DiscoverHealth

January 2013 Medicare Plan Enrollment Guide

Step-by-step

This is your handy guide for choosing a Medicare plan

Stay where you are

If you're happy with your plan, don't do anything

Your options

If you are Medicare-covered, you must join a Medicare plan

January 2013

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Your options during this open enrollment

- **Do nothing and remain in the Medicare plan you are in now.**
- Enroll in a Medicare plan for yourself and/or your Medicare-covered dependents.
- Switch plans for yourself and/or your Medicare-covered dependents.
- Opt out of city coverage.

Contacts

For more information or to request a Medicare plan enrollment package from Aetna, KelseyCare, TexanPlus, HealthSpring, or UnitedHealthcare, call the customer-service numbers below.

aetna℠
888-267-2637
Dedicated for COH membership
www.aetnamedicare.com

TexanPlus® HMO
866-230-2513 Member Services
866-556-4607 Enrollment
www.texanplus.com

UnitedHealthcare Healing health care. Together.™
AARP
800-392-7537 Enrollment
800-523-5800 Member Services
Rx Plan
888-556-6648
www.uhcretiree.com

KelseyCare Advantage ★★★★ Houston's Only Five-Star Rated Medicare Advantage Plan
866-534-0554 Enrollment
713-442-9540 Member Services
www.kelseycareadvantage.com/coh

HealthSpring
888-281-7867
www.texashealthspring.com

Human Resources Benefits
713-837-9400 | 888-205-9266
www.houstonhumanresources.org

Medicare plan enrollment

What's new?

- Rates are decreasing in six plans: Aetna ESA PPO drops to $83.38, KelseyCare Advantage HMO drops to $32.66, KelseyCare Advantage POS drops to $53.70, Medicare supplement pan F drops to $82.02, HealthSpring drops to $16.66 and TexanPlus HMO drops to $35.56.
- That's it – there are no more changes to the plans. You continue to have access to six plans less than $100 each per month.

Please see Medicare plan monthly contributions chart to the right.

Medicare plan monthly contributions

Aetna ESA PPO	$83.38
KelseyCare Advantage HMO	$32.66
KelseyCare Advantage POS	$53.70
Medicare supplement plan F with prescription drug plan*	$82.02
HealthSpring	$16.66
TexanPlus HMO	$35.56

*Excludes disabled members under age 65

Save money with one of these plans today!

FAQ:

Q: If I choose a plan and decide I would like to change to a different Medicare plan, do I have to wait until the next open enrollment period to change?

A: You may change plans effective the first of any month. To ensure you receive your ID card before your coverage becomes effective, HR benefits should receive your application by the 15th of the current month. Applications received by the last day of the month will still be effective on the first day of the next month. You will receive your ID about 3 weeks after coverage is effective.

Plan Highlights

Which plan type is best for me?

HMO plans

- HealthSpring HMO
- TexanPlus HMO
- KelseyCare Advantage HMO

Low-cost, great care. These three plans offer you low premiums and copayments – you can pay as little as $16.66 a month for coverage, and copayments for primary-care services are between $0 and $15. But you have to stay within a network for services and must select a primary-care physician to coordinate your care.

These are high-quality doctors who will get to know you and your ailments well and who are close by where you live. Service areas vary by plan. Available networks include Kelsey-Seybold, Renaissance, Memorial, Heritage and independent doctors. If you don't mind having your coverage access limited to a local network of doctors, and you want to save money, turn to page 5 to compare these different limited-network plans.

PPO and POS plans

- Aetna Extended Service Area PPO
- KelseyCare Advantage Plus Choice POS

Room to stretch your wings. These plans give you greater flexibility. You select a network for coverage but have the freedom to see doctors outside your network. The KelseyCare Point-of-Service plan lets you go out of network only for specialists. Aetna ESA PPO lets you go out of network for the same cost as in network.

These plans may cost a little more – although KelseyCare Advantage Plus Choice POS is just $53.70 a month. Copayments for most primary-care services in-network are $0-$15. If you want to balance a little more freedom to choose a doctor near your grandkids with paying a little more, turn to page 9 to compare these plans.

