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# Medicare Plan Enrollment Guide



## Step-by-step

This is your handy guide for choosing a City of Houston Medicare plan.

## Stay where you are

If you're happy with your current plan, you don't need to do anything.

## Your options

If you want to enroll in a City of Houston Medicare plan, you must also be enrolled in Medicare Parts A & B.



B E N E F I T S

# 2020 Medicare Plan Enrollment

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### Medicare Plans Monthly Contributions

Aetna Steerage PPO	\$64
Medicare Supplement Plan F with prescription drug plan*	\$116
Cigna HealthSpring HMO	\$29
KelseyCare Advantage HMO	\$49
WellCare TexanPlus HMO	\$24

\* Excludes disabled members under age 65

## Your options

- Do nothing and remain in the City of Houston Medicare plan you are in now.
- Enroll in a City of Houston Medicare plan for yourself and/or your Medicare-covered dependent(s).
- Switch plans for yourself and/or your Medicare-covered dependent(s).
- Opt out of City of Houston coverage.

## What's new?

- If you're eligible for Medicare on or after January 1, 2020, you are no longer eligible to enroll in Medicare Supplement Plan F.
- If you are eligible for Medicare prior to January 1, 2020, you have the option to continue with or enroll in Medicare Supplement Plan F.
- There are changes to KelseyCare Advantage copayments.

**Save money with one of these plans today!**

## Medicare Enrollment Checklist

### Enroll in Medicare Parts A & B with the Social Security Administration

Contact Medicare for questions about your Original Medicare coverage at **1-800-MEDICARE**.

### Enroll in one of the City of Houston's Medicare Plans

Contact the Human Resources - Benefits Division for questions about your Medicare Plan by calling **832-393-6000** or emailing [retireebenefits@houston.tx.gov](mailto:retireebenefits@houston.tx.gov)

### Original Medicare vs. City of Houston Medicare

- ✓ Part A (Hospital Insurance)
- ✓ Part B (Medical Insurance)

- ✓ Part A (Hospital Insurance)
- ✓ Part B (Medical Insurance)

#### You can add:

- Part D (Prescription Drug Coverage)

#### Most plans include:

- ✓ Part D (Prescription Drug Coverage)
- ✓ Extra benefits (rides to doctor appointments, fitness benefits, etc.)

#### You can also add:

- Supplemental Coverage
- (Some examples include coverage from a Medicare Supplement Insurance "Medigap" or coverage from a former employer or union.)

#### Some plans also include:

- Lower out-of-pocket costs

# Enrolling in a Plan

## Eligibility

As a retiree, you are eligible for coverage if:

- you are covered by Medicare Parts A and B; and
- you are covered by a City of Houston health plan; or
- you were covered by a City of Houston 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 of Houston-sponsored Medicare plan.*

## Electing a Medicare Plan

You may change plans during the Medicare annual enrollment for a January 1 effective date or you may elect to join a plan effective 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 by the 15th of the previous month. Remember, to have City of Houston medical coverage when you or your dependent becomes Medicare eligible, you must enroll in Medicare Parts A and B and elect a City-sponsored Medicare plan.

Here's how it works:

- Request an enrollment packet from the City of Houston Benefits Division for each person who wants to enroll in a supplemental Medicare plan. Contact information is on the back page. **Remember: To enroll in a City of Houston supplemental Medicare plan, you must be enrolled in Medicare Parts A & B.**
- Enrollment form(s) 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.
- Return all of your forms to the Benefits Division before Dec. 6, 2019 for coverage to be effective Jan. 1, 2020. You may remit the forms using the contact information on the right side of this page.

## Forms:

- To find the supplemental Medicare enrollment form, visit [cityofhoustonbenefits.org](http://cityofhoustonbenefits.org) and go to the Forms & Documents tab to download a fillable PDF. Or call the Benefits Division at **832-393-6000** to request a form to be sent to you.
- **The Benefits Division must receive your form by the 15th of the month for coverage to be effective the 1st of the following month\*.**

*\* During the supplemental Medicare Plan Open Enrollment period, forms must be submitted by December 6, 2019 for a January 1, 2020 effective date.*


## Disenrolling from a Medicare Plan


You may choose to disenroll from a City of Houston Medicare plan by the 15th 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; and
- complete a City of Houston retiree medical election form to enroll in another Medicare plan for themselves or any dependent.

