BENEFIT	KELSEYCARE ADVANTAGE HMO	TEXAS HEALTHSPRING HMO	TEXANPLUS HMO	BLUE CROSS BLUE SHIELD HMO
SERVICE AREA	Brazoria, Chambers, Liberty, Waller, Ft. Bend, Harris, Montgomery, Galveston zip codes - 77510,77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592	Angelina, Brazoria, Cameron, Chambers, Ft. 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	Brazoria, Chambers Ft. Bend, Galveston zip codes - 77510,77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Austin, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, Waller	Plan covers all but 34 counties in Texas. See the HMO directory for a list of counties in the service area, or visit the Web site at www.bcbstx.com
ANNUAL DEDUCTIBLES	None	None	None	None
MAXIMUM ANNUAL Out-of-Pocket Costs	$1,500 for certain services. You will always pay copayments or coinsurance for out-patient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage	$1,500 for certain services. You will always pay copayments or coinsurance for out-patient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage	$1,500 for certain services. You will always pay copayments or coinsurance for out-patient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage	Individual: $1,500 Family: $3,000 You will always pay copayments or coinsurance for out-patient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage
LIFETIME MAXIMUM	None	None	None	None
PCP	$0 copayment	$10 copayment	$10 copayment	$25 copayment
Specialist	$15 copayment	$25 copayment	$25 copayment	$50 copayment
Chiropractic	$15 copayment	$25 copayment	$25 copayment	$50 copayment
Podiatry	$15 copayment	$25 copayment	$25 copayment	$50 copayment
Inpatient Hospital	$300 copayment	$275 copayment	$300 copayment	$500 copayment
Emergency Room	$50 copayment	$50 copayment	$50 copayment	$150 copayment
Ambulance	$100 copayment	$100 copayment	$50 copayment	$100 copayment
Urgent Care Center	$50 copayment	$40 copayment	$50 copayment	$40 copayment
Lab & X-Ray Diagnostic Radiology	$0 copayment $100 for CT, MRI, CNM $150 for PET scans	$0 copayment with office visit $100 for CT, MRI, CNM $150 for PET scans	$0 copayment with office visit $75 for MRI, MRA , CT scan $150 for PET scans	$0 copayment with office visit.
Therapeutic Radiology (treatment of cancer and other diseases with radiation)	$15 copayment	$25 copayment	$25 copayment	$25 copayment-PCP office $50 copayment-Specialist office $200 copayment-hospital outpatient
Physical Therapy	$15 copayment	$25 copayment	$25 copayment	$25 copayment-PCP office $50 copayment-Specialist office
Occupational Therapy	$15 copayment	$25 copayment	$25 copayment	$25 copayment-PCP office $50 copayment-Specialist office
Immunizations	$0 copayment	$0 copayment	$0 copayment	$0 copayment with office visit, otherwise $25 copayment applies
Home Health	$0 copayment	$0 copayment	$0 copayment	$20 copayment per visit

City of Houston HMO Plans Comparison for Retirees

Medicare-covered members may enroll in KelseyCare Advantage HMO, Texas HealthSpring HMO, TexanPlus HMO.
All members may enroll in the BlueCross BlueShield HMO.

Plan Comparison Worksheet

This worksheet is to help you compare features that are important to you. See the enrollment guide to find the contribution rates for the plan you elect. Use the Monthly Contribution Calculation Worksheet to calculate your monthly rates.

Monthly Contribution Calculation Worksheet

1. Select and enter rates for desired coverage

Medicare plans	Retiree	Spouse	Dependent	Total
HMO				
KelseyCare HMO				
TexanPlus				
Texas HealthSpring				
PPO and POS				
Aetna PPO				
KelseyCare POS				
Network-free				
Aetna PFFS				
Medicare Supplement Plan F				
BCBSTX plans	**Retiree**	**Retiree + 1**	**Retiree + family**	**Total**
BCBSTX HMO				
BCBSTX PPO				
2. Add $25 if any BCBSTX HMO or PPO members use tobacco products				
3. Total monthly contribution				

1. Select and enter rates for desired coverage.
2. Total the rows and add row totals to get your total monthly contribution amount.

The worksheet below lets you easily decide which plan covers your prescriptions. Just write your prescriptions in the column on the left and put a √ under each plan that covers them.

Prescription Drugs

Prescription name	Which plan covers your prescriptions			
	KelseyCare Advantage HMO	TexanPlus HMO	Texas HealthSpring HMO	BCBSTX HMO

Your choice of doctor is important. In the box below fill in the doctor you prefer to go to and put a √ under each plan that covers that doctor.

Doctor

Doctor name	Which plan covers the doctor you prefer			
	KelseyCare Advantage HMO	TexanPlus HMO	Texas HealthSpring HMO	BCBSTX HMO

City of Houston HMO Plans Comparison For Retirees

City of Houston HMO Plans Comparison For Retirees

Medicare-covered members may enroll in KelseyCare Advantage HMO, Texas HealthSpring HMO, TexanPlus HMO.
All members may enroll in the BlueCross BlueShield HMO.