Medicare supplement plan F

Unfettered freedom! But, freedom comes with a price. This plan allows you to go to doctors nationwide, but it has a slightly higher monthly contribution. Plan F pays most out-of-pocket expenses for Medicare-approved services not paid by Original Medicare.

If freedom to choose any doctor who will accept traditional Medicare is more important to you than the price tag of the plan, turn to page 12 for more details.

Who's eligible?

To enroll in a Medicare plan, you must meet all three of the following requirements:

1. Be a city retiree, dependent or survivor covered under a city medical plan.
2. Pay the required premium to the city.
3. Be enrolled for coverage in Medicare Part A, hospital insurance, and Part B, medical insurance.

There is no waiting period, and you cannot be turned down for coverage for a pre-existing health condition. Exceptions apply for those with end-stage renal disease (ESRD).

If you previously opted out of a plan and you are Medicare-covered, you may opt in at this time.

HealthNotes

If you have end-stage renal disease, you cannot enroll in KelseyCare, TexanPlus or HealthSpring. You can enroll in the Aetna plan if you've had ESRD for at least 30 months. If you are over 65 with Medicare Parts A and B and you have ESRD, you can enroll in Medicare supplement plan F or you may retain a Cigna plan. However, if you have ESRD and are already in a Medicare plan, you may not enroll in a Cigna plan.

Prescription Highlights

Five of the city's Medicare plans offer prescription benefits more generous than Medicare Part D. The Medicare supplement plan F provides a companion drug plan that offers benefits equal to the other plans.

You'll enjoy one of the richest prescription benefits around – fixed copayments for most covered prescriptions.

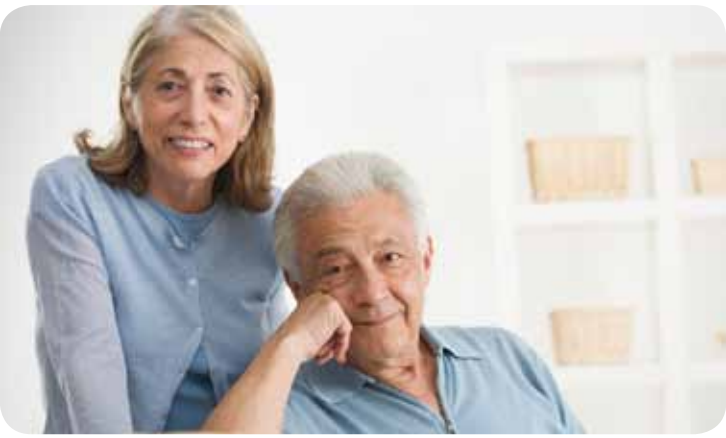
Each plan has a different formulary list of covered drugs. The drug formulary established by Medicare for 2013 serves as the model for Medicare plan formularies. You received a formulary list when you enrolled in a plan. You can also find out how much your prescriptions will cost by calling the plan or visiting the plan's website. (See page 1 for that information.)

Below are prescription-coverage costs for all six Medicare plans. Use this chart and each plan's formulary list when you're estimating your annual cost for health care. Find a link to each plan's formulary at www.houstonhumanresources.org.

FAQ:

Which Pharmacies can I use in the Medicare plans?

A: CVS, Walgreens, Wal-mart, Kroger – and all your other favorite major pharmacy chains. With the Medicare plans, you have a lot of options.



Prescription copayments at a participating pharmacy

	Generic (preferred)		Non-preferred generic		Preferred brand		Non-preferred brand		Specialty drugs		Medicare Part B drugs
	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	
KelseyCare Advantage HMO	$10	$30	$30	$90	$30	$90	$45	$135	$45	N/A	15% up to $1,500
TexanPlus HMO	$10	$20*	$10	$20	$30	$60*	$45	$90	$45	$90*	10% up to $1,500
HealthSpring	$10	$20			$30	$60	$45	$90	$45**	$90**	15% up to $2,500
Aetna PPO	$10	$20			$30	$60	$45	$90	$45	$90	100% with $0 copayment
KelseyCare Advantage Plus Choice POS	$10	$30	$30	$90	$30	$90	$45	$135	$45	N/A	15% up to $1,500
Medicare supplement plan F companion drug plan	$10	$20			$30	$60	$45	$90	$45**	$90**	100% with $0 copayment