## Send all completed forms to:

 City of Houston  
Human Resources Benefits Division  
P.O. Box 1562  
Houston, TX 77251-1562

 832-395-9409

 [retireebenefits@houstontx.gov](mailto:retireebenefits@houstontx.gov)

# Plan Highlights

## Which plan is best for me?

### HMO Plans

- Cigna HealthSpring HMO
- WellCare TexanPlus HMO
- KelseyCare Advantage HMO

These three plans offer low premiums and copayments – pay as little as \$24 a month for coverage, and copayments for primary-care services are between \$0 and \$10. But, you have to stay within a network for services and must select a primary care physician to coordinate your care.

Service areas vary by plan. Available networks include Kelsey-Seybold, Renaissance, Memorial Clinical Associates, Heritage and independent doctors. If you live in the service area and your doctors are in-network for these plans, you save money. Reference page 5 to compare these different limited-network plans.

### Aetna Steerage PPO

This plan gives you greater flexibility than an HMO. You select a network for coverage but have the freedom to see doctors outside your network, for a higher cost.

This plan costs a little more than the HMO plans - at \$64 a month. If you want to balance a little more freedom to choose a doctor with paying a little more, reference page 8 for a summary of this plan's benefits.

### Medicare Supplement Plan F\*

This plan allows you to go to doctors nationwide, but it has a slightly higher monthly contribution than the HMO plans. 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, reference page 9 for more details.

*\*If you are not eligible for Medicare Parts A & B on or before January 1, 2010, you are not eligible to enroll in Medicare Supplement Plan F.*

## Who's eligible?

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

- Be a City of Houston retiree, dependent or survivor covered under a City of Houston medical plan; and
- Pay the required premium to the City of Houston; and
- Be enrolled for coverage in Medicare Part A (hospital insurance) and Part B (medical insurance) through Social Security.

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.

## Health Note:

If you have end-stage renal disease (ESRD), you are not able to enroll in any of the HMO plans. However, you can enroll in the **Aetna Steerage PPO** plan if you've had ESRD for at least 30 months. If you are over **age 65** with Medicare Parts A and B and you have ESRD, you can enroll in **Medicare Supplement Plan F**. However, if you have ESRD and are already in a Medicare plan, you may not enroll in any other Medicare HMO plan.



# Prescription Coverage

All of the City of Houston’s supplemental 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.

Each plan has a different formulary list of covered drugs. The drug formulary established by Medicare for 2020 serves as the model for Medicare plan formularies. If requested from your chosen provider, you will receive a formulary list when you enroll in a plan. You can also find out how much your prescriptions will cost by calling the plan, visiting the plan’s website or viewing the chart below. **(Reference the back page for provider contact information.)**

## FAQ:

### Which pharmacies can I use in the City of Houston Medicare plans?

CVS, Walgreens, Walmart, Kroger – and all your other favorite major pharmacy chains. With these plans, you have a lot of options. But, with the KelseyCare Advantage plan, you will pay less if you use Walmart, Sam’s Club, Kelsey-Seybold, HEB, or CVS pharmacies.

