

Medicare Advantage Comparison Chart



Making SMART health choices

City of Houston
May 2007

Suitable for all Medicare retirees
1 or more members required

City of Houston Medical Plan Comparison for Retirees

Coverage	Medicare Advantage Plans			HMO Plan	Preferred Provider Organization	
	Aetna	TexanPlus	Texas HealthSpring		In-Network	Out-of-Network
Who is eligible? For a list of eligible dependents see enrollment guide.	Retirees and eligible dependents who are currently covered by a city-sponsored medical plan, enrolled in Medicare Part A and Part B, and live in the service area. Persons who have end-stage renal disease may not join TexanPlus and Texas HealthSpring. If a person joins either plan and later develops end-stage renal disease, the member may remain a member of TexanPlus or Texas HealthSpring. Persons who have end-stage renal disease may join the Aetna PFFS.			Retirees and eligible dependents who are currently enrolled in a city-sponsored medical plan, enrolled in Medicare Part A and Part B, and live in HMO Blue Texas or Blue Cross Blue Shield Service Area.		
What is the service area?	The Aetna PFFS is in all 50 states.	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 County, Liberty, Montgomery County, Orange County	Angellina, Brazoria, Cameron, Chambers, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, Sabine. San Augustine, San Jacinto, Shelby, Tyler, Walker, Waller, Willacy	Plan covers all but 34 counties in the state of Texas. See the HMO directory for a list of counties in the service area, or visit the Web site at www.bcbstx.com.	All 50 states are in the service area. A reduced benefit and higher deductibles apply for services obtained out-of-network. To identify participating providers outside of Texas, call 1-800-810-2583 or use your zip code to find a provider at www.bcbstx.com.	
Does the plan cover participants out of the service area?	Yes. A member is covered for inpatient and outpatient emergency medical services that are furnished in and outside the Aetna Service Area and worldwide.	Yes, but only in the event of a medical emergency. TexanPlus must be notified as soon as possible.	Yes, but only in the event of a medical emergency. Texas HealthSpring must be notified as soon as possible.	Yes, in the event of a medical emergency notify HMO Blue Texas within 48 hours of initial treatment. Seek services within 12 hours after the onset of an illness or within 48 hours after an accident.	Yes, participants are covered at home or away, 24-hours a day, using their choice of physicians. A reduced benefit and higher deductibles apply for services obtained out-of-network. There is emergency care coverage outside of the Continental United States. To identify participating providers outside of Texas, call 1-800-810-2583.	
What are the annual deductibles?	None.	None.	None.	None.	Individual: \$200 Family: \$600	Individual: \$400 Family: \$1,200
Office Visits	• \$15 for each primary doctor office visits for Medicare-covered services. • \$15 for each specialist visit for Medicare-covered services.	• \$10 for each PCP office visit for Medicare-covered services. • \$25 for each specialist visit for Medicare-covered services.	• \$10 for each PCP office visit for Medicare-covered services. • \$25 for each specialist office visit for Medicare-covered services.	\$20 copayment for primary care physician. \$45 copayment for specialist.	\$30 copayment for primary care physician. \$50 copayment for specialist.	40% after annual deductible.
Routine Physicals / Checkups	\$0 for Preventive Care that includes routine physical, bone mass measurement, colorectal screening exams, prostate screening exam, pelvic exam, mammography, pap smear, and Flu, pneumonia and hepatitis vaccines.	• \$10 for each PCP office visit and one routine physical exam annually for Medicare-covered services. • \$25 for each specialist visit for Medicare-covered services. • \$0 for a one-time physical exam within the first 6 months that you have Medicare Part B, if your coverage began on or after 1/1/07.	• \$0 for 1 annual routine physical. • \$10 for each PCP office visit and one routine physical exam annually for Medicare-covered services. • \$25 for each specialist office visit for Medicare-covered services.	\$0 copayment. One per 12 months.	\$0 copayment. One per 12 months.	40% after annual deductible.
