## Medicare Advantage Plan Rules to Know

- 1. Your Medicare-covered dependents and you can each choose the MA plan that is best for you, or both of you can be covered under the same plan.
- 2. If your dependents are not eligible to participate in an MA Plan, they may continue coverage under their HMO or PPO plan.
- 3. Under TexanPlus and Texas HealthSpring, you must select a primary care physician to coordinate your health care, just as in the HMO. Check each plan's provider directory. Your doctor might be in their network.
- 4. The Aetna PFFS plan allows you to select any doctor or specialist that accepts Medicare and Aetna's PFFS plan. Call your doctor. He/she might already have these arrangements in place.
- 5. You may enroll your covered dependents in an MA Plan on the first of the month after they become eligible: (1) They become covered under Medicare Parts A & B at age 65; (2) they are under age 65 but become disabled and get Medicare Parts A & B; (3) they move into the service area of TexanPlus or Texas HealthSpring; or, (4) for Aetna PFFS, they live in either of the 50 states.
- 6. You may disenroll from your MA plan effective the last day of any month by submitting a disenrollment form. You must continue getting your medical services through your MA Plan until you are notified by the plan that your coverage has ended. That notice can take up to 60 days.
- 7. If you disenroll from an MA Plan, you may re-enroll in the HMO or PPO within 31 days after your coverage ends in the MA Plan. You should request re-enrollment at the same time that you apply to disenroll from your MA Plan. After 31 days, you will lose the opportunity to re-enroll in the HMO or PPO.
- 8. If you enroll in an MA Plan, you may elect to return to the HMO or PPO within 90 days after enrolling, or Jan. 1, 2008. You must complete a City of Houston Medicare Advantage Disenrollment form and a City of Houston Retire Medical Election Form. Request these forms from the Benefits Division, (888) 205-9266 or (713) 837-9400.
- 9. Remember, your MA Plan takes the place of your Medicare and your HMO or PPO. If you re-enroll in the HMO or PPO, you are also re-enrolled in Original Medicare.

### **Important dates**

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

- 1. Forms are due to the city by April 30, 2007, for coverage to begin May 1, 2007.
- 2. Forms received after April 30, 2007, 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 in which 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.

#### **Enrollment options**

If you don't want to make any changes, don't do anything. Your coverage will remain in effect until you make a change. During this enrollment, your choices are:

- Elect an MA plan.
- Your dependent elects an MA plan.
- You elect an MA plan and your dependent stays in the HMO or PPO plan.
- Return to the HMO or PPO now, or wait until Jan. 1, 2008.

If you are currently	You may enroll in one of these plans during this enrollment.						
enrolled in:	Aetna PFFS	TexanPlus	Texas Health- Spring	НМО	PPO		
Aetna PFFS	-	yes*	yes*	yes*	yes		
TexanPlus	yes	-	yes*	yes*	yes		
Texas HealthSpring	yes	yes*	-	yes*	yes		
HMO	yes	yes*	yes*	yes*	yes		
PPO	yes	yes*	yes*	yes*	yes		

<sup>\*</sup> If you live in the service area.

### Schedule of enrollment meetings

Learn more about these money-saving MA plans at one of the meetings below:

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

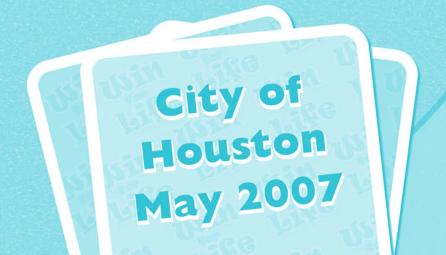
Tuesday March 27 10 a.m.
Thursday March 29 2 p.m.
Thursday April 5 10 a.m.

Be sure to bring your enrollment packages. Check www.houstonhumanresources.org for meeting schedule updates

## Medicare Advantage Enrollment Guide



**Making SMART health choices** 





Suitable for all Medicare retirees 1 or more members required



## MEDICARE ADVANTAGE PLAN ENROLLMENT 2007

#### **Contents**

Medicare Advantage plans3-6Plan features & contribution<br/>charts7-8Prescriptions9-10Service area11Things to consider12-16How to enroll or disenroll17-18

## How do I learn more about these plans?

- 1. Read every page of this enrollment guide.
- 2. Use the Comparison Chart to find the services you use most often, and compare copayments and coinsurance amounts.
- Request an enrollment package from Aetna, TexanPlus, or Texas HealthSpring. Call the numbers listed below. We don't want to overload your mailbox with information, so we let you request the information you want to see. Feel free to call all three.



Aetna

(800) 307-4830 www.aetnamedicare.com



### **TexanPlus**

(866) 556-4614 www.sctexas.com



Texas HealthSpring

(800) 846-2098 www.texashealthspring.com

#### Dear Retirees:

As you are all too aware, medical expenses continue to climb faster than our income; and as we grow older, we require a health plan that covers our growing needs without draining our bank accounts. That's why the City of Houston is happy to provide several different Medicare Advantage plans for you to consider. These plans offer great benefits at reasonable prices — plans so good they will make you ask, "What's the catch?"

The City is now offering retirees five different choices for medical coverage, and three of them will cost you less than \$50 per person per month in contributions. Here are your choices as a city retiree covered by Medicare Parts A and B:

- HMO Blue Texas HMO
- Blue Cross Blue Shield PPO
- TexanPlus Medicare Advantage HMO
- Texas HealthSpring Medicare Advantage HMO
- Aetna Private Fee-for-Service plan (great if you live outside of the network areas)

More than 1,800 of your fellow retirees are enrolled in these MA plans because of the premium savings and the more extensive, less costly benefits. Since May 2005, your former coworkers, who have enrolled in an MA plan, have saved more than \$1.3 million in contributions, and much more in time-of-service payments.

For those of you accustomed to the HMO plan, TexanPlus and Texas HealthSpring are great plans to consider. For those of you enrolled in the PPO or living outside of the network service areas, the introduction of the Aetna private fee-for-service plan in January provides you with nationwide coverage. Please take time to read about all five of your health plan options. You'll find lots of information in this guide, and toll free numbers to call for answers to your questions.

I know you live on a fixed income, and these MA plans should provide you with an opportunity for some financial relief. I encourage you and your Medicare-covered dependents to consider enrolling in one of these MA plans. If, for any reason, you are not satisfied with one of the new plans, you may return to the HMO or PPO within 90 days of your enrollment, or every January 1st and May 1st.

Respectfully,

Bill Wirte Mayor

### What exactly are MA plans?

Medicare offers you different ways to get your Medicare benefits when you reach age 65, or become covered under Medicare before 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 a Medicare Advantage plan 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.