BENEFIT	KELSEYCARE ADVANTAGE HMO	TEXAS HEALTHSPRING HMO	TEXANPLUS HMO	BLUE CROSS BLUE SHIELD HMO
Skilled Nursing	$0/day - days 1-20 $100/day - days 21-100 Covered 100 days per benefit period.	$25/day for days 1-100 Covered 100 days per benefit period.	$0/day - days 1-20 $100/day - days 21-100 Covered 100 days per benefit period.	$25 per day - maximum of 60 days per calendar year
Renal Dialysis	$50 copayment per session	$25 copayment per session	$50 copayment per session	$0 copayment per session
Durable Medical Equipment	10% coinsurance	10% coinsurance	10% coinsurance	20% copayment
Prosthetic Devices	20% coinsurance	20% coinsurance	20% coinsurance	20% copayment
Diabetic Equipment	20% coinsurance	20% coinsurance	10% coinsurance	20% copayment
Diabetic Supplies	20% coinsurance	20% coinsurance	10% coinsurance	Same as presciption drug benefit
Diabetic Monitoring / Training	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Diabetic - Injectable Insulin (30-day supply)	See prescription drug benefit	See prescription drug benefit	See prescription drug benefit	See prescription drug benefit
Colorectal Screening	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Hospice	Covered by Medicare at Medicare certified facility	Covered by Medicare at Medicare certified facility	Covered by Medicare at Medicare certified facility	$0 copayment - maximum of $20,000 per calendar year.
Well Woman Exam	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Well Man Exam	$0 copayment	$0 copayment	$0 copayment	$0 copayment
Outpatient Surgery				
Hospital	$175 copayment	$200 copayment	$175 copayment	$200 copayment
Ambulatory	$150 copayment	$200 copayment	$125 copayment	$200 copayment
Mental Health				
Inpatient	$300 copayment - 190 days lifetime max	$275 copayment -190 days lifetime max	$300 copayment -190 days lifetime max	20% copayment
Outpatient	$35 copayment per session	$25 copayment per session	$35 copayment per session	$25 copayment
Substance Abuse				
Inpatient	$300 copayment - 190 days/lifetime	$275 copayment -190 days lifetime max	$300 copayment -190 days lifetime max	$500 copayment
Outpatient	$35 copayment per session	$25 copayment per session	$35 copayment per session	$25 copayment-PCP office $50 copayment-Specialist office $150 copayment-Emergency Room $200 copayment-hospital outpatient
Prescriptions - Contact your plan administrator (see page 1 in the Retiree Enrollment Guide)				
Retail				
Generic	$10 copayment	$10 copayment	$10 copayment	$10 copayment
Preferred Brand	$30 copayment	$30 copayment	$30 copayment	$35 copayment
Non-Preferred Brand	$45 copayment	$45 copayment	$45 copayment	$50 copayment
Specialty Drugs				30-day supply at $35 or $50 through Triessent only
Mail Order				
Generic	$20 copayment	$20 copayment	90-day supply for a 2-month copayment (as listed) is provided at the local pharmacy. No mail order option.	$20 copayment
Preferred Brand	$60 copayment	$60 copayment		$70 copayment
Non-Preferred Brand	$90 copayment	$90 copayment		$100 copayment
Specialty Drugs	N/A			30-day supply at $35 or $50 copayment through Triessent only - No mail order.
Medicare Part B Drugs	15% until out-of-pocket max = $1,500 then 100%	15% until out-of-pocket max. = $1,000 then 100%	10% until out-of-pocket max. = $1,500 then 100%	Covered under drug benefit.
Additional Benefits				
Dental	$0 for Medicare covered benefits	Discount services (up to 50% for certain services at selected providers)	$0 for Medicare-allowed services	N/A
Vision (routine)	$15 per annual exam	You pay 100% for routine eye exam. 20% of Medicare-approved amount each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye) and Medicare-covered eye wear (one pair of eye glasses or contact lenses after each cataract surgery)	$25 for 1 routine exam per year 20% of Medicare-approved amount each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) and Medicare-covered eye wear (one pair of eye glasses or contact lenses after each cataract surgery)	Vision screenings $0 copayment with PCP visit for members under 18. Vision benefit -$3 copayment for routine eye exam with Davis Vision Plan.
Eyewear	$50 max per year for contact lenses and eye glasses		$50 max per year for contact lenses and eye glasses	Fee schedule copayment for frames and lenses.
Hearing (routine)	$15 copayment per annual exam	You pay 100% for routine hearing exam	You pay 100% for routine hearing exam	Hearing screenings $0 copayment with PCP visit for members under 18.
Hearing aids	Discount up to 20% per year	Discount program provides a discount up to 30% for hearing aids at select providers	$500 toward the cost of a hearing aid (one every three years)	Pays $1,000 for hearing device every 36 months.

If there exists a conflict between this Comparison Chart 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.