Hospital Emergency Room Charges per visit?	\$35 for each outpatient emergency room visit. The copayment is waived if the patient is admitted to the hospital.	• \$50 for each Medicare-covered emergency room visit; waived if admitted within 48 hours for the same condition. • NOT covered outside the U.S. except under limited circumstances.	• \$50 for Medicare-covered emergency room visit; waived if admitted within 3 days for the same condition. • World-wide emergency care. If you get inpatient care at a non-plan hospital after your emergency condition is stabilized, your cost is the cost sharing you would pay at a plan hospital with plan authorization.	\$150 per visit (waived if admitted to the hospital). You must notify your PCP or BCBS within 48 hours. Physician's office after hours: \$20 per visit.	\$150 copayment plus 20% for emergency within 48 hours of accident/medical emergency. Illness anytime. Copayment waived if admitted to hospital.	\$150 copayment plus 40% after deductible for emergency after 48 hours of the accident/medical emergency. Copayment waived if admitted to hospital.
Urgent Care for Minor Emergencies	\$35 for each urgently needed care visit.	• \$50 for each Medicare-covered urgently needed care visit. • Copayment waived if admitted within 24 hours for the same condition. • Coverage available at any urgent care facility. NOT covered outside the U.S. except under limited circumstances.	• \$40 for each Medicare-covered urgently needed care visit. • Copayment waived if admitted within 3 day(s) for the same condition. • World-wide coverage.	Office Visits: \$20 copayment. Urgent Care Center: \$40 copayment.	Office Visits: \$30 copayment. Urgent Care Center: \$60 copayment. St. Lukes Minor Emergency Center requires \$150 Emergency Room copayment.	Office Visits: 40% after annual deductible. Urgent Care Center: 40% after annual deductible.
Ambulance Service	\$15 for each Medicare-covered one-way trip.	\$50 for each Medicare-covered ambulance one-way service.	\$100 for each Medicare-covered one-way ambulance service; you do not pay this amount if you are admitted to the hospital.	\$100 Copayment	Eligible expenses at 20% after annual deductible.	Eligible expenses at 40% after annual deductible is met.
Inpatient Hospital Admissions	\$0 per admission.	\$300 for each Medicare-covered stay in a network hospital. No copayment for additional days. Covered for unlimited days each benefit period.	• \$275 for each Medicare-covered stay in a network hospital. No copayment for additional days. Covered for unlimited days each benefit period. • If you are readmitted to the hospital within 3 days for the same diagnosis your copayment will be waived.	\$500 copayment per hospital admission. Pre-authorization required.	20% after \$500 copayment per admission. Pre-authorization required.	40% after \$1,000 copayment per admission. Pre-authorization required. \$250 copayment for failure to get pre-authorization.
Outpatient Surgery	\$0 for each Medicare-covered procedure.	\$125 for each Medicare-covered visit or procedure to an ambulatory. \$175 for each Medicare-covered procedure in an outpatient hospital facility.	\$200 for each Medicare-covered visit to or procedure in an ambulatory surgical center or outpatient hospital facility.	\$200 copayment for each procedure. Pre-authorization is required.	20% after annual deductible for each procedure.	40% after annual deductible for each procedure.
Long-term acute care (LTAC)	Not Covered.	• \$300 per LTAC admission for the first 60 days of the LTAC admission. (waived if LTAC admission is a transfer from an inpatient acute care setting). • \$228 per day for days 61-90 per benefit period. • \$456 per each lifetime reserve day (maximum 60 lifetime reserve days).	• \$0 for 1-15 days • \$50 for 16+ days	N/A	N/A	N/A
Home Health	There is no copayment for Medicare-covered home health visits.	There is no copayment for Medicare-covered home health visits.	There is no copayment for Medicare-covered home health visits.	\$20 copayment for each visit. Pre-authorization required.	Skilled, non-custodial home health care services are 20% after annual deductible. Limited to 60 visits per calendar year. Pre-authorization required.	Skilled, non-custodial home health care services are 40% after annual deductible. Limited to 60 visits per calendar year. Pre-authorization required.
Hospice	Covered by Medicare in a Medicare certified hospice.	\$0 copayment in a Medicare-certified hospice facility.	\$0 copayment in a Medicare-certified hospice facility.	\$0 copayment. Pre-authorization required. Maximum calendar year benefit is \$20,000.	Inpatient: Eligible expenses subject to \$500 hospital inpatient copayment and 20%. Outpatient: Eligible expenses, \$30 copayment per visit. Services other than those provided by hospice facility, such as attending physician's services, are subject to 20% after plan deductible.	Inpatient: Eligible expenses subject to \$1000 Hospital Inpatient Copayment and 40%. Outpatient: Eligible expenses, 40% after deductible. Services other than those provided by hospice facility, such as attending physician's services, are subject to 40% after plan deductible.