* You can fill a 90-day prescription for a two-month copayment at your local network pharmacy

** Prior authorization is required.

HMO plans at a glance

There are three Medicare HMO plans to choose from. Pages 6-10 display comparison information to help you make your decision. The following are key features of each plan:

KelseyCare Advantage HMO	TexanPlus HMO	HealthSpring HMO
KelseyCare is a good low-cost option for those with Kelsey-Seybold docs.	The plus is the low-cost of this quality plan, a great savings opportunity for retirees who live in Houston and southeast Texas.	Now the lowest-cost option available from the city, and a great opportunity for those who live in Houston, southeast and east Texas, and parts of the Valley.
Kelsey-Seybold physicians are in 20 locations in the greater Houston area. You can travel from anywhere in Texas to a Kelsey-Seybold clinic for services.	Physician networks in 12 Texas counties. Austin, Brazoria, Chambers, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, and Waller.	Physician networks in 26 Texas counties. 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, Webb and Willacy.
You don't need a primary-care physician, and you don't need a referral to see a network specialist. $0 copayment for PCP visits. $15 copayment for specialist visits. Worldwide emergency care	You must have a primary-care physician, and your PCP must refer you to network specialists. PCP visits cost $10. Specialist visits cost $25 Nationwide emergency care	You must have a primary-care physician, and your PCP must refer you to network specialists. PCP visits cost $10. Specialist visits cost $25. Worldwide emergency care
Medicare Part B drugs covered with a 15 percent coinsurance, to $1,500. After that, KelseyCare will pay for Part B drugs at 100 percent.	Medicare Part B drugs covered with a 10 percent coinsurance, to $1,500. After that, TexanPlus will pay for Part B drugs at 100 percent.	Medicare Part B drugs are covered with a 15 percent coinsurance, to $2,500. After that, HealthSpring will pay for Part B drugs at 100 percent. All of your medical and pharmacy Part B claims apply to the $2,500 out-of-pocket maximum.
Extra benefits include free case management, health education, wellness programs and nutrition therapy, and discounts for eyewear and hearing aids. Up to 20 free rides (10 round trips) to the doctor or hospital per year.	Extra benefits include the "Nifty after 50" program and discounts on fitness memberships, hearing exams, dental services, eye exams and lenses. There is a one-time $500 reimbursement on a hearing aid.	Extra benefits include vision with $100 toward eyewear, free health-club membership for Silver Sneakers and discounts for hearing aids and dental services. Up to 30 free rides (15 round trips) to the doctor, pharmacy or hospital per year.

HMO plans (continued)

Use the chart below to compare plan features and time of service costs. This is a brief comparison of covered features. Be sure to use the expanded comparison chart to see all the features.

Time of service costs comparison						
Plan feature	***What you pay***					
	KelseyCare Advantage HMO		**TexanPlus**		**HealthSpring**	
Deductible (Individual/Family)	N/A		N/A		N/A	
PCP office visit copayment	$0		$10		$10	
Specialist office visit copayment	$15		$25		$25	
Routine physical copayment	$0		$0		$0	
Well woman/man exam	$0		$0		$0	
Inpatient copayment/coinsurance	$300		$300		$275	
Emergency room	$50		$50		$50	
Ambulance	$100		$50		$100	
Outpatient surgery	$150/$175		$125 / $175		$200	
Prescriptions *participating pharmacy*	*30-day supply*	*90-day supply*	*31-day supply*	*90-day supply*	*30-day supply*	*90-day supply*
Generic (preferred)	$10	$30	$10	$20*	$10	$20
Generic Non-preferred	$30	$90	$10	$20	$10	$20
Preferred brand	$30	$90	$30	$60*	$30	$60
Non-preferred brand	$45	$135	$45	$90*	$45	$90
Specialty drugs	$45	N/A	$45	$90*	$45**	$90**

* You can fill a 90-day prescription for a two-months copayment at your local network pharmacy.
** Prior authorization required.

HealthNotes

How to get your maintenance medications for less

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 online and receive a three-month supply of your medication for two months copayment. If you are using a non-preferred drug, the mail-order plan will save you $180- $200 per year per non-preferred prescription.