These city-sponsored MA plans are two HMO-type plans, and one private-fee-for-service plan. In the HMO plans, you must choose a PCP to coordinate your care, and use network providers. In the private-fee-for-service plan, almost every doctor and hospital in the US can participate directly. You seek care from any doctor who agrees to Aetna's terms of participation. There is no network. When you enroll in an MA plan, Medicare pays a monthly amount to Aetna, TexanPlus, and Texas HealthSpring to provide your Medicare benefits. That means that these MA plans cover everything Medicare covers, and more. Medicare writes most of the rules that the vendor and the retiree must follow. These three plans will stand in place of your city health plan and Medicare.

### **Effective Dates**

- Disenrollment from any Medicare Advantage plan is effective the last day of the month.
- Your MA 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 MA 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 reenrolled in Original Medicare plan.
- Your HMO or PPO coverage will be effective on the date your MA plan coverage ends

### 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.

The eligibility criteria remain the same. 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 or physical handicap. The dependent must be primarily dependent on you for more than 50 percent of financial support and covered before age 25.

#### Life insurance

Covered retirees have \$5,000 in life insurance.

So ... now is the time to review your life insurance beneficiary. If you have had a "life event" such as marriage, divorce, birth, adoption or death, or you have forgotten whom you previously designated, you may want to change your beneficiary.

The Benefits Division will not release the name of your current beneficiary by telephone. If you need to request a beneficiary change form, you may call the division at (713) 837-9400, or toll free at (888) 205-9266.

#### Contacts

#### **Aetna**

www.aetnamedicare.com (800) 307-4830

#### **TexanPlus**

www.sctexas.com [866] 556-4614

#### **Texas HealthSpring**

www.texashealthspring.com (800) 846-2098

#### **HMO Blue Texas**

www.bcbstx.com (713) 837-9377

(713) 837-9448

(713) 837-9376

#### **Benefits Division**

www.houstonhumanresources.org (713) 837-9400 (888) 205-9266

### **Important Note**

After enrolling in Aetna, TexanPlus or Texas HealthSpring, you can expect to receive:

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

You may receive mailings from multiple vendors, but don't be concerned. Look for the package with the city logo from the program you have enrolled in.

If there exists a conflict between this Enrollment Guide and the official plan documents for each plan, the official plans documents will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.



Need extra help?

If you need help with an

MA plan, attend one of

the enrollment meetings

or contact the Benefits

611 Walker, 4th floor Houston, TX 77002

(713) 837-9400

(888) 205-9266

You do not need an

appointment.

Mon. - Fri., 8 a.m. - 5 p.m.

Division.

### HOW TO ENROLL OR DISENROLL

### Keeping the HMO or PPO

If you or your Medicare-covered dependent does not want to join Aetna, TexanPlus or Texas HealthSpring, you do not need to do anything. You will keep your HMO or PPO. If you or your Medicare-covered dependent wish to remain in an MA plan, you do not need to do anything.

You may change plans during the MA plan annual enrollment in December for (Jan. 1), annual open enrollment in the spring (for May 1), or you may elect to join an MA plan 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 a Medicare Advantage plan

- Request an enrollment packet from Aetna, TexanPlus or Texas HealthSpring.
- ▶ Enrollment forms will be in the packet.
- Each person must complete, sign, date, and return all copies of an "Enrollment Application and Statement of Understanding" for the plan you elected.
- You must also complete the "City of Houston MA 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 postmarked no later than April 30, 2007. Changes will be effective May 1, 2007. Use the postage-paid envelope in your packet. If you don't use the envelope, the address is:

City of Houston Human Resources Department, Benefits Division P.O. Box 248 Houston, TX 77001

You may enroll in an MA plan on the first of any month. Forms received after April 30, 2007, will be effective the first day of the following month.

### Disenrolling from a Medicare Advantage plan

You may choose to enroll or disenroll from an MA plan at the first of any month. This includes changing from one MA plan to the other. To disenroll from an MA plan:

- Decide if your dependent or you want to elect a different city-sponsored MA plan, or if you want to re-enroll in the HMO or PPO plan, you can do so on Jan. 1, 2008 or within 90 days of MA plan enrollment.
- Each person who wants to disenroll from an MA 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 or (713) 837-9400. If a person wants to elect another MA 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 MA plan.

## Send all completed forms to the Human Resources Department, Benefits Division, P.O. Box 248, Houston, TX 77001. 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.

### Three good options for saving money

You have the choice of three Medicare Advantage plans for 2007. Those of you who live in the Houston area told us how pleased you are with the chance to save money on monthly premiums, and copayments. We looked for a way to extend those benefits to folks living outside of Texas, and most likely participating in the PPO. We now offer three MA plans, one with coverage in all 50 states.

#### What's the difference in these three city-sponsored plans?

- ▶ **Texas HealthSpring** offers HMO-type benefits to Medicare-covered retirees, primarily in the southeast/east Texas area. The network includes Kelsey Seybold, Sadler Clinic and Renaissance doctors from which to select a PCP.
- **TexanPlus** offers HMO–type benefits to Medicare-covered retirees in the southeast Texas area. The network includes Kelsey Seybold and Heritage doctors from which to select a PCP.
- Aetna Private-Fee-for-Service offers copayment benefits for most services in all 50 United States. Any doctor and hospital that accepts Medicare assignment can participate. You seek care from any doctor who agrees to Aetna's terms of participation.

Carefully study the material in this guide. It explains who is eligible, and what your enrollment options are. Take the time to learn about each plan. We think you'll find an MA plan worth trying. You can't lose in this game!

# Medicare Advantage plans - a good strategy to win against rising health care costs

What are the benefits of considering one of these plans? If you are already covered by Medicare, these plans are just a different way to have Medicare coverage. MA plans offer familiar benefits for lower cost than a traditional health plan.

Aetna, TexanPlus and Texas HealthSpring are managed locally. Medicare believes that contracting with quality health plans helps better manage retiree health benefits. So Medicare pays MA plans for maintaining closer contact with the retirees – something Medicare cannot do for 50 million retirees in America. That is why MA plans cost less than traditional health plans.

Here's what this means to city of Houston retirees.

- Your contribution for health coverage in an MA plan for one retiree is only \$6.25 to \$44 per month. Compare that to the \$131 per month cost to enroll in the HMO, and \$400 in the PPO.
- Copayments are <u>25 70 percent</u> lower for a visit to the PCP and specialist.
- Most other copayments are lower, as you can see from the chart on page 7.
- The plan design is still familiar to you.
- You can get better than the equivalent of the Medicare Part D drug benefit from these plans
- There is no Medicare Part D premium.
- You can join an MA plan now, and your dependents can remain in the HMO or PPO.
- You can enroll in a city-sponsored MA plan on the first day of any month in 2007. If the MA plans do not meet your needs, you can re-enroll in the HMO or PPO within 90 days of your enrollment in the MA plan, or on Jan. 1, 2008.

