

## Plan Comparison Worksheet

This worksheet is to help you compare features that are important to you. See page 19 in the enrollment guide to find the contribution rates for the plan you elect. Use the Monthly Contribution Calculation Worksheet to calculate your monthly rates.

1. Select and enter rates for desired coverage				
Monthly Contribution Calculation Worksheet				
Medicare plans	Retiree	Spouse	Dependent	Total
<b>HMO</b>				
KeisleyCare HMO				
TexanPlus				
Texas HealthSpring				
<b>PPO and POS</b>				
Aetna PPO				
KeisleyCare POS				
<b>Network-free</b>				
Aetna PFFS				
Medicare Supplement Plan F				
<b>BCBSTX plans</b>	<b>Retiree</b>	<b>Retiree + 1</b>	<b>Retiree + family</b>	<b>Total</b>
BCBSTX HMO				
BCBSTX PPO				
<b>2. Add \$25 if any BCBSTX HMO or PPO members use tobacco products</b>				
<b>3. Total monthly contribution</b>				

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	Aetna PPO and PFFS	KeisleyCare HMO & POS	TexanPlus	Texas HealthSpring	Medicare Supplement Plan F	BCBSTX HMO and PPO
Which plan covers your prescriptions						

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	Aetna PPO and PFFS	KeisleyCare HMO & POS	TexanPlus	Texas HealthSpring	Medicare Supplement Plan F	BCBSTX HMO and PPO
Which plan covers the doctor you prefer						

# Medicare Supplement Plan F Benefits Chart



# Win for Life

Making SMART health choices



# City of Houston Medicare Supplement Plan F

Covered Services	Medicare Covers	Medicare Supplement Plan F Covers	You Pay
<b>MEDICARE PART A (INPATIENT)</b>			
<b>1. HOSPITALIZATION*</b> - Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,100 (Part A Deductible)	\$1,100 (Part A Deductible)	\$0
Days 61 - 90	All but \$275 per day	\$275 per day	\$0
91st day and thereafter:	All but \$550 per day	\$550 per day	\$0
- While using 60 lifetime reserve days			
- After lifetime reserve days are used:	\$0	100% of Medicare eligible expenses	\$0**
• Additional 365 days	\$0	\$0	All costs
• Beyond additional 365 days			
<b>2. SKILLED NURSING FACILITY CARE*</b> - You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$137.50 per day	Up to \$137.50 per day	\$0
101st day and thereafter	\$0	\$0	All costs
<b>3. BLOOD</b>			
- First 3 pints	\$0	All costs	\$0
- Additional pints	100%	\$0	\$0
<b>4. HOSPICE CARE</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Coinsurance for outpatient drugs and inpatient respite care
* A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.			
** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.			
<b>5. MEDICAL EXPENSES:</b> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First \$155 of Medicare-approved amounts***	\$0	\$155 (Part B Deductible)	\$0
Remainder of Medicare-approved amounts	about 80%	about 20%	\$0
Part B excess charges (above Medicare-approved amounts)	\$0	100%	\$0
<b>6. PREVENTIVE / DIAGNOSTICS SERVICES</b>			
<b>A. Annual Routine Physical Examination</b>	0%	0%	100%
<b>B. Pap Smears / Pelvic Exams / Clinical Breast Exams</b> (Medicare covers every 24 months, unless retiree is in a high risk group for cervical or vaginal cancer, then every 12 months)	100% Test about 80% physician	0% Test about 20% physician	0%
• Mammograms (every 12 months for women over the age of 40)	about 80%	about 20%	0%
• Bone Mass Measurement (once every 24 months for qualified individuals and more often if medically necessary)	about 80%	about 20%	0%
<b>C. Prostate Cancer Screening</b> (age 50+ every 12 months)	about 80%	about 20%	0%
• Digital rectal exam (age 50+ every 12 months)	about 80%	about 20%	0%
• Prostate Specific Antigen Test (PSA) (age 50+ every 12 months)	100%	0%	0%
<b>D. Glaucoma Screening</b> (every 12 months for those with high risk of glaucoma)	about 80%	about 20%	0%
<b>E. Colon Cancer Screening</b> (frequency of testing is determined by the type of test and risk of colon cancer)	about 80%	about 20%	0%
<b>F. Diabetes Screening</b>	100%	0%	0%
<b>G. Diabetes Services and Supplies</b>	about 80%	about 20%	0%
<b>H. Blood Testing for Cardiovascular Disease</b>	100% Test about 80% physician	0% Test about 20% physician	0%
<b>I. Immunizations</b> (Flu, Pneumonia, Hepatitis B)	Flu: 100% Pneumonia: 100% Hepatitis B: about 80%	Flu: 0% Pneumonia: 0% Hepatitis B: about 20%	Flu: 0% Pneumonia: 0% Hepatitis B: 0%
<b>J. Clinical Diagnostic lab</b>	100%	0%	0%
<b>K. Diagnostic X-Ray, PET Scans, CT Scans, MRIs / MRAs</b>	about 80%	about 20%	0%
<b>7. BLOOD</b>			
- First 3 pints	\$0	All Costs	\$0
- Additional pints = next \$155 of Medicare-approved amounts***	All but \$155 (Part B Deductible)	\$155 (Part B Deductible)	\$0
- Remainder of Medicare-approved amounts	about 80%	about 20%	\$0
*** Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your part B deductible will have been met for the 2010 calendar year.			
<b>MEDICARE PARTS A &amp; B</b>			
<b>8. HOME HEALTH CARE - MEDICARE APPROVED SERVICES</b>			
- Medically necessary skilled care services and medical supplies	100%	\$0	\$0
- Durable medical equipment:	\$0	\$155 (Part B Deductible)	\$0
• First \$155 of Medicare-approved amounts***			
• Remainder of Medicare-approved amounts	about 80%	about 20%	\$0
*** Once you have been billed \$155 of Medicare-approved amounts for covered services (which are noted with an asterisk), your part B deductible will have been met for the 2010 calendar year.			
<b>OTHER BENEFITS NOT COVERED BY MEDICARE</b>			
<b>9. FOREIGN TRAVEL - NOT COVERED BY MEDICARE - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</b>			
- First \$250 each calendar year	\$0	\$0	\$250
- Remainder of Charges	\$0	about 80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum benefit

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