

CITY OF HOUSTON

MAY 2005

Introducing  
2 New  
Medicare  
Advantage Plans



ENROLLMENT GUIDE

FOR RETIREES

HEALTHY  
LIVING  
TOOLBOX

## What's new?

- Two new Medicare Advantage plans are introduced:
  - TexanPlus**
  - Texas HealthSpring**
  - Potential savings of 85 to 97-percent on monthly contributions.
  - Potential savings of 50 to 75-percent on copayments.
  - The option for split-family elections.
  - Opportunity to switch plans at the first of any month in 2005.
- Changes to prescription drugs and the specialist copayment in the HMO and PPO plans.
- Changes to the contribution structure.

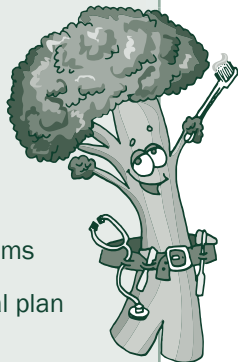
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## Your Healthy Toolbox

Useful tools accompanied by "healthy toolbox" tips are sprinkled throughout your enrollment guide to help you build a healthier life.

Use this advice to anticipate and prevent common health problems and to learn about the treatment your medical plan provides.



Dear Retirees:

I have some very good news for you.

We are proud to present two exciting new money-saving **Medicare Advantage Plans** to our Medicare-covered retirees and their Medicare-covered dependents.

**TexanPlus** and **Texas HealthSpring** are offering these high-quality health-care plans that are similar to the city's HMO Blue Texas HMO plan.

Each plan carries feel-it-in-your-wallet savings. Most of you would enjoy 85 percent to 97 percent savings on monthly premiums and 50 percent to 75 percent savings on some copayments, compared to what you're paying in the city's HMO plan.

The plans will look and feel familiar. They are reminiscent of NYL-Care65, the Medicare HMO offered by the city until 2000.

These new options are not your average "street version" of other Medicare Advantage Plans. We've enriched these new plans with special enhancements you can only get through the city's plan. The new plans include prescription drug benefits closely resembling the HMO Blue HMO plan, providing high-quality, affordable medication, and many familiar doctor names.

You will have the option of remaining in the HMO and PPO plans and continuing to pay the May 2005 contributions and copayments, or enrolling in one of these new cost-saving plans.

I encourage you and your Medicare-covered dependents to consider enrolling in one of these new Medicare Advantage Plans. If for any reason you are not satisfied with one of the new plans, you may return to the HMO or PPO plan on the first of any month in 2005.

You can enroll March-April, with benefits taking effect May 1, 2005. You can also enroll in any month in 2005, with benefits taking effect the first day of the next month.

Respectfully,

Mayor Bill White

## What are my Medicare Advantage plan options?

They're very similar to the HMO. In some areas the city's plan offers a more generous benefit but in other areas, especially in out-of-pocket savings, the new plans are more generous. The plans recall the NYLCare65 plan offered until 2000. See page 4 for a description of benefits and the comparison chart for more plan features.

Both Medicare Advantage plans are based in Houston and offer quality health care, maintaining many of the doctor-patient relationships you already enjoy.

**TexanPlus**  
(866) 556-4607

**Texas HealthSpring**  
(800) 846-2098

## What's new ... Medicare Advantage plans.

Something you'll really like. We're introducing two new Medicare Advantage plans for our Medicare-covered retirees and their Medicare-covered dependents that will save you some major money.

Your two new choices: **TexanPlus** and **Texas HealthSpring**.

Both are managed locally and are similar to the HMO-type benefits and prescription drug plan provided by the city – but with mighty attractive financial incentives. Such as:

- Lower monthly contributions: 85 to 92-percent savings on “retiree only” contributions.
- Lower copayments: 50 to 75-percent savings on standard PCP visits.
- Familiar plan design: similar to the HMO BlueTexas HMO plan.
- Prescription drug plan closely resembling the city's HMO and PPO drug plan.
- Possibility for split-family elections.
- Opportunity to switch from the Medicare Advantage plans to the HMO or PPO on the first day of any month in 2005. Then on Jan. 1 or May 1 starting in 2006.

## What's new on May 1 ... for the HMO and PPO.

Plan costs are expected to be \$225 million in FY06. Though the increase is a modest 13%, it is 290 percent greater than the increase in the city's general fund revenue. To keep the plans affordable for employees and retirees, there are a few changes that will take place on May 1, 2005 for those in the HMO Blue Texas HMO and PPO.

- Non-sedating antihistamines, or prescription drugs and devices used to treat sexual dysfunction will no longer be covered. For detailed information about the prescription changes see page 8.
- Step therapy will be introduced. For detailed information about step therapy see page 8.
- Also on May 1, there will be an increase in copayment for seeing a specialist, going from \$20 to \$45 in the HMO, and \$30 to \$50 in the PPO. Coverage in the PPO out-of-network and Out-of-Area plans will not change.
- Effective May 1, the city's contribution to the medical plan will increase by more than \$10 million, or 78% of the total medical cost as compared to the current 80%. Participants will contribute 22%, up from 20%. See new rates highlighted in green on page 6.

## What are your options during this open enrollment?

- Enroll in TexanPlus or Texas HealthSpring for yourself only (if you're covered by Medicare).
- Enroll in TexanPlus or Texas HealthSpring for yourself and your Medicare-covered dependents.
- Enroll in TexanPlus or Texas HealthSpring for a Medicare-covered family member and leave another Medicare or non-Medicare family member in the HMO or PPO plan.
- Do nothing and remain in the HMO or PPO.

## Who is eligible?

Probably you. Here are the FIVE things you need to qualify:

1. Be a city retiree, dependent or survivor currently covered under a city medical plan.
2. Live in the plan's service area.
3. Pay the required premium to the city.
4. Be a card-carrying member of Medicare enrolled for coverage in both Part A (hospital insurance) and Part B (medical insurance).
5. Not have end stage renal disease

There are no waiting periods and you cannot be turned down for coverage for a pre-existing health condition.

## Important dates

If you meet eligibility requirements, you may join during open enrollment.

1. Forms are due to the city by **April 30, 2005** for coverage to begin **May 1, 2005**.
2. Forms received after Apr. 30, 2005, will become effective on the first day of the following month.
3. To pay the lower premium the benefits division must receive your application by the third of the month prior to the month that you want coverage to start. If you want to pay the lower premium on May 1, the benefits division should receive your form by April 3. If we don't, you will receive a refund for the higher premium for May 1.

We urge you to consider participating in one of these new money-saving managed care plans.

Don't miss the boat. Get on board for quality, accessible and more affordable health care for retirees.

See page 14 and 15 for information on how to enroll and disenroll.

## **Important Note:**

What you will be receiving in the next few days:

- An enrollment package from TexanPlus
- An enrollment package from Texas HealthSpring

## **Important Dates:**

- Forms are due in April for benefits to be in effect for May 1, 2005.
- In 2005, you can switch plans on the first day of the month. (No midmonth changes.)
- In 2006, you may return to the HMO or PPO on Jan. 1 or May 1.

**Important Note:** You may receive other mailings from TexanPlus and Texas HealthSpring offering plans that don't look nearly as good as these. Don't despair. They are only mass-marketed mail-outs - the "street version" offered to your neighbors, which don't have the same benefits. The mailing you want includes a letter from Mayor Bill White.

## Your Plan Highlights

Here are some familiar benefits. See the comparison chart for more details.