#### What's New for 2007?

- 1. The Aetna Private-Fee-for-Service plan that offers nationwide coverage and doctors was first offered on Jan. 1, 2007. See page 3 for more information
- 2. There are no benefit changes in Aetna, TexanPlus, Texas HealthSpring, the HMO or PPO.
- 3. HMO and PPO contributions have increased.

### Who is eligible?

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

- Be a city retiree, dependent or survivor currently covered under a city medical plan.
- Live in a plan's service area, if you enroll in an MA HMO; Aetna's service area is all 50 states.
- Pay the required premium to the city.
- Be a card-carrying member of Medicare enrolled for coverage in both Part A, hospital insurance, and Part B, medical insurance.
- Not have end-stage renal disease, except for Aetna Private-Fee-for-Service plan.

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

### **Important Note**

If you are in a plan you like, and don't want to change plans, don't do anything.

You may join Aetna, Texan-Plus or Texas HealthSpring on the first of any month.

2



**Nationwide** 

coverage

**Questions for your** 

doctor before you

choose Aetna

**Private-Fee-for-Service** 

1. Do you accept Aetna's new

Fee-for-Service plan?

2. Do you accept Medicare

4. Will you read the terms and

provider through Aetna?

Reconfirm the doctor's

participation at the time of your

appointment. If the doctor treats

you, he/she has agreed to Aetna's

**Important note** 

See the back page

meetings, options

and important dates.

for enrollment

terms, and is a deemed provider,

eligible to be seen.

conditions of participation, and agree to be a deemed

Assignment?

3. Do you balance-bill?

Medicare Advantage Private-

You now have the choice of three MA plans that will all cost you less that \$50 per member per month. TexanPlus and Texas HealthSpring offer benefits very similar to those provided by HMO Blue Texas. The Aetna PFFS plan, which was new to the City effective January 1, 2007, provides benefits that require more thought on your part before making an appointment, but will still provide great savings – especially if you live outside of the service areas. Below is a brief summary of each plan, but be sure to see the Comparison Chart for more details.

#### Aetna Private-Fee-for-Service-Plan

The Aetna Private Fee-for-Service Plan is still new to City retirees, but it is a great savings opportunity for those who live outside of the HMO network areas. You will have to help it gather momentum, so see the box, "How can my doctor or hospital participate in the Aetna

- Approximately 96% of doctors in the US can become part of the Aetna PFFS plan — they must accept Medicare assignment and agree to Aetna's terms and conditions.
- You do not need a PCP, but it is recommended that you have one. No referrals are needed for specialists. Physicians are required to agree to Aetna's terms and conditions.
- Precertification for certain services is recommended, but not required.
- Medicare Part B drugs are covered for 20% coinsurance.
- Worldwide emergency care.
- One routine hearing exam free per year; \$500 reimbursement on hearing aids every
- One routine eye exam free per year. Discounts on frames and lenses.

#### **TexanPlus**

right for you. Below are TexanPlus highlights:

- TexanPlus includes an established network of physicians in 10 counties of the greater Houston area, including Kelsey Seybold and Heritage doctors.
- You must have a Primary Care Physician (PCP), and your PCP must refer you to network specialists.
- After you have paid \$2000, TexanPlus will pay for Part B drugs at 100%.
- services, eye exams and lenses.

We urge you to consider participating in one of these MA plans. Don't miss the boat. Get on board for quality, accessible and more

See pages 17 - 18 for information on how to enroll and disenroll.

PFFS plan?" on page 4. Below are Aetna PFFS highlights:

TexanPlus was introduced to retirees in 2005 as a great savings opportunity for those who live in specific service areas. See pages 12 - 14 for tools to help you decide if this plan is

- Medicare Part B drugs are covered with a 20% coinsurance, to a maximum of \$2000.
- Extra benefits include discounts on fitness memberships, hearing exams, dental
- One-time \$500 reimbursement on a hearing aid.

affordable health care.

A message from the MA plans

#### **Aetna PFFS**

Aetna is proud and excited to tell you about our newest Medicare Advantage plan that began Jan. 1 2007 – the Aetna Medicare Open Private-Fee-for-Service plan which is offered in all 50 States! It's great for retirees who do not live inside a contracted network service area or for those who simply want to be able to make their own provider choices. With the Aetna PFFS, you can go to any doctor who is Medicare eligible and accepts Aetna's terms and conditions, and you don't need referrals from a PCP to see a specialist. There are no deductibles in this plan, low copayments, and there isn't even a hospital copayment! To make sure we are there when you need us our Member Services Dept. is open 7 days a week including holidays, 365 days a year from 8 a.m. – 8 p.m. in all time zones. To order your enrollment kit please call us at (800)

#### **TexanPlus**

TexanPlus has been offered to City retirees and their dependents since May 2005, and right now we are proud to say that more than 850 folks have selected TexanPlus to provide coverage for their health care needs.

Why choose TexanPlus? First of all, we work in partnership with our doctors, who have been serving Medicare-eligible members since 2001. Our physician groups include Kelsey-Seybold, Memorial Clinical Associates, and the Heritage Physicians Network. We also have a comprehensive hospital network that includes the Methodist Healthcare System, Memorial Hermann Healthcare System and St. Luke's Episcopal Hospital (for Kelsey members).

Best of all, we offer easy access to primary care doctors, specialists and hospitals for very low copayments. Your prescription drug coverage (Part D) has no additional premium and no deductible. TexanPlus also offers value-added services, like discounts for dental, vision and hearing needs. Our Eldercare plan can assist you and your family in dealing with long-term health care decisions.

We have designed our program with you in mind, and we believe that TexanPlus may be the right choice for you!

### Texas HealthSpring

We are pleased to share with you the exciting benefits that you will receive as a member of Texas HealthSpring. We have earned a reputation for top-of-the-line, local customer service, which is based on the Personal Assistance Liaison program. Every member is assigned their own PAL to assist them in better understanding plan benefits, resolve any issues, and serve as a direct contact to Texas HealthSpring. We can assure you that the Texas HealthSpring personalized customer service approach sets us apart from other plans in our service area.

With Texas HealthSpring, you will find the most extensive provider network, with more than 2000 physicians from which to choose, including Kelsey-Seybold Clinic and Sadler Clinic. There are also over 40 hospitals in our network, including the Memorial Hermann Healthcare System, Methodist Hospitals, and the Woman's Hospital of Texas. You can count on Texas HealthSpring when you need a ride to your physician's office or hospital. Our transportation benefit offers up to 30 trips (15 round trips) per year at no additional charge. Texas HealthSpring members can get physically fit, meet new friends, and participate in fun events by becoming active with the free Silver Sneakers Fitness Program which gives you access to more than 30 local fitness centers.