Note: If there exists a conflict between this Medical Plans Comparison and the official plan documents for each plan, the official plans documents will prevail. In all matters of coverage, only eligible expenses will be covered and paid according to plans provision. If pre-authorizations are required for medical services, penalties will apply if those services are received without authorization. The City of Houston reserves the right to change or modify benefits provided under these plans without consent, authorization or prior notice to covered members. Aetna, TexanPlus, and Texas HealthSpring provide additional benefits. For a complete listing of all benefits and services, please refer to the Evidence of Coverage for the plan that you select.

Contribution Rates

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 Aetna, TexanPlus or Texas HealthSpring.

Family Coverage Category
Contributions

	Aetna	TexanPlus	Texas HealthSpring	HMO*	PPO*
1 Retiree Only (With Medicare)	\$131.44	\$399.60	\$44.00	\$6.25	\$23.25
2 Retiree elects an MA plan	-	-	\$44.00	\$6.25	\$23.25
3 Retiree + One (Both have Medicare)	\$440.72	\$46.50	\$88.00	\$12.50	\$46.50
4 Both elect an MA plan	-	-	\$44.00	\$6.25	\$23.25
5 One elects an MA plan / one keeps city plan	\$399.60	\$131.44	\$44.00	\$6.25	\$23.25
6 Retiree + One (Only one has Medicare)	\$262.96	\$262.96	\$44.00	\$6.25	\$23.25
7 One elects an MA plan / one keeps city plan (less than 65)	\$458.02	\$136.22	\$44.00	\$6.25	\$23.25
8 One elects an MA plan / one keeps city plan (age 65+)	\$621.80	\$421.38	\$44.00	\$6.25	\$23.25
9 Retiree + Family (Two have Medicare)	\$407.56	\$407.56	\$88.00	\$12.50	\$46.50
10 Two elect an MA plan / one keeps city plan (less than 65)	\$458.02	\$136.22	\$88.00	\$12.50	\$46.50
11 Two elect an MA plan / two keep city plan (both are less than 65)	\$88.00	\$46.50	\$88.00	\$12.50	\$46.50
12 Two elect an MA plan / two+ keep city plan (all are less than 65)	\$88.00	\$46.50	\$88.00	\$12.50	\$46.50
13 One elects an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25
14 One elects an MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25
15 Retiree + Family (Two with Medicare + one 65+ w/o Medicare)	\$407.56	\$421.38	\$88.00	\$12.50	\$46.50
16 Two elect an MA plan / one keeps city plan (age 65+)	\$621.80	\$421.38	\$88.00	\$12.50	\$46.50
17 Two elect an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$884.90	\$84.90	\$88.00	\$12.50	\$46.50
18 Retiree + Family (Three w/ Medicare)	\$407.56	\$407.56	\$132.00	\$18.75	\$69.75
19 Three elect an MA plan	-	-	\$132.00	\$18.75	\$69.75
20 Three elect an MA plan / one keeps city plan (1 is less than 65)	\$458.02	\$136.22	\$132.00	\$18.75	\$69.75
21 Three elect an MA plan / two keep city plan (both are less than 65)	\$132.00	\$69.75	\$132.00	\$18.75	\$69.75
22 Three elect an MA plan / two+ keep city plan (all are less than 65)	\$132.00	\$69.75	\$132.00	\$18.75	\$69.75
23 Two elect an MA plan / one keeps city plan (1 is 65+, 1 is less than 65)	\$88.00	\$46.50	\$88.00	\$12.50	\$46.50
24 Two elect an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$88.00	\$46.50	\$88.00	\$12.50	\$46.50
25 Two elect an MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$88.00	\$46.50	\$88.00	\$12.50	\$46.50
26 One elects an MA plan / two keep city plan (2 are 65+, 1 is less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25
27 One elects an MA plan / two+ keep city plan (2 are 65+, 1 is less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25
28 Retiree + Family (Only one has Medicare)	\$447.00	\$407.56	\$44.00	\$6.25	\$23.25
29 One elects an MA plan / two keep city plan (both are less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25
30 One elects an MA plan / two+ keep city plan (all are less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25
31 One elects an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25
32 One elects an MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$44.00	\$6.25	\$44.00	\$6.25	\$23.25