- Familiar physician networks: Kelsey-Seybold's 250 Houston-area physicians in **TexanPlus**; Renaissance physicians in **Texas HealthSpring**.
- Some new physicians who are not in the HMO Blue Texas network.
- Plan design is similar to the HMO Blue Texas HMO.
- The prescription benefits are similar to the HMO and PPO drug copayment structure, although there are differences in drug formularies and annual limits.
- Access to familiar retail pharmacies like CVS, Walgreens, HEB, Kroger, Randalls and others.
- Access to state-of-the-art medical facilities like St. Luke's and Methodist hospitals.
- Urgent-care center locations so convenient they could almost be considered a house call.
- Both plans offer dramatic savings in monthly contributions and doctor-visit copayments.

## Savings? Okay, show me the money.

- Lower monthly contributions: 85 to 92-percent savings on "retiree only" monthly contributions. See page 6 for the contribution chart.
- Lower out-of-pocket costs on many services including:
  - 50 to 75 percent savings on PCP visits;
  - \$100 savings on emergency room visits;
  - Inpatient hospital care and mental health care;
  - Durable medical equipment;
  - No copayment for home health care visits.

## How can such benefits be provided at a lower cost?

- All health care issues are managed locally.
- Plans have a smaller network of physicians and medical centers.
- The federal government is shouldering most of the financial responsibility.

## What's the downside?

- A smaller network of physicians, hospitals and urgent-care centers.
- Geographical considerations. You must reside in designated service areas to be able to participate. See page 9 for service area maps.

## What exactly are Medicare Advantage plans?

Medicare offers you different ways to get your Medicare benefits when you reach age 65. One option is called Original Medicare, and is the traditional form that underlies your retiree health coverage from the city.

Another option is called Medicare Advantage (or Medicare managed care) where Medicare contracts with private companies to provide the benefits instead of Medicare. This kind of plan is similar to the NYLCare65 plan the city offered until 2000.

Medicare Advantage plans that are offered now are similar to HMOs. You must choose a PCP and use network providers. When you enroll in this type of plan, Medicare pays a monthly amount to TexanPlus and Texas HealthSpring for them to cover your Medicare benefits, instead of Medicare. That means these Medicare Advantage plans cover everything Medicare covers, and more. Medicare writes most of the rules that the vendor and retiree must follow.

These plans will replace your HMO or PPO plan and Medicare.

## Plan features for TexanPlus and Texas HealthSpring

The following plan features are effective May 1, 2005. Refer to the evidence of coverage for TexanPlus or Texas HealthSpring or HMO/PPO medical plan summary document for covered benefits and exclusions. See the comparison chart below for more details.

ENROLLMENT  
OPTIONS

**What you can do:**

- Elect a new plan.
- Your dependent elects a new plan.
- You elect a new plan and your dependent stays in the HMO or PPO plan.
- If you don't want to make any changes, don't do anything. Your coverage will remain in effect until you make a change.

If you are currently enrolled in:	You may enroll in one of these plans during this enrollment			
	HMO	PPO	Texan-Plus	Texas Health-Spring
HMO	yes	yes	yes	yes
PPO	yes	yes	yes	yes
OOA	no	no	no	no

Plan feature	What you pay			
	HMO	PPO in-network	TexanPlus	Texas HealthSpring
Deductible (Individual/Family)	N/A	\$200/\$600	N/A	N/A
PCP office visit copayment	\$20	\$30	\$5	\$10
Specialist office visit copayment	\$45	\$50	\$25	\$25
Routine physical copayment	\$20	\$30	\$0	\$10
Well woman/man exam	\$0	\$0	\$0	\$0
Inpatient admission copayment/coinsurance	\$500	\$500 + 20%	\$300	\$275
Emergency room	\$150	\$150 + 20%	\$50	\$50
Ambulance	\$100	20%	\$50	\$100
Outpatient surgery	\$200	20%	\$125	\$200
<b>Prescriptions (30-day supply**) participating pharmacy copayment</b>				
Generic	\$10	\$10	\$10	\$10
Preferred brand	\$30	\$30	\$30*	\$30*
Nonpreferred brand	\$45	\$45	\$45*	\$45*
<b>Prescriptions (90-day supply) mail-order copayment</b>				
Generic	\$20	\$20	\$20	\$20
Preferred brand	\$60	\$60	\$60*	\$60*
Nonpreferred brand	\$90	\$90	\$90*	\$90*
<b>Annual maximum copay/coinsurance (Individual / Family)</b>	\$1,500/ \$3,000	\$3,000/ \$6,000	\$1,500 per member	\$1,500 per member

\*\$4,000 annual limit on preferred & nonpreferred brand prescriptions.

\*\* TexanPlus has a 31-day supply.

## **Important note:**

As of May 2004, the city contributed 72 percent of the cost of health care for retirees covered by Medicare, 66 percent for all retirees.

We will increase contributions to these new plans to 75 percent for May 2005.

As mentioned on page two, the total plan cost of the HMO and PPO has increased by 13%, to \$225 million for May 2005. The city's contribution will increase by \$10 million, so that the City will pay 78% of the plan cost. This means that employees and retirees will pay 22%. Last year retirees experienced a large increase in monthly contributions, with segments of retirees who had higher claims costs having the largest increase. This year, the rates will increase the same for all categories, by HMO and PPO. HMO rates will increase about 22% for employees and retirees, and PPO rates will increase about 28%.

Experts tell us that there is a great deal of value for these contributions, but we are very sensitive to the impact this increase will have on your monthly budget. That's why the Medicare Advantage Plans should catch your eye.

Both Medicare Advantage plans offer a health plan alternative, while greatly reducing your monthly contribution.

Consider this: a Medicare-covered "retiree only" on May 1, 2005, will pay \$98.66 monthly for the HMO Blue Texas plan. However, the same retiree would have monthly contributions of only \$15, an 85-percent savings, in TexanPlus or \$7.50, a 92-percent savings, in Texas HealthSpring. The same retiree plus spouse, also with Medicare, who pays \$192.40 monthly in the city's HMO, would pay only \$15 or \$30 a month under one of the new plans.

## **An example of how to calculate your rate**

If some of your covered family members elect a new Medicare Advantage plan and some remain in the HMO or PPO plan, your contribution will be calculated in a different manner.

You are an HMO participant: Retiree + One; both are Medicare eligible, but only one elects a Medicare Advantage plan, (Texas HealthSpring).

- Refer to the chart on page 6. Go to the heading, "Retiree + One (Both have Medicare)." On May 1, you will pay \$192.40.
- Find line #3 that states, "One elects a new Medicare plan / one keeps city plan." Follow line #3 across adding \$98.66 (City HMO rate) + \$7.50 (Texas HealthSpring rate).
- Your new contribution deducted from your pension check will be  $\$98.66 + \$7.50 = \$106.16$ . You save \$86.24 per month.

## **Important Note:**

Once in the new Medicare plan, you can still change back to the HMO or PPO on the first of any month in 2005. Options include:

1. Do nothing and stay in one of the new Medicare Advantage plans;
2. Retiree may change and dependent can stay;
3. Dependent may change back and retiree can stay; or
4. Either can change back at the first of any month in 2005.

## Contribution rate chart

Use the chart below to find the contribution for the coverage you elect. First, look for the category in the left-hand column that fits your situation, then select the corresponding rate for the plans of your choice. If you have family members who remain in the HMO or PPO, select the rate based on the age of the oldest family member keeping the HMO or PPO plan. Your total monthly contribution is the sum of the rate for HMO or PPO, plus the rate for TexanPlus or Texas HealthSpring.