HMO plans (continued)

The chart below shows the networks available in each of the HMO plans. TexanPlus and HealthSpring require you to select a PCP to direct your care. To see if your preferred physicians are in one of the networks, use the contact information on page 1.

Doctor groups for HMO plans			
Physician Group	***KelseyCare Advantage HMO***	***TexanPlus HMO***	***HealthSpring HMO***
Brazosport Regional Health System			X
Clear Creek Clinic			X
CyFair IPA		X	
Family Practice Associates			X
Heritage		X	
North Central LPO		X	
Independent Physicians			X
Integranet		X	
Katy IPA		X	
Kelsey-Seybold (20 clinics)	X	X	
Memorial Clinical Associates		X	
Northwest Diagnostic Clinic		X	
Pasadena LPO		X	
Physicians of East Texas			X
Renaissance			X
Sr. SelectCare Clinic		X	
Southeast Regional LPO		X	
Village Family Practice		X	X

HealthNotes

KelseyCare and HealthSpring cover emergencies worldwide. TexanPlus covers emergencies only in the United States.

FAQ:

If I am covered by a Medicare Advantage plan, and I will soon be moving out of state, will I be required to change to another Medicare Advantage plan?

A: If you are in the HMO or POS plan, you will be required to change to one of the plans that offers nationwide coverage – the Aetna ESA PPO plan or supplement plan F. If you're already enrolled in one of these plans, you do not need to change.

HMO plans (continued)

The chart below shows the hospitals in the Houston area available in each of the limited network plans. For a complete list, check the websites or call one of the numbers in the contact box on page 1. In an emergency, you can seek treatment at any hospital, but you may be transferred to a network facility as soon as your condition is stabilized.

In-network hospitals for HMO plans			
Hospital	**KelseyCare Advantage HMO**	**TexanPlus HMO**	**HealthSpring HMO**
Angleton Danbury Medical Center		X	
Bayshore Medical Center		X	X
Brazosport Regional Health System		X	
CHRISTUS St. John	X	X	X
CHRISTUS St. Catherine	X		
Clear Lake Regional Medical Center		X	X
East Houston Medical Center		X	X
Houston Northwest Medical Center		X	X
Kingwood Medical Center		X	X
Mainland Medical Center		X	X
M.D. Anderson Cancer Center	X*		
Memorial Hermann Hospital Syst.	X	X	X
Methodist Hospital		X	X
Park Plaza		X	X
St. Joseph Medical Center		X	X
St. Luke's Episcopal Hospital	X	X (Kelsey only)	X
St. Luke's - Sugarland	X	X	X
St. Luke's - Woodlands	X	X (Kelsey only)	X
Spring Branch Medical Center		X	X
Tomball Regional Hospital	X	X	X
West Houston Medical Center		X	X
Woman's Hospital of TX	X	X (Kelsey only)	X

* By referral only

HealthNotes

If one of the HMO plans doesn't work for your needs - turn the page. You've also got a choice of a PPO, POS plan or Medigap plan.

PPO and POS plans at a glance

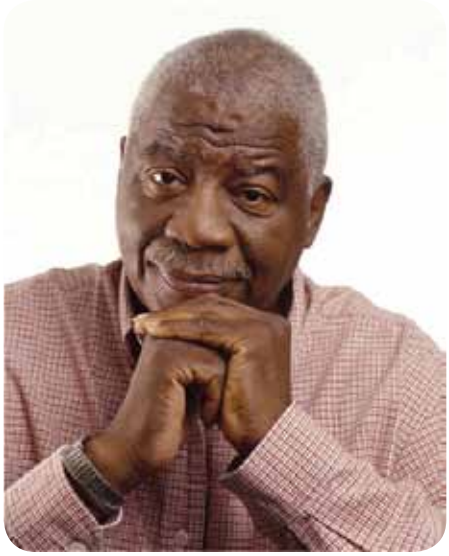
There is one Medicare PPO plan and one POS plan to choose from. KelseyCare POS is similar to a PPO. It gives you a network, but you can go out of that network to see a specialist at a higher cost at the time of service. Both have lower time-of-service payments when you stay in network. Pages 10-11 display comparison information to help you make your decision. These are the key features of these plans.