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

Aetna

Eyeded Vision Services

- Discount vision services and eye care
- Reduced fees for eyeglass frames and lens
- 15 percent off contact lens

Alternative Health Care Programs

Access special rates on alternative therapies, products, and services, including:

1. Natural alternatives
 - Acupuncture
 - Massage
 - Chiropractic services (Consider using plan benefits first.)
2. Vitamin Advantage
 - Pay discounts for:
 - Over-the-counter vitamins
 - Nutritional supplements
 - Natural Care Products
3. Natural Care Products

TexanPlus

HeartP Hearing Discount Services:

- 30% discount on hearing exams and services.
- Up to 62% savings on hearing aids at a participating provider.
- Discounts on repairs and batteries.
- Access to newest digital technology.

Hearing Aid:

- You may use any hearing aid provider; however, you can receive up to a 62 percent discount if you go to HeartP. To receive your reimbursement, submit a copy of the receipt for your hearing aid to TexanPlus, and they will send a check to you for up to \$500.
- You may use any hearing aid provider; however, you can receive up to a 62 percent discount if you go to HeartP. To receive your reimbursement, submit a copy of the receipt for your hearing aid to TexanPlus, and they will send a check to you for up to \$500.

Eyeded Vision Services:

- Discounted vision services and eye care.
- This includes a \$25 copayment for an annual eye exam and discounts on frames and lenses.
- Look in your provider directory for a list of network eye doctors.

Carington Dental Discount Services:

- Receive 20% - 50% off most dental procedures.
- Up to 20% discount on specialty services.
- Complete dentistry and teeth whitening included.
- 2,400 participating providers
- Locate a dental provider at 1-800-290-0523

ElderCare Services - NurseNavigator:

- Works with you to identify elder-care needs.
- Evaluate options and solutions in the home.
- Provide options needed to maintain independence and quality of life.
- Wellness assessments, care planning tools.
- 24-hour Nurse Navigator elder-care advisor.
- Significant discounts on senior housing alternatives & additional care services.

Texas HealthSpring

Fitness Benefit: Members may enroll in Silver Sneakers Fitness program that allows them access to health clubs and participate in classes specifically designed for Seniors.

- Upon enrollment the member will be provided with numerous fitness and health centers in the local area.
- Full use of amenities including free weights, tread mills, aerobic classes, as well as fitness programs specifically tailored for the needs of seniors.
- A customer service department ready to answer any questions regarding the program and to assist with enrollment.

Carington Dental Discount Services:

- Receive 20% - 50% off most dental procedures.
- Complete dentistry and teeth whitening included.
- 2,400 participating providers
- Locate a dental provider at 1-800-290-0523

Free Miles:

- Free miles are provided to plan-approved health facilities, such as doctor's appointments, hospitals, and pharmacies. Up to 50 one-way trips or 15 round trips per calendar year.

Discount Hearing Aids:

- Discount hearing services provide up to 30%.
- Discount for hearing aids from selected providers.

PAL - Personal Assistant Liaison:

- PALs proactively engage members in their benefits plan. PALs will "reach out" to members and encourage them to use plan benefits, educate them about program and services, and resolve member problems.

Value Added Services