We know you will enjoy being a member of Texas HealthSpring and look forward to sharing these and other exciting benefits with you in the future!

### ! Thoughts from a fellow retiree ...

Lydia Aguilar: Retired cashier from Aviation after 27 years with the city. MA plan member

"I chose an MA plan for two reasons: I could keep my same doctor from the Renaissance organization, and I liked the Silver Sneakers program which gave me • a free membership to the YMCA near me."

### **Important Note**

If you enroll in an MA plan, you can change back to the HMO or PPO within 90 days of your enrollment, or on Jan. 1, 2008. Options now include:

- 1. Do nothing and stay in the plan you are in now;
- 2. Retiree may change plans and dependent can stay in the current plan;
- 3. Dependent may change plans and retiree can stay in the current plan.



### THINGS TO CONSIDER (CONT)

### Tools to help you make your decision

By now you should be curious to know if one of the MA plans will work for you. Here are some questions to help you make that decision.

- Are you interested in joining an MA Plan? Do you live in the Houston area or another city in Southeast Texas more than 6 months in the year? Or, do you live outside of Texas? If so, TexanPlus, Texas HealthSpring or the Aetna PFFS might be for you! **See the maps on page 11.**
- Are your doctors in Kelsey Seybold, Renaissance or another group? You might consider TexanPlus, Texas HealthSpring, or the Aetna PFFS. **See page 12.**
- Is there a hospital that meets your needs in TexanPlus and Texas HealthSpring? The Aetna PFFS plan also includes any hospital that accepts Medicare. **See page 13.**
- Are your prescriptions available on one of the formularies in a lower-tier (meaning lower copayment?) **See page 10.**
- ls there a conveniently located pharmacy? **See page 13.**
- Are the medical services you use most often available for a lower cost in one of the MA plans? **See page 7.**
- Are there extra services offered by these plans that you like? **See page 14.**
- Do you ever need help getting to the doctor or drugstore? **See page 14.**

If you answer yes to most of these questions, Aetna, TexanPlus or Texas HealthSpring could be right for you. However, if you live outside of the TexanPlus or Texas HealthSpring service area, the Aetna Private-Fee-for-Service plan is a great option for you to consider. All three plans offer considerable monthly premium savings of 82% - 95%, wallet-stuffing savings for point-of-service costs, and all three are backed by Medicare and the City of Houston. If you try one, you might just like it; and if not, you have 90 days to re-enroll in the HMO Blue HMO or PPO plans, or you can enroll again on Jan. 1, 2008.

#### **Very Important Note**

To enroll in an MA plan you must:

- Be a city retiree, dependent or survivor currently covered under a city medical plan.
- Live in a plan's service area, if you enroll in an MA HMO; Aetna's service area is all 50 states.
- Pay the required premium to the city.
- Be enrolled in Medicare Parts A and B.
- Not have end-stage renal disease, except for Aetna Private-Fee-for-Service plan.

### Medicare's relationship to these MA plans

- Medicare has authorized Aetna, TexanPlus and Texas HealthSpring to provide the new Part D prescription benefit to you without charging you the Part D premium.
- If you're enrolled in the HMO or PPO, Medicare is primary. You must use your PCP in the HMO. The HMO and PPO are secondary for your coordination of benefits.
- If you enroll in Aetna, TexanPlus or Texas HealthSpring, all claims or inquiries are handled by the MA plan in place of Medicare. These plans replace the HMO, PPO and Medicare.
- Medicare has turned over all responsibility for your care to these plans. You still pay your Medicare premium, but it is the responsibility of the MA plans to manage your care.
- Aetna, TexanPlus and Texas HealthSpring are governed by Medicare, which writes 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 we offer 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 2007.

### Texas HealthSpring

Texas HealthSpring was introduced to retirees in 2005 as a great savings opportunity for those who live in specific service areas. See pages 12 - 14 for tools to help you decide if this plan is right for you. Below are Texas HealthSpring highlights:

- Texas HealthSpring includes an established network of physicians in all 13 counties of the greater Houston area, including Kelsey Seybold, Renaissance and Sadler doctors. Networks are also available in East Texas and in the Valley. See service areas on page 11.
- You must have a Primary Care Physician (PCP), and your PCP must refer you to network specialists.
- Medicare Part B drugs are covered with a 15% coinsurance, to a maximum of \$1500. After you have paid \$1500, Texas HealthSpring will pay for Part B drugs at 100%.
- Worldwide emergency care
- Extra benefits include free health club membership for Silver Sneakers, discounts for hearing aids and dental services.
- Texas HealthSpring also provides up to 30 free rides (15 round trips) to the doctor, pharmacy, or hospital per year.

## What are your options during open enrollment?

- Enroll in one of the three MA Plans for yourself only.
- Enroll in one of the three MA Plans for yourself and your Medicare-covered dependents.
- Enroll in an MA Plan for a Medicare-covered family member and leave another Medicare or non-Medicare covered family member in the HMO or PPO plan.
- Add dependents.
- Return to the HMO or PPO within 90 days of MA plan enrollment if you are not satisfied.
- After 90 days, your next opportunity to return to the HMO or PPO will be on Jan. 1, 2008.
- Do nothing and remain in the plan you are in now.

### Who is eligible?

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

- Be a city retiree, dependent or survivor currently covered under a city medical plan.
- Live in a plan's service area, if you enroll in an MA HMO; Aetna's service area is all 50 states.
- Pay the required premium to the city.
- Be a card-carrying member of Medicare enrolled for coverage in both Part A, hospital insurance, and Part B, medical insurance.
- Not have end-stage renal disease, except for Aetna Private-Fee-for-Service plan.

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

# How can my doctor or hospital participate in the Aetna PFFS plan?

Providers can become participants in the Aetna plan quickly and easily – no forms for your doctor to complete. If the doctor agrees to the "terms and conditions" found on the back of your Aetna PFFS ID card, he/she is deemed to be a participating provider. And by accepting your appointment and treating you, he/she agrees to the terms and conditions. It's quite simple.

Any doctor eligible to receive payments from Medicare can become a Private-Fee-for-Service provider. That's about 96% of the doctors in the U.S. Most of these doctors accept Medicare assignment, but a few do not. Even the few who do not accept Medicare assignment are eligible to participate. If your doctor does not accept Medicare assignment, he/she is allowed to balance-bill you for 15% over the Medicare-allowable charge for that service. If you enroll, Aetna will provide you with information to take to your doctor that describes the plan.

Your doctor or hospital can find out more, at www.aetna.com/provweb or call the Service Provider Center at [800] 624-0756.