Aetna Extended Service Area PPO	KelseyCare Advantage Plus Choice POS
Your favorite doctor not in your network? Aetna ESA PPO gives you the flexibility to choose whether you want to use one of the fine doctors in the large network or go outside it at no extra cost. Benefits are the same both in and out of network.	The KelseyCare POS gives you access to the Kelsey-Seybold network and lets you go to specialists outside the network.
In-network spans 24 counties: Bexar, Brazoria, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Grayson, Harris, Jefferson, Johnson, Kaufman, Kendall, Liberty, Montgomery, Nueces, Orange, Rockwall, Tarrant, Travis, Williamson. But in- and out-of-network benefits are the same, so essentially you have nationwide coverage for an in-network cost.	Twenty clinics in the greater Houston area
You don't have to select a primary-care physician, but it is recommended that you have one. No referrals are needed for specialists. $15 copayment for most services in- and out-of-network. Specialist copayments are $15. Gives you flexibility to visit doctors and hospitals of your choice as long as they are licensed by and accept payment from Medicare and the Aetna ESA PPO.	You don't have to select a primary-care physician, but you do need to stay in the Kelsey-Seybold network for routine care and most services. $0 copayment for PCP visits. Your PCP must be in-network. Specialist copayment is $15 in network. You can visit an out-of-network specialist who accepts Medicare assignment. You'll pay 20 percent of the Medicare-approved fee. If the doctor only accepts Medicare, but not assignment of Medicare payments, you may pay up to 35 percent of the Medicare-approved fee.
Medicare Part B drugs are covered at 100 percent with a $0 copayment.	Medicare Part B drugs are covered with a 15 percent coinsurance, to $1,500. After that, KelseyCare will pay for Part B drugs at 100 percent.
Free healthy lifestyle coaching, vision and hearing discounts.	Free health education, wellness programs and nutrition therapy. Discounts for eyewear, hearing aids and dental services. Up to 10 free round trips to in-network doctors or hospitals per year.

PPO and POS plans

Use the chart below to compare plan features and time-of-service costs. This is a brief comparison of covered features. Be sure to use the expanded PPO and POS plan-comparison chart included in your packet or online at www.houstonhumanresources.org to see all the features.

Time-of-service costs comparison				
Plan feature	**What you pay**			
	Aetna PPO		**KelseyCare Advantage Plus Choice POS**	
	In-network	**Out-of-network**	**In-network**	**Out-of-network**
Deductible (Individual/Family)	N/A	N/A	N/A	N/A
PCP office visit copayment	$15	$15	$0	N/A
Specialist office visit copayment	$15	$15	$15	20% of Medicare-approved fees
Routine physical copayment	$0	$0	$0	N/A
Well woman/man exam	$0	$0	$0	N/A
Inpatient copayment/ coinsurance	$0	$0	$300	$1000 (days 1-60) $250/day (days 61-90) $500/day (days 91-150)
Emergency room	$50	$50	$50	$50
Ambulance	$15	$15	$100	$100
Outpatient surgery	$0	$0	$150/$175	20% of Medicare-approved fees
Prescriptions *participating pharmacy*	*30-day supply*	*90-day supply*	*30-day supply*	*90-day supply*
Generic (preferred)	$10	$20	$10	$30
Non-preferred generic			$30	$90
Preferred brand	$30	$60	$30	$90
Non-preferred brand	$45	$90	$45	$135
Specialty drugs	$45	$90	$45	N/A



FAQ:

Do any of these plans cover services at M.D. Anderson Cancer Center?

A: Yes. The supplement plan F offers immediate access to M.D. Anderson. You must be 65 or older to join plan F. The other plans require you to be referred to M.D. Anderson.

PPO and POS plans (continued)

Listed below are in-network hospitals for the PPO and POS plans. Out-of-network hospitals require higher copayments in the KelseyCare POS plan. For a complete list, check the websites or call one of the numbers in the contact box on page 1. In an emergency, you may seek treatment at any hospital.