**New rates are effective May 1, 2005.**

Family Coverage Category for Medicare Managed Care Plans	Contributions			
	HMO*	PPO*	TexanPlus	Texas HealthSpring
<b>Retiree Only (With Medicare)</b>	<b>\$98.66</b>	<b>\$221.38</b>		
1 Retiree elects a new Plan	-	-	\$15.00	\$7.50
<b>Retiree + One (Both have Medicare)</b>	<b>\$192.40</b>	<b>\$467.50</b>		
2 Both elect a new Plan	-	-	\$30.00	\$15.00
3 One elects a new Plan / one keeps City Plan	\$98.66	\$221.38	\$15.00	\$7.50
<b>Retiree + One (Only one has Medicare)</b>	<b>\$197.34</b>	<b>\$583.14</b>		
4 One elects a new Plan / one keeps City Plan (less than 65)	\$93.34	\$322.00	\$15.00	\$7.50
5 One elects a new Plan / one keeps City Plan (age 65+)	\$316.24	\$408.78	\$15.00	\$7.50
<b>Retiree + Family (Two have Medicare)</b>	<b>\$305.86</b>	<b>\$717.38</b>		
6 Two elect a new Plan / one keeps City Plan (less than 65)	\$93.34	\$322.00	\$30.00	\$15.00
7 Two elect a new Plan / two keep City Plan (both are less than 65)	\$275.36	\$726.26	\$30.00	\$15.00
8 Two elect a new Plan / two+ keep City Plan (all are less than 65)	\$429.38	\$1,120.58	\$30.00	\$15.00
9 One elects a new Plan / two keep City Plan (1 is 65+, 1 is less than 65)	\$197.34	\$583.14	\$15.00	\$7.50
10 One elects a new Plan / two+ keep City Plan (1 is 65+, 2 are less than 65)	\$335.48	\$737.58	\$15.00	\$7.50
<b>Retiree + Family (Two with Medicare + one 65+ w/o Medicare)</b>	<b>\$305.86</b>	<b>\$717.38</b>		
11 Two elect a new Plan / one keeps City Plan (65+ w/o Medicare)	\$316.24	\$408.78	\$30.00	\$15.00
12 Two elect a new Plan / two keep City Plan (1 is 65+, 1 is less than 65)	\$664.10	\$858.44	\$30.00	\$15.00
<b>Retiree + Family (Three w/ Medicare)</b>	<b>\$305.87</b>	<b>\$717.39</b>		
13 Three elect a new Plan	-	-	\$45.00	\$22.50
14 Three elect a new Plan / one keeps City Plan (1 is less than 65)	\$93.34	\$322.00	\$45.00	\$22.50
15 Three elect a new Plan / two keep City Plan (both are less than 65)	\$275.36	\$726.26	\$45.00	\$22.50
16 Three elect a new Plan / two+ keep City Plan (all are less than 65)	\$429.38	\$1,120.58	\$45.00	\$22.50
17 Two elect a new Plan / one keeps City Plan (age 65+)	\$98.66	\$221.38	\$30.00	\$15.00
18 Two elect a new Plan / two keep City Plan (1 is 65+, 1 is less than 65)	\$197.34	\$583.14	\$30.00	\$15.00
19 Two elect a new Plan / two + keep City Plan (1 is 65+, 2 are less than 65)	\$335.48	\$737.58	\$30.00	\$15.00
20 One elects a new Plan / two keep City Plan (1 is 65+, 1 is less than 65)	\$197.34	\$583.14	\$15.00	\$7.50
21 One elects a new Plan / two+ keep City Plan (2 are 65+, 1 is less than 65)	\$305.86	\$717.38	\$15.00	\$7.50
<b>Retiree + Family (Only one has Medicare)</b>	<b>\$335.48</b>	<b>\$737.58</b>		
22 One elects a new Plan / two keep City Plan (both are less than 65)	\$275.36	\$726.26	\$15.00	\$7.50
23 One elects a new Plan / two+ keep City Plan (all are less than 65)	\$429.38	\$1,120.58	\$15.00	\$7.50
24 One elects a new Plan / two keep City Plan (1 is 65+, 1 is less than 65)	\$664.10	\$858.44	\$15.00	\$7.50
25 One elects a new Plan / two+ keep City Plan (1 is 65+, 2 are less than 65)	\$1,138.44	\$1,471.62	\$15.00	\$7.50

\*Rates displayed for the HMO and PPO are for participants who do not use tobacco products. If the participant or a family member uses tobacco products, the rate is \$25 higher per month. This additional amount does not apply to TexanPlus or Texas HealthSpring.

## Prescription costs toolbox

Prescription-drug usage has been identified as one of the major contributors to the health-care cost crisis.

All generic drugs in all three plans are covered at the Tier-1, lowest copayment, rate on the formulary. Ask your physician to prescribe a generic drug when available. The effectiveness of generic drugs is the same as the over-advertised, highly priced name-brand drugs.



### “Dispense as written”

“Dispense as Written” may mean you are paying more.

“Dispense as Written” means the pharmacist has to dispense the brand and charge at the preferred copayment. If your doctor writes the prescription for a brand-name drug, but does not specifically write “Dispense as Written” you have the right to ask the pharmacist for an equivalent generic substitute. When filling out prescriptions, ask doctors to sign above the line stating: “Generic Substitution Allowed.” If you don’t, you’re paying for the higher-priced drug.

### Let the buyer beware

Pharmaceutical companies often make claims regarding a new product’s superiority when there is really only marginal improvement.

When exposed to high-dollar print and television advertising regarding the latest prescription medications, please beware. Those advertising costs are passed along in the cost of the drug. Be sure you and your doctor agree and select the best medication, not the latest commercial. Don’t be seduced into asking for a medication because of an attractive spokesperson. The higher price tag will be enough to make you sick.

### Keeping your prescription costs down

On your next doctor’s visit, take along your current medications with a copy of the drug formulary. Find out if there is a generic equivalent. Requesting the generic equivalent is one way to slow escalating drug prices. It will save you money!

Generics can save 50 to 70-percent on your prescription-drug costs.

Most of the top 50 drugs used by retirees are covered in both Medicare Advantage plans. Both plans have familiar-looking prescription benefits because they resemble the HMO and PPO drug plan. In either plan, you will still have access to medication necessary to manage your health.

Since we’ve had such effective results using the three-tiered formulary, those features, in general, have been repeated in both Medicare Advantage plans. You will have three formularies, or preferred drug lists, to study.

The two Medicare Advantage plans offer the same copayment structure as the city’s familiar HMO and PPO plans. However, both TexanPlus and Texas HealthSpring have an annual \$4,000 cap for brand-name prescriptions. Both plans offer unlimited generic prescriptions. Both plans allow for mail-order prescriptions at the familiar mail-order copayment structure.

All prescriptions must be purchased from participating pharmacies or the mail-order facility.

## Prescription features

- Three tier copayment structure. Copayments are the same as in the HMO Blue Texas HMO and PPO.
- Each plan has an approved list of drugs. Be sure to check each list enclosed in your enrollment packets to find your drugs.
- Get your prescriptions from a participating pharmacy, such as CVS or Walgreens. (See chart on page 11.)
- Mail-order prescriptions are sent to:
  - HMOBTX - Prime Therapeutics
  - TexanPlus - Caremark
  - Texas HealthSpring - Express Scripts.
- No annual dollar limit on the generic drugs you use.
- \$4,000 limit on brand-name prescriptions.
- In Texas HealthSpring, you need to see your PCP before you can get a refill of your current prescriptions.