### **HEALTH PLAN HIGHLIGHTS**

### Savings? Okay, show me the money.

Savings come in the form of lower monthly contributions and lower time-of-service payments. Since May 1, 2005, more than 1,800 participating retirees and dependents have saved more than **\$1.3 million** in contributions. That doesn't count what they've saved in copayments. Here's how the savings stack up:

- Enroll in one of the three MA plans, you could save 82% 95% over what you would pay for HMO or PPO coverage.
- ▶ Lower out-of-pocket costs on many services including:
  - ≥ 25% 70% percent on doctor visits
  - \$200 \$500 on hospital admissions
  - ▶ \$100 \$115 on emergency room visits
  - ▶ 5% 10% on durable medical equipment, like wheel chairs and walkers

  - Free rides to the doctor if you enroll in Texas HealthSpring: up to 15 round trips to doctors, hospitals, pharmacies

## How can these benefits costs less than what I've been paying?

- Medicare has delegated most of the responsibility for providing benefits for 50 million beneficiaries to managed care companies, which means you can receive more personalized service, and they can better manage the unique medical needs of the senior population.
- Managed care companies can coordinate your care better than Medicare alone, and can perform better analysis on prescription interaction.
- The federal government is still responsible for making sure each Medicare beneficiary gets full Medicare benefits. With MA plans, employers can increase the benefit, and provide benefits that are better than Medicare alone.

### More savings with discount generic drug programs

Wal-Mart, Sam's Club, H-E-B and Target pharmacies are offering a 30-day supply of hundreds of commonly prescribed generic drugs and drug compounds in varying doses for \$4 or \$5.

The generic copayment for all city plans is \$10. With the new discount programs, an additional savings of \$5 to \$6 per prescription is possible. Generics include antibiotic, diabetes, high blood pressure, cholesterol lowering, antidepressant and allergy medications among others.

More than 1,000 members have taken advantage of the new discount programs. Based on three months' experience, these members could save an average \$34,000 per year, which in turn could save the city \$16,000 per year.

### Winning Tip

To request specific information from Aetna, TexanPlus or Texas HealthSpring, call the phone numbers listed on page 1. They will send information only if you request it.

### **Winning Tip**

What you will be receiving to help you enroll:

- 1. This enrollment guide
- 2. A comparison chart
- 3. Communication from Aetna, TexanPlus and Texas HealthSpring describing how you can request more information from them.

#### 4. Extra services

Listed below are value-added services for all MA plans. When making your health care decision, take into account these unique bonus features.

Extra Services	Aetna	TexanPlus	Texas HealthSpring	
Free rides to appointments	N/A	N/A	Up to 30 free rides (15 round trips) per year to doctor appointments, hospitals and pharmacies in conjunction with doctor visits.	
Fitness programs for seniors	N/A	25-50% membership discounts to participating health clubs through Careington.	Silver Sneakers - free health club membership and fitness classes.	
Discounted hearing services	One routine hearing exam free per year. Included in basic services.	30% discount through HearPO on hearing exams. Discounts on repairs and batteries.	N/A	
Hearing aids	\$500 reimbursement on hearing aids every 36 months. Contact Member Services at (800) 282-5366 for additional information. Included in basic services.	One-time \$500 cash payment per covered member for the purchase of a hearing aid. Up to 62% savings on hearing aids through HearPO at participating providers.	Up to a 30% discount for hearing aids from selected providers.	
Discounted dental services	N/A	20-50% savings on most dental procedures through Careington. 20% discount on specialty services, cosmetic dentistry and teeth whitening.	20-50% savings on most dental procedures through Careington. 20% discount on specialty services, cosmetic dentistry and teeth whitening.	
Discounted vision services	One routine eye exam free per year. Discounts on frames and lenses at participating provider locations. Call Member Services at 1-800-282-5366. Included in basic services.	\$25 for an annual eye exam through EyeMed; and discounts on frames and lenses Check provider directory for participating provider locations.		nning Ti
ElderCare services	N/A	Services provide wellness assessments, identification of elder-care needs, ongoing support in maintaining an independent quality of life. Discounts on additional care alternatives.	con of t	city is tributing 75 the cost of MA plans.
Extra customer service	N/A	N/A	Members are assigned a Personal Assistant Liaison (PAL) to guide them to better understand benefits and help with resolving any issues. Call your PAL at 866-897-0828.	
Newsletters	Quarterly member newsletter.	Bimonthly member newsletter.	Quarterly member newsletter.	
Disease management	Aetna conducts a health risk assessment for every new member by personalized phone call outreaches. Plan provides care management with dedicated case managers specializing in geriatric case management.	Each new member receives an initial health risk assessment. The health care program helps manage diabetes, CHF, coronary artery disease and COPD.	Health care communications and interventions provided to promote better health, fewer complications and lower health care costs. Examples: diabetes, CHF, asthma, etc.	
	Informed Health Line - provides	24/7 nurse support line, plus	Immunizations, well-woman / well man exams, bone mass	
Wellness services	a 24-hr toll-free number to get information on a variety of health topics. IntelliHealth - provides online features to help educate and promote wellness.	a dedicated team of nurses, a pharmacist and health care professionals who provide guidance and support as you consider lifestyle changes to improve your health.	measurement, colorectal screening and smoking cessation programs.	



### THINGS TO CONSIDER (CONT)

### 2. Comparison of network hospitals

Listed below are just some of the hospitals in the TexanPlus, Texas HealthSpring and HMO Blue Texas networks. For a complete list, check the Web sites or call one of the numbers in the contact box on page 12. If a hospital accepts Medicare and Aetna terms and conditions, it will be in the Aetna Private-Fee-for-Service plan. Call customer service at the number listed in the contact box on page 12.

In an emergency, you may seek treatment at any hospital, under any plan; however, you may be transferred to a network facility as soon as your condition is stabilized.

Hospital	Aetna*	TexanPlus	Texas Health- Spring	HMO Blue Texas
Angleton Danbury Medical Center		Χ		Χ
Bayshore Medical Center	s of	Χ	X	
Brazosport Regional Health System	Ë	Χ		
CHRISTUS St. John	plan terms of	Χ	Χ	Χ
East Houston Medical Center	pla	Χ	Χ	
Clear Lake Regional Medical Center	FS	Χ	Χ	Χ
Houston Northwest Medical Center	<u> </u>	Χ	Χ	Χ
Kingwood Medical Center	etn	Χ	Χ	Χ
Mainland Medical Center	d A on	X		
M.D. Anderson	edicare and / participation			X**
Memorial Hermann Hospital System	Sare	X (8 facilities)	X (all facilities)	Χ
Methodist Hospital	edic	X	Χ	Χ
Park Plaza	ω ≥	Χ	Χ	Χ
St. Joseph Medical Center	otin	Χ	Χ	Χ
St. Luke's - Woodlands	Scek	X (Kelsey only)	X (Kelsey only)	X
St. Luke's Episcopal Hospital	s a(	X (Kelsey only)	X (Kelsey only)	Χ
Spring Branch Medical Center	ital	Х	Х	Х
Twelve Oaks	dso		Х	X
West Houston Medical Center	All hospitals accepting Medicare and Aetna PPFS participation	X	Х	X
Women's Hospital of TX		X (Kelsey only)	X	X

<sup>\*</sup> Most hospitals accept Medicare. Check the hospital where you live.