In-network hospitals for the PPO and POS plans		
Hospital	***KelseyCare Advantage Plus Choice POS***	***Aetna PPO***
Angleton Danbury Medical Center		X
Bayshore Medical Center		X
Brazosport Regional Health System		X
CHRISTUS St. Catherine	X	X
CHRISTUS St. John	X	X
Clear Lake Regional Medical Center		X
East Houston Medical Center		X
Houston Northwest Medical Center		X
Kingwood Medical Center		X
Mainland Medical Center		X
M.D. Anderson Cancer Center	X*	
Memorial Hermann Hospital System		
Methodist Hospital		
Park Plaza		X
St. Joseph Medical Center		X
St. Luke's Episcopal Hospital	X	X
St. Luke's - Woodlands	X	X
St. Luke's - Sugarland	X	X
Spring Branch Medical Center		X
Tomball Regional Hospital	X	
West Houston Medical Center		X
Woman's Hospital of TX	X	

* By referral only.

HealthNotes

If one of the HMO, PPO or POS plans doesn't work for your needs - look to the next page. You've got one more option.

Medigap coverage

Medicare supplement plan F at a glance

Medicare is a good program. But it doesn't cover all your expenses. The Medicare supplement insurance plan picks up a lot of that slack by covering many of those expenses that Original Medicare doesn't pay. The city offers one Medigap plan, Medicare supplement plan F.

Here are the key features of Medicare supplement plan F:

- Nationwide coverage.
- There's no need to join a network. Just keep your same doctor.
- You do not have to select a primary-care physician.
- Covers nearly everything that is covered by Original Medicare with very little, if any, out-of-pocket charges at the time of service.
- Pays deductibles and the 20 percent coinsurance that are your share of Medicare-approved expenses.
- It covers the Part A hospitalization deductible and coinsurance plus coverage for an additional 365 days of hospital care after regular Medicare coverage ends.
- Worldwide emergency care is available. There is a $50,000 lifetime maximum for coverage outside the U.S.
- The same great prescription-drug copayments offered in our other Medicare plans are offered through the Medicare supplement companion prescription plan.

What is a supplement plan?

Medicare supplement plans (also known as "Medigap") are a totally different concept than Medicare Advantage plans. In a Medicare supplement plan, Original Medicare continues to be your primary provider of Medicare-covered medical services, and the supplement plan fills in most "gaps" not paid for by Original Medicare (Parts A and B).

Do I get Medicare Part D drug coverage with the plans?

Yes. Your prescription plan provides you with a 30-day supply of your prescription drugs at most well-known pharmacies. The mail order benefit provides you with a 90-day supply for two-months copayment. See page 4.

Enrolling in a plan

Eligibility

You are eligible for coverage as a retiree under these benefits plans if:

- you are covered by Medicare Parts A and B and
- you are covered by a city health plan or
- you were covered by a city medical plan on Jan. 1, 2010, and filed paperwork to opt out of a city plan. You may elect to re-enroll (opt back in) during this enrollment period. If you have Medicare Parts A and B, you can only opt back into a city-sponsored Medicare plan.

Electing a Medicare plan

You may change plans during the Medicare-plan annual enrollment in December (for Jan. 1), or annual open enrollment in the spring (for May 1), or you may elect to join a Medicare plan on the first of any month. For coverage to be effective on the first of the next month, benefits must receive your application before the end of the previous month. **Remember, to have city medical coverage after age 65, you must enroll in Medicare A and B and elect a city-sponsored plan.** Here's how it works:

- Request an enrollment packet from each plan administrator for each person who wants to enroll in a plan. Contact information is on page 1. Each Medicare-covered person must join a Medicare plan.
- 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 elected.
- You must also complete the city of Houston Medicare plan enrollment form. This form will keep your dependents' coverage in Cigna, and it will help ensure you pay the correct health-care premium. Keep the last page for your records.
- Use the city of Houston postage-paid return envelope to return all of your forms to benefits before Dec. 31 for coverage to be effective Jan. 1, 2013. If you don't use the envelope, mail forms to the address to the right.