## Prescription copayments

Plan	Participating pharmacy 30-day supply*	Mail order 90-day supply
<b>HMO, PPO, TexanPlus and Texas HealthSpring</b>		
	\$10 generic	\$20 generic
	\$30 preferred	\$60 preferred
	\$45 nonpreferred	\$90 nonpreferred

\*TexanPlus provides a 31-day supply.

To find a participating pharmacy for the HMO or PPO, go to [www.bcbstx.com](http://www.bcbstx.com) and use the pharmacy or provider finder option. For TexanPlus, use your provider directory or call (866) 556-4607. For Texas HealthSpring, go to [www.texashealthspring.com](http://www.texashealthspring.com). Click on provider directory. The list of network pharmacies begins on page 134. You can use the provider directory in your packet.

Under TexanPlus, certain drugs used for catastrophic illnesses require you to pay 20 percent of the cost. Texas HealthSpring requires you to pay 15 percent of the cost until your 15 percent reaches \$1,000.



## What's new on May 1 ... for prescription coverage.

To keep the plans affordable for employees and retirees, there are a few changes to your prescription coverage that will take place on May 1, 2005 for those in the HMO Blue Texas HMO and PPO.

### Prescriptions benefits:

- Non-sedating antihistamines, such as Zyrtec, Allegra, and Clarinex will not be covered by the prescription drug plan. Over-the-counter (OTC) brand name and generic non-sedating antihistamines are available at low cost at all local pharmacies. They are usually less expensive than a prescription copayment.
- Prescription drugs and devices used to treat sexual dysfunction will not be covered by the prescription drug plan. These drugs include, but are not limited to, Viagra, Cialis, and Levitra.

### Step therapy will be introduced:

Before filling certain prescriptions, the pharmacist will review your pre-prescription history to determine if the plan requires your doctor to consider acceptable alternatives. If so, the pharmacist will advise you to contact your physician to obtain an alternative prescription or to discuss possible over-the-counter solutions.

If it is medically necessary for you to use a drug in the Step Therapy program without trying an alternative solution, your physician can obtain authorization from HMO Blue Texas. If the prescription is approved, you will pay the plan's copayment of \$30/preferred brand or \$45/non-preferred brand. If you purchase it without approval, you will pay the generic copay plus the difference in cost between the brand name and the generic. Drugs now in the program are\*:

- COX-2 inhibitors (Celebrex, Bextra)
- Leukotrienes for asthma (Accolate, Singulair)
- Rheumatoid arthritis drugs (Enbrel, Humira, Kineret)
- ACE inhibitors (Accupril, Mavik, Altace, Aceon)
- Angiotensin II receptor blocker (Avapro, Atacand, Cozard, Diovan)

\*HMO Blue Texas periodically reviews covered drugs and can later expand this list to include more drugs that require pre-authorization.

### Top ten retiree prescriptions

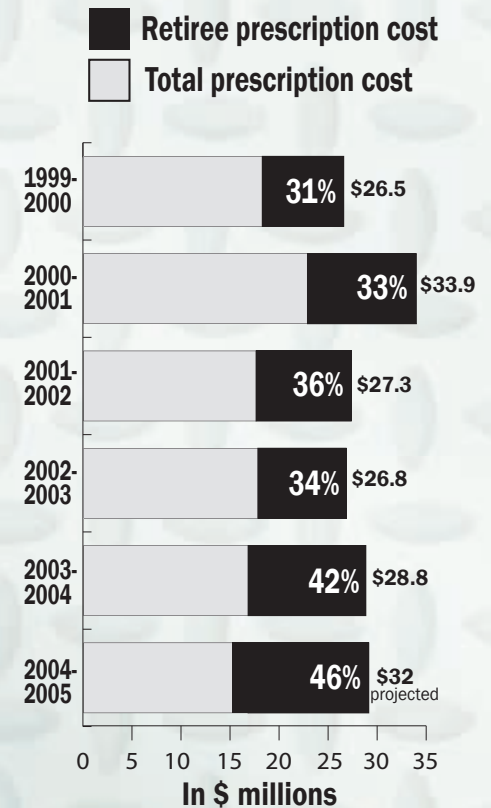
The chart below shows the top 10 medicines taken by retirees as of Oct. 31, 2004, and their coverage under the HMO, TexanPlus and Texas HealthSpring.

Drug, Therapy Class	HMO Blue Texas	TexanPlus	Texas HealthSpring	Retail cost (30-day Supply)
	<b>Formulary Tier**</b>			
<b>Actos</b> Antidiabetic 30 mg tab	2	2	2	<b>\$181.99</b>
<b>Celebrex</b> Anti-inflammatory 200 mg cap	2	2	3	<b>\$96.99</b>
<b>Enbrel</b> Arthritis 25 mg injection	3	3	3	<b>\$185.26</b>
<b>Lipitor</b> Cholesterol lowering 10 mg tab	2	2	2	<b>\$75.59</b>
<b>Neurontin</b> Antiseizure 300 mg cap	2	3	2	<b>\$46.59</b>
<b>Nexium</b> Ulcers/Heartburn 40 mg tab	2	2	not covered	<b>\$142.99</b>
<b>Plavix</b> Anticoagulant 75 mg tab	2	3	2	<b>\$129.99</b>
<b>Pravachol</b> Cholesterol lowering 20 mg tab	2	2	3	<b>\$105.99</b>
<b>Prevacid</b> Ulcers/Heartburn 30 mg tab	3	3	2	<b>\$130.88</b>
<b>Zocor</b> Cholesterol lowering 20 mg tab	3	3	2	<b>\$144.99</b>

\*\*As always, if the retail cost of the prescription is less than the copayment, you pay the lower amount. Formulary tier: Generic - 1, Preferred - 2, Nonpreferred - 3

### Retiree prescriptions as a percent of total prescriptions

In this plan year, the city expects to spend \$32 million on prescriptions for all plan members. As shown in the chart below, 46 percent, or \$14.7 million, is for retirees.



# HEALTH PLAN SERVICE AREAS

## Healthy Man toolbox



By age 70, more than 40 percent of men will have enlargement of the prostate, also known as benign prostatic hyperplasia. BPH can be felt during a physical examination.

An increase in the size of the prostate and a change in urine

flow do not mean you have cancer; you may have BPH, an infection or another urologic condition. It is important to note that BPH is not cancer, nor has it been shown to increase the risk of prostate cancer. However, a man can have both BPH and prostate cancer.

### Signs

Prostate cancer is as prevalent as breast cancer, just less discussed. In the United States, prostate cancer is found mainly in men 55 and older. The average age of patients at the time of diagnosis is 70.

Early prostate cancer usually does not cause any symptoms. However, as the tumor grows, it may spread from the prostate to surrounding areas. Change in urination, including increased frequency, hesitancy or dribbling of urine may be experienced.

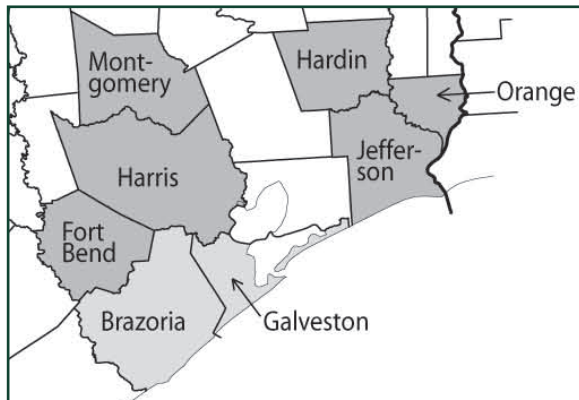
### Prevention

A combination of healthy eating, exercising, not smoking and having good genes can help prevent prostate cancer. Perhaps most important is seeing your doctor on a regular basis. The digital rectal exam and the Prostate-Specific Antigen blood test are the two most common detection methods.