### 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	Aetna	TexanPlus	Texas Health- Spring	HMO Blue Texas
CVS	Χ	Χ	X	Χ
HEB*	X	Χ	Х	Χ
Kelsey-Seybold		Χ	Х	Χ
Kroger	Χ	Χ	Х	Χ
Randalls	Χ	Χ	Х	Χ
Sam's Club*	Χ	Χ	Х	Χ
Target*	X	Х	Х	Χ
Wal-Mart*	X	Χ	Х	Χ
Walgreens	X	Х	X	X

<sup>\*</sup> Discounted generic drug program available. See page 5 for more information.

### **CONTRIBUTIONS**

Through carefully constructed contracts with Blue Cross and the MA plans, we hope to hold health care expenditures to \$251 million in FY08. But we can't rest in our effort to keep the plans affordable. Each 1% we don't spend now - \$2.5 million – means lower increases next year, keeping the plans affordable and secure longer.

Each retiree who enrolled in an MA plan for 12 months in 2006 saved the city about \$5000, for a total of \$4.9 million. That translates into real money for you, because those same retirees saved over **\$1.3 million** in premiums in 12 months. And you can calculate what lower copayments mean to your wallet.

Your contribution for the Medicare Advantage plans is still 25% of the premium. The city will contribute 75% of the cost. Aetna, TexanPlus and Texas HealthSpring will not change on May 1. You now have three choices that cost less than \$50 per month! Here are the costs for May 2007:

- TexanPlus is \$6.25 per month.
- Texas HealthSpring is \$23.25 per month.
- Aetna Private-Fee-for-Service is \$44 per month.
- ▶ HMO and PPO contributions increase. See page 8 for rates.

The Medicare Advantage plans offer distinct financial advantages. If you are a PPO member living outside Texas paying \$400 per month, you now have a new financial option worth serious consideration. If you are an HMO member, you have 5 affordable options for health coverage. Keep reading, and learn how to calculate your savings.

See the chart on page 8 for the new contributions.

### An example of how to calculate your rate

As Medicare Advantage retirees, you have the option to split your family election. You and your eligible spouse may enroll in different MA plans. You may enroll in an MA plan, and your spouse can remain in the HMO/PPO, or vice versa. If that's your election, your monthly contribution will be calculated as described below. Refer to the contribution chart on page 8.

#### Example 1: You and your spouse both have Medicare and the HMO plan

Go to line 5 on the chart: One elects an MA plan/one keeps city plan

#### Example 2: You and your spouse both have Medicare and the PPO plan

Go to line 4 on the chart: Both elect an MA plan You elect TexanPlus, your spouse elects Aetna

Add the TexanPlus rate \$6.25

To the Aetna PFFS rate + \$44.00

Your new contribution amount = \$50.25

Amount you pay for PPO \$440.72

Savings Almost \$391

#### Plan A

We still offer Plan A for the 17 retirees currently enrolled. You do not need to do anything to remain enrolled.

## A thought from a fellow retiree ...

Sammy and Marilyn
Flanary: Sammy retired
after 22 years as a 911
telecommunicator with
Finance & Administration.
They are members of **Texas**HealthSpring.

"I like Texas HealthSpring for the free rides offered to the doctor's office."

#### Free ride?

Texas HealthSpring takes members for a ride - a free ride to the doctor! 69 city retirees took 675 free trips to the doctor this year.

<sup>\*\*</sup> By referral only.

## Plan Features & Contributions

effective May 1, 2007. There are no benefit changes since the January 2007 enrollment. Refer to the anPlus or Texas HealthSpring, or to the HMO/PPO medical plan summary document for covered benefits ice the Comparison Chart for a more detailed side-by-side comparison. All prescription plans include a ans that if your doctor prescribes a generic drug but you purchase the brand-name equivalent, you will pay ment will be the difference in cost between the brand and generic drug, plus the generic copayment. mandatory gene more for your r

	Plan featu	Plan features for medical plans	cal plams		
Plan feature					
	Aetna*	TexanPlus+	Texas HealthSpring+	НМО	PPO in-network***
Deductible (Individual/Family)	\$0	\$0	\$0	\$0	\$200/\$600
PCP office visit copayment	\$15	\$10	\$10	\$20	\$30
Specialist office visit copayment	\$15	\$25	\$25	\$45	\$50
Routine physical copayment	\$0	\$0	\$0	\$0	\$0
Well woman/man exam	\$0	\$0	\$0	\$0	\$0
Inpatient admission copayment/coinsurance	\$0	\$300	\$275	\$500	\$500 + 20%
Emergency room	\$35	\$50	\$50	\$150	\$150 + 20%
Ambulance	\$15	\$50	\$100	\$100	20%
Outpatient surgery	\$0	\$125 / \$175	\$200	\$200	20%
Prescriptions (31-day supply) participating pharmacy copayment	ting pharmacy cop	ayment		(30-day supply)	
Mandatory Generic	\$10	\$10	\$10	\$10	\$10
Preferred brand	\$30	\$30	\$30	\$30	\$30
Non-preferred brand	\$45	\$45	N/A	\$45	\$45
Specialty drugs	\$45	\$45	\$45**	\$45	\$45
Prescriptions (90-day supply) mail-order copayment	er copayment				
Mandatory Generic	\$20	\$20	\$20	\$20	\$20
Preferred brand	\$60	\$60	\$60	\$60	\$60
Non-preferred brand	06\$	06\$	N/A	06\$	06\$
Specialty drugs	06\$	06\$	**06\$	06\$	06\$
Prescriptions special copayments					
Medicare Part B	20%	20% up to \$1,500	15% up to \$1,000	Included under "N copayment	Included under "Non-preferred brand" copayments listed above

nts become the greater of \$2.15 or 5% for generic drugs and brand drugs treated as generic copayments total \$3,850 in the plan year, cop

\*\* Prior authorization required
\*\*\* Out-of-Network benefits are lower, as displayed in the Comparison Chart
- Indicates closed formulary

### THINGS TO CONSIDER

### Which plan is right for me?

To help you make that decision, the following charts present several considerations in choosing a new plan. The MA plans are compared to the HMO Blue Texas HMO.