Disenrolling from a Medicare plan

You may choose to disenroll from a Medicare plan on the last day of any month and enroll in a new plan on the first day of the next month. Here's what you need to do:

- Each person who wants to disenroll from a Medicare plan must complete a city of Houston Medicare plan disenrollment form.
- The retiree must complete a city of Houston retiree medical election form to enroll in another Medicare plan for any dependent or himself. And you must complete an enrollment application for the new plan.
- Request these forms from HR benefits, 888-205-9266 or 713-837-9400. If a person wants to elect another Medicare plan, request the enrollment application from benefits or request the new plan send an enrollment packet for each person who wants to enroll.

Send all completed forms to:

City of Houston
Human Resources benefits division
P.O. Box 248
Houston, TX 77001

Benefits must receive your forms by the end of the month for coverage to be effective on the first of the next month.

More FAQs:

Q: If my spouse or I am eligible to join a Medicare advantage plan and one of us is not, will the non-Medicare-covered member still have insurance coverage?

A: Yes. You or your spouse who is not eligible to join a Medicare advantage plan will keep your Cigna coverage.

Q: If I did not earn enough credits to be covered by Medicare, or I didn't pay into the Social Security system for Medicare entitlement, what coverage will I have after age 65?

A: You may retain coverage under a Cigna plan, but the coverage will be at a higher rate.

Q: I am comfortable with my PCP and receiving my care within a limited network. My spouse prefers freedom to see specialists of her choice, without restriction of a network. Can each of us have a different Medicare plan?

A: Yes, you may each elect a separate plan.

Q: Which plan is best for me?

A: As you review the plan materials, you should consider your own medical situation, like your PCP, specialist and the prescriptions you take. Check to see which networks your doctors are in and if your prescriptions are covered by that plan's formulary and in which copayment tier they fall.

Q: I'm Medicare-eligible but do not have Medicare Part B. What are my options?

A: Retirees without Medicare Part B are able to remain on a Cigna plan provided they submit a copy of the letter from Medicare showing that they are not enrolled or not eligible for Part B.

NOTE: Retirees who do not have Medicare Part B will pay a higher contribution.

Apply for Medicare through the Social Security Administration by contacting them at at 800-771-1213 or www.Medicare.gov.

If you are eligible for but declined Part B, you must apply during the annual Medicare enrollment, January - March. Coverage will be effective July 1. If you don't apply, you will become ineligible for a Cigna plan.

Q: I'm retired, and I turn 65 in November, making me Medicare eligible. Do I have to wait until spring open enrollment to switch to a Medicare plan?

A. No. Eligibility for Medicare Parts A and B starts on the first day of the month in which you turn 65, or if your birthday is on the first of the month, on the first day of the prior month. You should start the paperwork to enroll in Medicare two to three months in advance.

Once you receive your Medicare card or acceptance letter, you must enroll in one of the six Medicare plans offered by the city. Your coverage will be effective on the first day of the month after your enrollment forms are received by the benefits division.

If there exists a conflict between this enrollment guide 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.

City of Houston
Human Resources Department
611 Walker, 4-A
Houston, TX 77002

Contacts

For more information or to request a Medicare plan enrollment package from Aetna, KelseyCare, TexanPlus, HealthSpring, or UnitedHealthcare, call the customer-service numbers below.

Aetna
888-267-2637 Dedicated for COH membership
www.aetnamedicare.com

TexanPlus HMO
866-230-2513 Member Services
866-556-4607 Enrollment
www.texanplus.com

KelseyCare Advantage
866-534-0554 Enrollment
713-442-9540 Member Services
www.kelseycareadvantage.com/coh

HealthSpring
888-281-7867
www.texashealthspring.com

United HealthCare
AARP 800-392-7537 Enrollment
800-523-5800 Member Services
Rx Plan 888-556-6648
www.uhcretiree.com

Medicare plans enrollment meetings

Got questions? Come to one of the informative enrollment meetings below.

FAQ:

Whom do I contact if I have a problem with billing, questions about what the plan covers, or claims and prescription concerns?

A: You should contact the plan that you are enrolled in at their customer-service phone number on the back of your insurance card.

Need help?

If you need help understanding it all, come to one of these informative enrollment meetings.

We'll have experts on hand to answer your questions.

Friday, November 30
10 a.m. and 2 p.m.

Friday, December 7
10 a.m. and 2 p.m.

All meetings are at
E.B. Cape Center
4501 Leeland
Houston, TX 77024