The service areas for TexanPlus and Texas HealthSpring include Harris and other local counties. The maps below show the counties that are authorized by Medicare. Most counties include all zip codes, but a few counties cover only certain zip codes.

If TexanPlus and Texas HealthSpring expand into other counties, we will notify you of all enrollment opportunities.

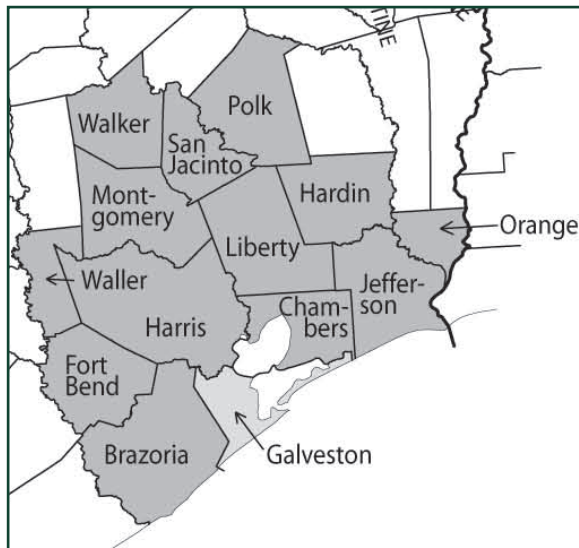
## TexanPlus Service Area



Counties are:

Brazoria zip codes: 77581, 77584, 77588, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Jefferson, Montgomery and Orange

## Texas HealthSpring Service Area



Counties are:

Brazoria, Chambers, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, Polk, San Jacinto, Walker and Waller

**Important note:** For a provider directory with the complete list of providers in the network, visit:

[www.hmobluetexas.com](http://www.hmobluetexas.com) or [www.bcbstx.com](http://www.bcbstx.com),

[www.sctexas.com](http://www.sctexas.com), or

[www.texashealthspring.com](http://www.texashealthspring.com)

You may also request a directory from the City of Houston benefits division, (713) 837-9400 or (888) 205-9266, or by calling TexanPlus (866) 556-4607, Texas Health Spring (800) 846-2098.

# THINGS TO CONSIDER

## Which Plan is Right for Me?

To help you make that decision, the following charts present several considerations in making your choice among the HMO, TexanPlus and Texas HealthSpring plans. The new plans are being compared to the HMO Blue Texas HMO.

### 1. Comparison of network physicians

To see if your physicians and hospitals are in a specific network you can contact TexanPlus at (866) 556-4607 or Texas HealthSpring at (800) 846-2098. TexanPlus has a “Doctor Finder” on its Web site at [www.sctexas.com](http://www.sctexas.com), and Texas HealthSpring has a directory posted on its Web site at [www.texashealthspring.com](http://www.texashealthspring.com). All questions regarding physicians, facilities, drugs and benefits should be directed to the customer service departments at the phone numbers listed to the right.

Physician Group	HMO Blue Texas	TexanPlus	Texas HealthSpring
Independent Physicians	X	X	X
Kelsey-Seybold Clinic	X	X	
Memorial Clinical Associates		X	
PeopleFirst	X		
Renaissance	X		X
SEMNet Physicians Org.		X	
Village Family Practice		X	X
<b>Total PCPs</b>	<b>1,760</b>	<b>410</b>	<b>439</b>
<b>Total Specialists</b>	<b>6,238</b>	<b>2499</b>	<b>659</b>
<b>Total Physicians</b>	<b>7,998</b>	<b>2,909</b>	<b>1,098</b>

### 2. Comparison of network hospitals

Listed below are just some of the hospitals in the HMOBTX, TexanPlus and Texas HealthSpring networks. In an emergency, you may seek treatment at any hospital; however, you may be transferred to a network facility as soon as your condition is stabilized.

Hospital	HMO Blue Texas	TexanPlus	Texas HealthSpring
CHRISTUS St. John		X	X
CHRISTUS St. Joseph	X	X	X
Kingwood Medical Center	X		X
M.D. Anderson Cancer Center	X		
Memorial Hermann Hospital Syst.	X	X (11 facilities)	X (2 facilities)
Methodist Hospital	X		X (3 facilities)
Park Plaza	X		X
St. Luke's - Woodlands		X (Kelsey only)	
St. Luke's Episcopal Hospital	X	X (Kelsey only)	
Spring Branch Medical Center			X
Twelve Oaks			X
West Houston Medical Center	X		X
Women's Hospital of TX	X		

This is not a complete list of hospitals. For a complete list, check the Web sites or call one of the numbers in the box on the right.

## CONTACTS

### HMOBTX

[www.bcbstx.com](http://www.bcbstx.com)  
 (713) 837-9377  
 (713) 837-9448  
 (713) 837-9376  
 (800)205-9266

### TexanPlus

[www.sctexas.com](http://www.sctexas.com)  
[cohinfo@sctexas.com](mailto:cohinfo@sctexas.com)  
 (866) 556-4607

### Texas HealthSpring

[www.texashealthspring.com](http://www.texashealthspring.com)  
 (800) 846-2098

### Benefits Division

[www.houstonhumanresources.org](http://www.houstonhumanresources.org)  
 (713) 839-9400  
 (888) 205-9266

## Taking medicine toolbox



Each day, stop and imagine taking your blood pressure pills or injecting your insulin shot.

Seniors who use a dose of imagination are 50 percent more likely to remember to take medications and follow other medical advice, researchers found.

### Correct dosage

Because of the high cost of medicine and their fixed income, some seniors cut back on their prescribed medications to stretch out the supply. But doing so can have adverse health effects. For instance, older Americans with heart disease are 50 percent more likely to suffer heart attacks, strokes or angina if they cut back on their prescribed medicine for those conditions.

### Correct use

Be sure to read and follow the directions on the labels of your medicine bottles. Do not stop taking the medicine without talking to your doctor, even if you feel better.

## Enrollment meetings

Learn more about these new money-saving Medicare Advantage plans at one of the meetings below:

E. B. Cape Center  
4501 Leeland  
Houston, TX 77023

- March 16, 10 a.m.
- March 18, 1:30 p.m.
- March 22, 10 a.m. & 2 p.m.
- March 23, 10 a.m. & 2 p.m.
- March 29, 10 a.m. & 2 p.m.

Be sure to bring your enrollment packages.

## 3. Comparison of network pharmacies

Below is a list of many familiar network pharmacies. Others are available, so check online or call customer service for a complete listing of all pharmacies and their locations.

Pharmacy	HMO	TexanPlus	Texas HealthSpring
CVS	X	X	X
HEB	X	X	X
Kelsey Seybold	X	X	
Kroger	X	X	X
Randalls	X	X	X
Sam's Club	X	X	X
Target	X	X	X
Wal-Mart	X	X	X
Walgreens	X	X	X

## VALUE ADDED SERVICES

Listed below are value added services for both Medicare Advantage plans. When making your healthcare decision, take into account these unique bonus features.