### 1. Comparison of network physicians

In TexanPlus, Texas HealthSpring and HMO Blue Texas, you must select a PCP for all primary care. It is not necessary to select a PCP to direct your care in the Aetna PFFS plan, but it is recommended that you do so. To see if your preferred physicians are in one of these networks, use the contact information in the contact box to the right. 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	Aetna	TexanPlus	Texas Health- Spring	HMO Blue Texas
Brazosport LPO		X		
Clear Creek Clinic			X	
Family Practice Associates	Most physicians accepting Medicare and Aetna PFFS terms of participation.		X	
Heritage		X		
North Central LPO (Formerly HispanicCare)		X		
Independent Physicians			X	Χ
Integranet		Χ		
Kelsey-Seybold Clinic		X	Х	Х
The Limited Provider Network				Х
Memorial Clinical Associates		X	X	
Northwest Diagnostic Clinic		X		Х
Physicians of East Texas	ian		X	
Renaissance	ysic		X	Χ
Pasadena LPO (Formerly SEMNet)	ost ph	X		
Sadler Clinic	Š		X	Χ
Southeast Regional LPO		X		
Village Family Practice		X	X	
Total PCPs	About 96%	454	812	1,430
Total Specialists	of all U.S. doctors accept	1629	1.334	7,902
Total Physicians	Medicare	2,083	2,146	9,332

#### CONTACTS

#### Aetna

www.aetnamedicare.com (800) 307-4830

### TexanPlus

www.sctexas.com (866) 556-4614

#### Texas HealthSpring

www.texashealthspring.com (800) 846-2098

#### I HMO Blue Texas

www.bcbstx.com (713) 837-9377 (713) 837-9448 (713) 837-9376

#### Benefits Division

www.houstonhumanresources.org (713) 837-9400 (888) 205-9266

### Thoughts from a fellow retiree ...

Carlos Alvarez: Retired IP Inspector from PW&E. He is a member of the **Aetna Private-Fee-for-service** plan.

"Not all doctors are created equal. Aetna Fee-for-service allows me the freedom to go to the doctor I want without being restricted by geography. Yes sir, there's nothing like being able to choose your own doctor."



### **SERVICE AREAS**

The maps below show the service areas authorized by Medicare for Aetna, TexanPlus and Texas HealthSpring. Most counties include all zip codes.

As you know, the HMO Blue Texas service area spans 220 counties in Texas. These counties are not in the service area: Archer, Bandera, Bayor, Clay, Coryell, DeWitt, Dimmit, Duval, Edwards, Falls, Foard, Frio, Gillespie, Goliad, Hamilton, Hardeman, Jim Hogg, Kerr, Kinney, Knox, La Salle, Lampasas, Limestone, Live Oak, Llano, McMullen, Maverick, Real, Uvalde, Webb, Wichita, Wilbarger, Zapata, Zaval.

The PPO offers doctors in 50 states and Puerto Rico.

If TexanPlus and Texas HealthSpring expand into other counties, we will notify you about enrollment opportunities. Aetna PFFS includes all counties in all 50 states.

### **Outside the service area?**

Aetna covers emergencies worldwide. TexanPlus covers emergencies only in the United States. Texas HealthSpring covers emergencies worldwide.





### TexanPlus & Texas HealthSpring Service Areas





Texas HealthSpring Only TexanPlus & Texas HealthSpring

#### TexanPlus 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 and Orange

#### **Texas HealthSpring** counties are:

Angelina, 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 and Willacy

## Which doctors are in my area?

For a provider directory with the complete list of providers in the network, use the contact information on page 1.

# for May 2007

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

2007

May

for

chart

Contribution

Family Coverage Category		Mont	<b>Monthly Contributions</b>	tions	
	Aetna	TexanPlus	Texas HealthSpring	HMO*	PPO*
1 Retiree Only (With Medicare )				\$131.44	\$399.60
2 Retiree elects an MA plan	\$44.00	\$6.25	\$23.25	1	ı
3 Retiree + One (Both have Medicare)				\$256.36	\$440.72
4 Both elect an MA plan	\$88.00	\$12.50	\$46.50	ı	ı
5 One elects an MA plan / one keeps city plan	\$44.00	\$6.25	\$23.25	\$131.44	\$399.60
6 Retiree + One (Only one has Medicare)				\$262.96	\$1,049.76
7 One elects an MA plan / one keeps city plan (less than 65)	\$44.00	\$6.25	\$23.25	\$136.22	\$458.02
8 One elects an MA plan / one keeps city plan (age 65+)	\$44.00	\$6.25	\$23.25	\$421.38	\$621.80
9 Retiree + Family (Two have Medicare)				\$407.56	\$1,047.30
10 Two elect an MA plan / one keeps city plan (less than 65)	\$88.00	\$12.50	\$46.50	\$136.22	\$458.02
11 Two elect an MA plan / two keep city plan (both are less than 65)	\$88.00	\$12.50	\$46.50	\$401.98	\$1,178.10
12 Two elect an MA plan / two+ keep city plan (all are less than 65)	\$88.00	\$12.50	\$46.50	\$626.86	\$1,647.88
13 One elects an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$44.00	\$6.25	\$23.25	\$262.96	\$1,049.76
14 One elects an MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$44.00	\$6.25	\$23.25	\$447.00	\$1,140.24
15 Retiree + Family (Two with Medicare + one 65+ w/o Medicare)				\$407.56	\$1,047.30
16 Two elect an MA plan / one keeps city plan (age 65+)	\$88.00	\$12.50	\$46.50	\$421.38	\$621.80
17 Two elect an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$88.00	\$12.50	\$46.50	\$884.90	\$1,305.74
18 Retiree + Family (Three w/ Medicare)				\$407.56	\$1,047.30
19 Three elect an MA plan	\$132.00	\$18.75	\$69.75	1	ı
20 Three elect an MA plan / one keeps city plan (1 is less than 65)	\$132.00	\$18.75	\$69.75	\$136.22	\$458.02
21 Three elect an MA plan / two keep city plan (both are less than 65)	\$132.00	\$18.75	\$69.75	\$401.98	\$1,178.10
22 Three elect an MA plan / two+ keep city plan (all are less than 65)	\$132.00	\$18.75	\$69.75	\$628.86	\$1,647.89
23 Two elect an MA plan / one keeps city plan (age 65+)	\$88.00	\$12.50	\$46.50	\$131.44	\$399.60
24 Two elect an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$88.00	\$12.50	\$46.50	\$262.96	\$1,049.76
25 Two elect an MA plan / two + keep city plan (1 is 65+, 2 are less than 65)	\$88.00	\$12.50	\$46.50	\$447.00	\$1,140.24
26 One elects an MA plan / two keep city plan (2 are 65+, 1 is less than 65)	\$44.00	\$6.25	\$23.25	\$262.96	\$1,049.76
27 One elects an MA plan / two+ keep city plan (2 are 65+, 1 is less than 65)	\$44.00	\$6.25	\$23.25	\$407.56	\$1,407.30
28 Retiree + Family (Only one has Medicare)				\$447.00	\$1,140.24
29 One elects an MA plan / two keep city plan (both are less than 65)	\$44.00	\$6.25	\$23.25	\$401.98	\$1,178.10
30 One elects an MA plan / two+ keep city plan (all are less than 65)	\$44.00	\$6.25	\$23.25	\$626.86	\$1,647.88
31 One elects an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$44.00	\$6.25	\$23.25	\$884.90	\$1,305.74
32 One elects an MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$44.00	\$6.25	\$23.25	\$1,516.98	\$1,617.64

plans became effective Jan. 1, 2007. Rates for Medicare Advantage

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



Everyone talks about the importance of prescriptions, and their high cost. Some of your friends and family members hit the "donut hole." But not you! The city's five health plan choices provide seamless coverage over that gap. All five plans offer benefits much more generous than Medicare Part D.

