of the City of Houston, or if I have listed ineligible dependents, I may incur a monetary penalty and/or my coverage may be canceled. I understand that I must notify the City when I acquire other coverage outside of the City’s plans and when I have an ineligible dependent.

Contributions are paid one month in advance. If you opt out or make a plan or tier change at the end of the month, you will be eligible for a refund for contributions already paid.

I authorize the Pension System to deduct from my pension check my portion of the contributions as it becomes due.

I authorize any Medicare Advantage Plan Provider to disclose to the Plan Administrator(s) information relating to individuals specified on this application.

I authorize any Medical, Dental or Vision Provider to disclose to the Plan Administrator(s) information relating to individuals specified on this application.

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<tr>
<th>Date</th>
<th>Contact Number</th>
<th>Signature</th>
</tr>
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Q: Am I required to complete a new application to enroll in one of the City of Houston Medicare Advantage Plans for 2021?
A. Yes, the City of Houston is offering three (3) new plans: Aetna PPO Premier, Aetna PPO Basic and KelseyCare Advantage HMO for our Medicare Advantage plans. Please review the Summary of Benefits for each plan located on the Open Enrollment Website and select the plan that you prefer by completing the enrollment Application.

Q: If my spouse or I am eligible to join a supplemental Medicare plan and one of us is not, will the non-Medicare-covered member still have insurance coverage?
A: Yes. You or your spouse who is not eligible to join a Medicare Advantage plan will keep your Cigna coverage.

Q: If I did not earn enough credits to be covered by Medicare, or I didn’t pay into the Social Security system for Medicare entitlement, what coverage will I have after age 65?
A: You may retain coverage under a Cigna plan, but the coverage will be at a higher rate.

Q: I am comfortable with my PCP and receiving my care within a limited network. My spouse prefers freedom to see specialists of her choice, without restriction of a network. Can each of us have a different Medicare plan?
A: Yes, you may each elect a separate plan.

Q: Which plan is best for me?
A: As you review the plan materials, you should consider your own medical situation, like your PCP, specialist and the prescriptions you take. Check to see which networks your doctors are in and if your prescriptions are covered by that plan’s formulary and in which copayment tier they fall.

Q: I’m retired, and I turn 65 in November, making me Medicare eligible. Do I have to wait until spring open enrollment to switch to a Medicare plan?
A: No. Eligibility for Medicare Parts A and B starts on the first day of the month in which you turn 65, or if your birthday is on the first of the month, on the first day of the prior month. You should start the paperwork to enroll in Medicare two to three months in advance.

Once you receive your Medicare card or acceptance letter, you must enroll in one of the Medicare plans offered by the city. Your coverage will be effective on the first day of the month after your enrollment forms are received by the Benefits Division.

Q: I’m Medicare-eligible but do not have Medicare Part B. What are my options?
A: Retirees without Medicare Part B are able to remain on a Cigna plan provided they submit a copy of the letter from Medicare showing that they are not eligible for Part B.

NOTE: Retirees who do not have Medicare Part B will pay a higher contribution.

Apply for Medicare through the Social Security Administration by contacting them at 800-771-1213 or www.Medicare.gov. If you are eligible for Part B but declined Part B, you must apply during the annual Medicare enrollment, January - March. Coverage will be effective July 1. If you don’t apply, you will become ineligible for a Cigna plan.

Q: Whom do I contact if I have a problem with billing, questions about what the plan covers, or claims and prescription concerns?
A: You should contact the plan in which you are enrolled at their customer-service phone number on the back of your insurance card.

Q: If I choose a plan and decide I would like to change to a different supplemental Medicare plan, do I have to wait until next Open Enrollment to change?
A: No. You may change plans effective the first of any month. To ensure you receive your ID card before your coverage becomes effective the Benefits Division should receive your application by the 15th of the current month. Applications received after the 15th of the month will not go into effect until the 1st of the month following, approximately 6 weeks out. You will receive your ID card approximately 3 weeks after coverage is effective.
Contact Us

City of Houston Benefits
Monday - Friday, 8 a.m. - 5 p.m. CST
611 Walker, 4th Floor
Houston, TX 77002
832-393-6000
cityofhoustonbenefits.org
retireebenefits@houstontx.gov

Aetna Health Care
Monday - Friday, 7 a.m. – 8 p.m. CST
1-800-307-4830 (TTY: 711)
aetnaretireeplans.com/

KelseyCare Advantage
7 days a week, 8 a.m. – 8 p.m. CST
713-442-2COH (2264)
www.kelseycareadvantage.com/COH

Open Immediately!

2021 OPEN ENROLLMENT DECISION GUIDE

Houston, TX 77002
611 Walker, 4th Floor, 4-A
Human Resources Department
City of Houston