### Texas HealthSpring

- Free rides to plan-approved health facilities such as doctor's appointments, hospitals and pharmacies. Up to 30 one-way or 15 round trips per calendar year.
- Silver Sneakers fitness benefit provides access to health clubs with classes specifically designed for seniors. Full use of free weights, treadmills and other equipment.
- Discount hearing services provide up to a 30% discount for hearing aids from selected providers.
- Other services include a newsletter, disease management, and wellness services.
- Careington Dental Discount Services provide 20 - 50% savings on most dental procedures, 20% discount on specialty services, cosmetic dentistry, and teeth whitening, included if you use Careington Providers.

### TexanPlus

- Careington Dental Discount Services provide 20 - 50% savings on most dental procedures, 20% discount on specialty services, cosmetic dentistry, and teeth whitening, included if you use Careington Providers.
- HearPO hearing discount services provide a 30% discount on hearing exams, up to 62% savings on hearing aids at participating providers, discounts on repairs and batteries, and access to the latest digital technology.
- ElderCare services provide wellness assessments, someone to work with you to identify elder-care needs, on-going support for maintaining an independent quality of life, significant discounts on senior housing alternatives and additional care services.
- Other services include health education classes, newsletter and disease management.

# THINGS TO CONSIDER

## Tools to help you make your decision

This is a lot of new and exciting information you should consider to make this important decision. We have provided the following information for you to use in making your decision:

- Chart of network physicians, page 10
- Chart of network hospitals, page 10
- Chart of network pharmacies, page 11
- Summary of plan features, page 4
- Contribution chart, page 6
- Prescription benefits chart, page 8
- Service areas, page 9
- Comparison of benefits chart, enrollment packet
- Prescription formularies, enrollment packet

As you make this decision, consider your current physician relationship, hospital location, your medications and their position in the formulary, current medical conditions, and your treatment plans. We encourage you to seriously consider one of the new plans. In 2005, you may return to the HMO or PPO on the first of any month. In 2006, you may return on Jan. 1 or May 1.

## ELIGIBILITY

You are eligible for coverage as a retiree under the benefits plans if you were covered when you retired and have been continuously covered after retirement. If both you and your spouse retired from the city, you may be covered as a retiree or as a dependent — but not both. Dependents may be enrolled under only one parent or guardian.

### Eligible dependents

The eligibility criteria remain the same. To refresh your memory, your eligible dependents are your:

- Legal spouse,
- Unmarried natural or adopted children up to age 25, if they qualify as dependents for federal income tax purposes,
- Children up to age 25 over whom you have legal guardianship or legal foster care if they qualify as dependents for federal income tax purposes,
- Grandchildren under age 25 if they qualify as your dependents for federal income tax purposes,
- Disabled dependents over age 25 who are incapable of self-sustaining employment because of mental retardation or physical handicap. The dependent must be primarily dependent on you for more than 50 percent of financial support and covered before age 25.

### Very Important

**note:** To qualify you must:

- Be a city retiree, dependent or survivor currently covered under a city medical plan.
- Live in a plan's service area.
- Pay the required premium to the city.
- Be enrolled in Medicare parts A and B.
- Not have end-stage renal disease

### Dependent Audit

Later in the year, you will receive information about a dependent audit to be conducted by the city's Benefits Division. The purpose of the audit is to verify the eligibility of each of your covered dependents. You will soon receive a letter listing:

- Who can be covered by the city's benefits plan and,
- Whom you are currently covering on these plans.

Open enrollment is the time to review your family status and drop or add dependents. There's no point in paying for someone who is ineligible. You will be asked to provide documentation to verify your relationship.

## Warning signs toolbox



Every second counts when a heart attack or stroke strikes. Recognizing the warning signs early can save your life and minimize the disabling effects.

### Signs of a heart attack:

Most start slowly, with mild pain or discomfort. Symptoms can occur together or separately.

- Chest discomfort. Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back.
- Discomfort in other areas of the upper body, especially the arms
- Shortness of breath
- Cold sweats
- Nausea
- Lightheadedness

Women, who generally have heart attacks later in life than men, have a greater tendency to have atypical chest pain. Additionally, they may also have the following symptoms:

- Abdominal pain
- Unexplained fatigue

### Signs of a stroke:

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body
- Sudden confusion, trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden, severe headache with no known cause

Not all symptoms occur with every heart attack or stroke. Sometimes they go away and return. Often people wait too long before getting help.

If you experience these symptoms, go to the nearest emergency room at once.

## Medicare's relationship to these two new plans:

- If you're enrolled in the HMO or PPO, Medicare is primary; the HMO and PPO are secondary for your coordination of benefits.
- If you enroll in TexanPlus or Texas HealthSpring, then that plan becomes primary. All claims or inquiries are handled by the new plan in place of Medicare. These plans replace the HMO, PPO and Medicare.
- Medicare has turned over all responsibility for your care to these two plans. You still pay your Medicare premium, but it is the responsibility of the new plans to manage your care.
- TexanPlus and Texas HealthSpring are governed exclusively by Medicare, which writes all the rules for these plans. Medicare may mandate a benefits change in the future.
- Future retiree contributions are subject to change.
- If Medicare increases benefits, the city will determine if we will change the plan now offered to you. If additional costs are passed along to the city next year, we will determine if a cost is passed along to you.
- Medicare cannot decrease benefits in 2005.

**Important note:** If you are enrolled in the HMO or PPO and don't want to join one of the new plans, don't do anything. Your coverage will remain the same through April 30, 2006. Or, you may join TexanPlus or Texas HealthSpring on the first of any month.

**Important note:** When your dependents become ineligible they will be dropped from coverage. You must submit a status change form to the benefits division within 31 days.

If you do not drop them on time, they are still ineligible for coverage. You will not get a full refund, and you may be responsible for any claims incorrectly paid on their behalf.

You can get a benefits change form from the city of Houston Benefits division. Call (713) 837-9400 or (888) 205-9266.

## Keeping the HMO or PPO

If you or your Medicare-covered dependent does not want to join TexanPlus or Texas HealthSpring, you do not need to do anything. You will keep your HMO or PPO.

You may change plans during the annual open enrollment, or you may elect to join TexanPlus or Texas HealthSpring on the first of any month. For coverage to be effective on the first of the next month, the Benefits Division must receive your application before the end of the previous month.

## Electing either TexanPlus or Texas HealthSpring

- Enrollment forms are in your enrollment packet.
- Each person must complete, sign, date, and return all copies of an “Enrollment Application and Statement of Understanding” for the plan he/she elects.
- Each person must complete the “Working Aged Survey,” if included, from your enrollment packet.
- You must also complete the “City of Houston Medicare Advantage Plans Enrollment Form.” This form will keep your dependents’ coverage in the HMO or PPO in place, and it will help ensure that you pay the correct health-care premium. Keep the last page for your records.
- Use the City of Houston return, postage-paid envelope to return all of your forms to the Benefits Division.

## How to enroll

Complete the forms and return no later than Apr. 30, 2005. Changes will be effective May 1, 2005. Use the postage-paid envelope in your packet to return the forms. If you don’t use the envelope, the address is:

City of Houston  
Human Resources Department, Benefits Division  
611 Walker, 4th floor  
Houston, TX 77002

Forms received after Apr. 30, 2005, will be effective the first day of the following month.

**Important note:** After enrolling in TexanPlus or Texas HealthSpring you can expect to receive:

- Welcome letter from the plan you selected
- I.D. card

You may receive multiple mailings, but don’t be concerned. You need only look for the package for the program you have enrolled in.

## Exercise Toolbox

Men and women 65 or older who exercise even occasionally can expect to live longer. Exercise can lower blood pressure levels, lipid levels and the risk of diabetes, which has a positive effect on the heart and blood vessels.