You enjoy one of the richest prescription benefits around – fixed copayments for most covered prescriptions. Those benefits are costly. We expect to spend over \$37 million in prescriptions in 2007. That's about 16% of the total health plan cost. Over half that cost is for retiree prescriptions.

The chart on page 7 describes the prescription coverage from all 5 city health plans. Use this chart, the list of prescriptions on page 10, and the formulary list from each plan to determine which prescription benefits are best for you. Many of your fellow retirees say this is the most important factor when considering a new plan.

### What is Medicare Part D? - a brief overview

Part D is the prescription drug benefit for Medicare members. Medicare is contracting with many pharmacy vendors around the country to provide the benefit. Not all plans are offered in every area of the country. You are receiving many advertisements in the mail and on the phone that want you to enroll in a drug plan. There are many variations, but all plans offered have to be at least "equivalent" to the Medicare Part D benefit. That means some plans offer only the required benefit, and some plans offer additional benefits. These plans will cost different amounts, since the benefits are not the same.

We strongly suggest that you do not enroll in a Medicare Part D program if you intend to remain in a city-sponsored health plan. Medicare will not allow you to be enrolled in Part D and an MA plan at the same time. You will be dropped from the MA plan. You do not need to enroll in Part D to retain the prescription coverage offered by the city's health plans.

### What effect will Medicare Part D have on the city's health plans?

Part D will not affect the city's prescription benefits. Prescription coverage will be available without enrolling in a Part D plan. In fact, if you enroll in a stand-alone Part D plan and you are enrolled in one of the city sponsored MA plans, Medicare will cancel your medical coverage in the Medicare Advantage plan. The only coverage you will have is your Part D stand-alone prescription plan. Your city-sponsored retiree health plans provide equivalent or better prescription coverage than Medicare offers in 2007. In November of each year, you will receive a letter from the city informing you that the city's prescription benefits plans are (or are not) equivalent to Medicare Part D.

### Mail-order pharmacy benefit

If you are on maintenance medication that you will be taking for more than 30 days, you should try the mail order drug plan. It's convenient and saves you money. You can order over the phone or on-line and receive a three month supply of your medication for 2 months copayment. If you are using a non-preferred drug, the mail order plan will save you \$180 per year, per non-preferred prescription.

Plan	Aetna	TexanPlus	Texas HealthSpring	BCBS HMO & PPO
Mail-order vendor	Aetna Rx Home Delivery	Pharmacare	Argus	Prime Therapeutics

### Top ten retiree prescriptions

The chart below shows the top 10 medicines taken by retirees as of Oct. 31, 2006, and their coverage tier under Aetna, TexanPlus, Texas HealthSpring and the HMO.

Drug, Therapy Class	Aetna	TexanPlus+	Texas HealthSpring+	HMO Blue Texas	Retail cost
		Foi	mulary Tier		(30-day Supply)
Lipitor Cholesterol 20 mg tab	2	2	2	3	\$121.99
Nexium GERD 40 mg cap	2**	2	Not covered	2	\$156.99
Actos Diabetes 30 mg tab	2	2	2	2	\$185.99
Simvastatin (Zocor) Cholesterol 20 mg tab	1	1	1	1	\$129.99
Tracleer Primary pulmonary hypertension 125 mg tab	2**	3	3**	2	\$3,548.07
Prevacid GERD 15 mg cap ***	2**	2	Not covered	3	\$152.99
Enbrel Arthritis 50 mg/ml injection *	2	3**	3**	2*	\$1,521.79
Lotrel High blood pressure 5/20 mg cap	2	2	2	2*	\$106.99
Avandia Diabetes; 4 mg tab	2	2	2	2	\$114.99
Actiq Cancer pain 4 mg ***	3	Generic only	Generic only	3	\$2,189.99

+ Indicates closed formulary.

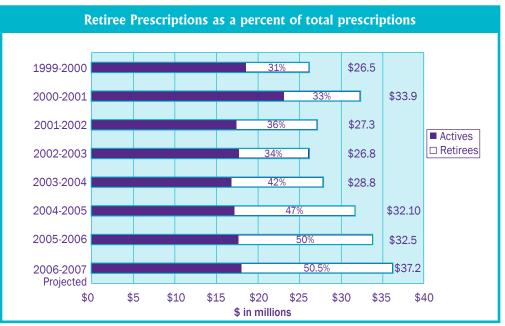
Included in step therapy program.

\*\* Requires prior authorization.

\*\*\* Generic available.

### Retiree prescriptions as a percent of total prescriptions

In this plan year, the city expects to spend more than \$37 million on prescriptions for all plan members. Retiree prescriptions are projected to be more than 50 percent of that amount, almost \$19 million.



Date: Oct. 1, 2006

### **Medicare Advantage**

TexanPlus and Texas HealthSpring will provide semi-annual statements of your prescription utilization while enrolled in their plan. Aetna will provide monthly statements if you have claims.

#### What is a formulary?

A formulary is a list of covered drugs. Each plan's formulary is different and can change each year. The drug formulary established by Medicare for 2007 serves as the model for Medicare Advantage formularies. View the 2007 formularies at these three Web sites:

Aetna PFFS www.aetnamedicare.com

TexanPlus www.sctexas.com

Texas HealthSpring www.texashealthspring.com

HMO Blue Texas www.bcbstx.com

Formularies may change each Jan. and May.

### **Winning Tip**

To find a participating pharmacy, go to one of the Web sites listed below and click on the 2007 pharmacy or provider finder option.

Aetna PFFS
www.aetnamedicare.com

TexanPlus www.sctexas.com

Texas HealthSpring www.texashealthspring.com

HMO Blue Texas www.bcbstx.com

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Thoughts from a

fellow retiree ...

Thomas Irby - Retired

painter's aide from

TexanPlus plan.

because of their

to stay with him."

"I chose TexanPlus

relationship with Kelsey

Seybold and St. Luke's

Hospital. My doctor is at Kelsey and I wanted

PW&E after 24 years.

He is a member of the