Seniors should engage in physical activities once or twice a week. Brief episodes of physical activities, even 10-minute spurts, can be beneficial. Additional health benefits can be gained by exercising longer or more vigorously.



### Active activities

Recreational walking is the most popular form of exercise for seniors. In addition to maintaining a healthy heart, lungs and bones, recreational walking also offers social contact.

Many gyms offer programs that are geared to the abilities of seniors. Gentle yoga classes are excellent for maintaining or increasing flexibility and strengthening bones. Because yoga is a meditative exercise, it can also have a calming effect that aids in sleep and digestion and helps relieve anxiety.

Other physical activities seniors have embraced include fitness walking, treadmill exercise, golf, swimming, bowling, stationary cycling, day hiking, skiing, picking flowers, lifting free weights and using weight/resistance machines.

**Important note:** You may elect one of these new plans if you are covered by a city sponsored health plan.

## Healthy woman toolbox

In the United States, postmenopausal women can look forward to living another 25 years or more. Since postmenopausal women produce less estrogen, there are common symptoms they might experience. About 10 percent to 15 percent will experience vaginal dryness. Women who have had a hysterectomy and undergone surgical menopause may experience incontinence and decreased libido. And some women will find that the hot flashes and night sweats that started during perimenopause persist for a few years.

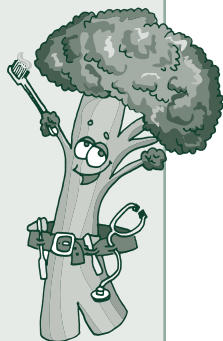
Postmenopausal women are at a higher risk for breast cancer, incontinence and thinning hair. The health issues of greatest concern are heart disease and osteoporosis.

Heart disease: In the United States, heart disease is the primary cause of death in women. Although the average age of a heart attack is 74, many women in early postmenopause will want to re-evaluate their lifestyles to reduce their risk.

Some positive lifestyle changes:

- Eat a low-fat diet
- Exercise daily
- Maintain a healthy weight
- Reduce alcohol intake
- Quit smoking

continued on page 16



## Disenrolling from TexanPlus or Texas HealthSpring

- Decide if your dependent or you want to elect another city-sponsored Medicare Advantage plan, or if you want to re-enroll in the HMO or PPO plan.
- Each person who wants to disenroll from a Medicare Advantage plan must complete a “City of Houston Medicare Advantage Disenrollment Form.” The retiree must complete a “City of Houston Retiree Medical Election Form.” Request these forms from the Benefits Division, (888) 205-9266. If a person wants to elect another Medicare Advantage plan, request the enrollment application from the benefits division.
- As the retiree, you must complete the “City of Houston Retiree Medical Election Form” to reinstate HMO or PPO coverage for any dependents and/or yourself. You must also complete the form to change your dependents’ or your coverage to the other Medicare Advantage plan.
- Send all completed forms to the Human Resources Department, Benefits Division, 611 Walker, 4th floor, Houston, TX 77002. The Benefits Division must receive your forms by the end of the month for coverage to be effective on the first of the next month.

### Effective Dates

- Disenrollment from TexanPlus or Texas HealthSpring is effective the last day of the month.
- Your new plan is effective on the first day of the month **after** receipt of your enrollment forms.

### Important Notes

- You must continue getting your medical care from your Medicare Advantage plan until the plan notifies you that your coverage has ended. Although the process to terminate coverage can take up to 60 days, it is generally effective on the date that you requested on your disenrollment application. You will automatically be re-enrolled in the Original Medicare plan.
- Your HMO or PPO coverage will also be effective on the date you requested on your city application.

## City of Houston Contact Information

If you need help getting assistance from a Medicare Advantage plan, please contact the Benefits Division at (713) 837-9400 or (888) 205-9266.

You may visit the Benefits Division at:

611 Walker, 4th floor  
Houston, TX 77002  
Mon. - Fri., 8 a.m. to 5 p.m.

You do not need an appointment.



# DENTAL PLAN HIGHLIGHTS

The city offers two dental coverage options: the Dental Health Maintenance Organization and the Dental Indemnity plans. National Pacific Dental Inc. provides DHMO coverage and Spectera Insurance Company provides indemnity coverage.

Your dental benefits in both plans will remain the same through April 2006. DHMO contributions will increase about 11 percent, and the dental indemnity plan rates will stay the same.

## Cost for Dental Coverage

DHMO Plan monthly contributions	from	to
Retiree only	\$8.83	\$9.62
Retiree + one dependent	\$18.04	\$20.73
Retiree + two or more dependents	\$26.95	\$29.34
Dental Indemnity Plan monthly contributions		
Retiree only		\$26.32
Retiree + one dependent		\$60.86
Retiree + two or more dependents		\$82.98

## DHMO

A dental health maintenance organization is a network of dentists like an HMO that offers a comprehensive range of dental services for fixed copayments. With the DHMO, you choose a primary care dentist who will coordinate your care and refer you to specialists as needed. You must live in the service area to enroll in the DHMO.

Features of the DHMO include:

- No maximum annual limit on dental services,
- No deductibles,
- No claim forms to complete for most procedures,
- A fixed copayment for dental services, and
- A network that includes dentists and orthodontists.

## DHMO Features

DHMO Plan coverage	Copayment
Regular exam, cleaning (2 per year), x-rays	\$0
Infection control, each visit	\$3
Amalgam filling - 1 surface	\$10
Retainer, each arch, post treatment stabilization	\$95
Posterior composite fillings	\$40
Immediate dentures	\$300
Fixed appliance therapy	\$560

National Pacific Dental DHMO dental plan brochures and select/change forms can be obtained from the human resources department. The brochures include a detailed list of procedures and copayments. Choose a primary dentist from the DHMO brochure, call National Pacific Dental customer service, (713) 861-8721, and register your dentist.

## Healthy woman toolbox continued from page 15

Treatment options also include a low-dose aspirin regimen and cholesterol- and blood pressure-lowering drugs. Although estrogen replacement therapy was initially thought to prevent heart attacks, more recent data indicates it may increase them. The American Heart Association no longer recommends ERT or HRT for the prevention of heart disease.



Osteoporosis: As women age, they gradually lose bone, leading to an increase in hip fractures in their 80s, and in some women, an increase in fractures of the spine at an earlier age.

Some lifestyle changes that will help maintain bone:

- Exercising several times per week including weight training
- Taking at least 1,500 mg of calcium per day
- Vitamin D

Women who have demonstrated osteoporosis might also consider treatments that block bone loss and reduce fractures, such as bisphosphonates and selective estrogen receptor modulators. Hormones such as calcitonin are important for women with fractures.

## Counties in the DHMO service area

Harris • Brazoria • Ft. Bend • Galveston  
Liberty • Montgomery • Waller

## Mental health toolbox

As you age, you might experience changes that affect your mental health. But there are several things you can do to keep your spirits – and your health – up.

### Know your role

Those who have control over the roles they value the most – say, being a grandparent or voluntary worker – are less likely to engage in unhealthy behavior and suffer a premature death. It's all about attitude.

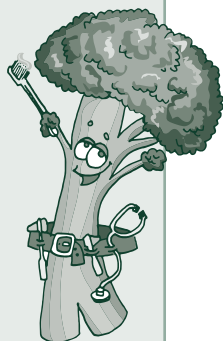
If you have the freedom to spoil your granddaughter or get out and make a difference in other people's lives, your attitude can affect your health almost as much as other factors in your life.

### Have a friend

Having a confidant can also keep you healthier. Studies have shown patients who feel isolated are more likely to die earlier than those who have a spouse or friend.

### Find help, relieve stress

However, caring for an infirm spouse can cause stress, which leads to increased illness. Getting professional or family help to deal with those spouses and other stress-causers could help you live a longer life.



## Dental Indemnity Plan

A dental indemnity plan is a traditional dental plan that lets you receive a comprehensive range of dental services from the provider of your choice anywhere in the United States. You pay a percentage of charges for certain dental services and file a claim for reimbursement.

To use the plan:

- Make an appointment with the dentist of your choice.
- If the treatment will cost more than \$200, get a cost estimate.
- Pay the dentist. Some dentists require patients to pay only their portion.
- File a claim for reimbursement within 90 days. Some dentists will file your claim for you.

The chart below shows some of the services provided under the dental indemnity plan. For a complete list of services provided under this plan, refer to the City of Houston Dental Indemnity Plan brochure.

## Dental Indemnity Features

Plan Features	Plan Pays
<b>Preventive Services</b>	
Cleaning and oral examinations, bitewing X-rays	100 percent of services up to usual and customary limits. \$0 deductible.
<b>Basic Services</b>	
Extractions, root canals, oral surgery, restorative services (excluding gold fillings) and periodontal scaling	After you pay the annual deductible, the plan will pay 80 percent of services, up to usual and customary limits.
<b>Major Services</b>	
Initial fixed bridgework, crowns and dentures, replacement of bridge-work	After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits.
<b>Orthodontic Services</b>	
Covered services up to two years	After you pay the annual deductible, the plan will pay 50 percent of services, up to usual and customary limits. The lifetime maximum benefit is \$750 per individual.
<b>Annual Maximum Benefit</b>	\$1,000 per individual
<b>Annual Deductible</b>	\$50 for each individual / \$150 family
<b>Referrals for Specialty Care</b>	Not required
<b>To Receive Reimbursement for Covered Services</b>	Complete and submit a claim form.

To check the status of a claim, call (713) 861 - 8721. Mail your claim forms to:

Spectera Dental, Inc.  
1445 North Loop West  
Suite 500  
Houston, Texas 77008

## In-network Preferred Dentist Option

If you are enrolled in the dental indemnity plan, you can reduce your out-of-pocket costs by using a preferred dentist. If you receive care from a preferred dentist or a network of dental providers, you will receive a discount on your dental services and have more money in your pocket.

As you can see in the chart below, if you use a preferred dentist, you will realize a considerable savings. The more costly the dental work, such as bridges or dentures, the more savings you will realize. Also, because all fees are reduced, you will receive more services before you reach the \$1,000 annual maximum benefit.

The city's In-network Preferred Dentist Option brochure provides information about this feature as well as a list of preferred dentists in the network. Contact the benefits division for a brochure.

## Example of Savings Using a Preferred Dentist Option

Plan	Usual cost	50 percent coinsurance
Out-of-network	\$875	\$437.50
In-network	\$701	\$350.50
<b>Your savings</b>		<b>\$87.00</b>

**Important note:** With the dental indemnity plan, you pay for services you receive at the time of your appointment and file a claim for reimbursement. If your dentist files the claim, you may be asked to pay only the portion the plan will not pay. You can get a claim form from the benefits division.

You must submit your claim within 90 days after the date of service. Reimbursement is made by mail, usually within 10 work days.

### Dental materials checklist:

- DHMO Brochure
- Dental Indemnity brochure
- In-network dentist brochure
- Change form

## CONTACTS

### City of Houston Benefits Division

(713) 837-9400  
(888) 205-9266

### City of Houston Web site

[www.houstonhumanresources.org](http://www.houstonhumanresources.org)

### HMO Blue Texas in the Benefits Division

(713) 837-9376  
(713) 837-9377  
(713) 837-9448

### HMO Blue Texas

(866) 757-6875  
[www.bcbstx.com](http://www.bcbstx.com)

### TexanPlus

(866) 556-4607  
[www.sctexas.com](http://www.sctexas.com)  
[cohinfo@sctexas.com](mailto:cohinfo@sctexas.com)

### Texas HealthSpring

(800) 846-2098  
[www.texashealthspring.com](http://www.texashealthspring.com)

### Prime Therapeutics (HMO Blue Texas)

(877) 357-7463  
[www.myrxhealth.com](http://www.myrxhealth.com)

### National Pacific Dental

(713) 861-8721

### CareWise

(800) 987-7597

### Municipal Pension

(713) 759-9275

### Fire Pension

(281) 372-5100

### Police Pension

(713) 869-8734

The city of Houston reserves the right to change, modify, increase or terminate any benefits.

## MEDICARE ADVANTAGE PLANS

- Your Medicare-covered dependent and you can each choose a different medical plan or both of you can be covered under the same plan. You are not required to be covered under the same plan.
- If your dependents are not eligible to participate in these plans, they may continue coverage under their current HMO or PPO medical plan.
- If you decide not to join a new plan during this enrollment, you may join later. The plan will become effective the first of the month after the Benefit Division receives your form. To pay the lower premium when you are first covered, the Benefits Division must receive your application by the third of the month prior to the month that you want coverage to start. If you want to pay the lower premium on May 1, the Benefits Division should receive your form by April 3. If we don't, you will receive a refund for the higher premium for May 1 on the next pension check.
- You may disenroll from TexanPlus or Texas HealthSpring effective the first of any month by submitting a disenrollment form. You must continue getting your medical services through TexanPlus or Texas HealthSpring until you are notified by the plan that your coverage has ended.
- You may re-enroll in your previous city medical plan if you disenroll from a Medicare Advantage plan. You should request re-enrollment at the same time that you apply to disenroll from TexanPlus or Texas HealthSpring. If you do not apply for the city plan within 31 days after your coverage ends in TexanPlus or Texas HealthSpring, you will lose the opportunity to re-enroll.
- You must select a primary care physician to coordinate your medical care, just as in the HMO. Check TexanPlus and Texas HealthSpring's provider directory. Your physician might be in one of their networks.
- All monthly premiums will be deducted from your pension check.
- **Texas HealthSpring** provides an outpatient prescription drug benefit with a copayment structure identical to the HMO and PPO: \$10/generic, \$30/brand, \$45/nonpreferred brand. However, certain drugs used for catastrophic illnesses require you to pay 15 percent of the cost until your 15 percent reaches \$1,000 in a calendar year; then they are covered at 100 percent.
- **TexanPlus** provides an outpatient prescription drug benefit with a copayment structure identical to the HMO: \$10/generic, \$30/brand/ \$45/non-preferred brand. However, certain drugs used for catastrophic illnesses require you to pay 20% of the cost.
- Under both **TexanPlus** and **Texas HealthSpring's** outpatient prescription drug programs, your annual benefit is \$4,000 for preferred brand and nonpreferred brand prescription drugs. After you reach the limit, you will pay 100% of the discounted rate that TexanPlus or Texas HealthSpring has negotiated with the pharmacy. The \$4,000 annual benefit is made up of the amount that TexanPlus or Texas HealthSpring pays the pharmacy for your prescriptions, not your copayments.
- You may enroll your covered dependents in the new Medicare Advantage plans on the first of the month after they become eligible; they become covered under Medicare Part A and Part B; and/or, they reside in the service area of TexanPlus or Texas HealthSpring.
- If you prefer to keep your HMO or PPO plan for yourself and your covered dependents, you should not do anything. Your medical coverage will remain the same.
- You can change from HMO Blue Texas HMO to the PPO or vice versa during this enrollment. You may also add eligible dependents to your coverage.