## Prescription Copayments

	KelseyCare Advantage HMO***	WellCare TexanPlus HMO	Cigna HealthSpring	Aetna Steerage PPO	Medicare Supplement Plan F
<b>Participating retail pharmacy 30-day/31-day supply</b>					
Preferred generic	\$10	\$10	\$10	\$5*	\$10
Non-preferred generic	\$30	\$15	\$45	\$20	N/A
Preferred brand	\$30	\$40	\$30	\$40	\$30
Non-preferred brand	\$45	\$55	\$45	\$75	\$65
Specialty drugs	\$75	\$75	\$45	\$75	\$65**
Medicare Part B drugs	15% up to \$3,400	10% up to \$3,400	15% up to \$2,500	100% with \$0 copay	100% with \$0 copay
<b>Participating retail pharmacy 90-day supply</b>					
Preferred generic	\$30	\$25	\$30	\$10	\$20
Non-preferred generic	\$90	\$37.50	\$135	\$40	N/A
Preferred brand	\$90	\$100	\$90	\$80	\$60
Non-preferred brand	\$135	\$137.50	\$135	\$150	\$130
Specialty drugs	N/A	N/A	N/A	\$150	\$130**
<b>Mail-order pharmacy 90-day supply</b>					
Preferred generic	N/A	\$10	\$20	N/A	N/A
Non-preferred generic	N/A	\$15	\$90	N/A	N/A
Preferred brand	N/A	\$80	\$60	N/A	N/A
Non-preferred brand	N/A	\$110	\$90	N/A	N/A

\* Some preferred generics are less than \$5. In the formulary, these generics are listed as Tier 1 preferred generics.

\*\* Prior authorization may be required.

\*\*\* Prescriptions filled by out-of-network pharmacies will be \$5 more per prescription. Preferred pharmacies are: Walmart, Sam’s Club, Kelsey-Seybold and H-E-B.

# HMO Plans

## Key features:

KelseyCare Advantage HMO	WellCare TexanPlus HMO	Cigna HealthSpring HMO
<p>KelseyCare is a good low-cost option for those with Kelsey-Seybold docs.</p>	<p>This quality plan is a great savings opportunity for retirees who live in Houston and southeast Texas.</p>	<p>A great opportunity for those who live in Houston, southeast and east Texas, and parts of the Valley.</p>
<p>Kelsey-Seybold physicians are in 20 locations in the greater Houston area. You can join a Kelsey plan if you reside in Brazoria, Chambers, Harris, Ft. Bend, Montgomery, Galveston, Liberty and Waller counties.</p>	<p>Physician networks in 12 Texas counties. Austin, Brazoria, Chambers, Fort Bend, Galveston, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange and Waller.</p>	<p>Physician networks in Texas counties. Angelina, Bexar, Brazoria, Cameron, Chambers, Collin, Dallas, Denton, El Paso, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Hardin, Harris, Henderson, Hidalgo, Hood, Jasper, Jefferson, Johnson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Parker, Polk, Rusk, San Jacinto, Smith, Tarrant, Tyler, Upshur, Van Zandt, Walker, Waller, Webb, Willacy and Wise</p>
<p>You don't need a primary-care physician, and you don't need a referral to see a network specialist.</p> <p>\$0 copayment for PCP visits. \$20 copayment for specialist visits.</p> <p>Worldwide emergency care</p>	<p>You must have a primary-care physician, and your PCP must refer you to network specialists.</p> <p>PCP visits cost \$0. Specialist visits cost \$35</p> <p>Worldwide emergency and urgent care</p>	<p>You must have a primary-care physician, and your PCP must refer you to network specialists.</p> <p>PCP Visits cost \$10. Specialist visits cost \$25.</p> <p>Worldwide emergency care \$125 copay with a \$50,000 annual maximum benefit.</p>
<p>Medicare Part B drugs covered with a 15% coinsurance, to \$3,400. After that, KelseyCare will pay for Part B drugs at 100%.</p>	<p>Medicare Part B drugs covered with a 10% coinsurance, to \$3,400. After that, WellCare TexanPlus will pay for Part B drugs at 100%.</p>	<p>Medicare Part B drugs are covered with a 15% coinsurance, to \$2,500. After that, Cigna HealthSpring will pay for Part B drugs at 100%. All of your medical and pharmacy Part B claims apply to the \$2,500 out-of-pocket maximum.</p>
<p>\$50 towards the purchase of eyewear and hearing aid discounts.</p> <p>Up to 20 free rides (10 round trips) to medical appointments.</p> <p>\$0 for PCP E-visits and \$10 for Specialist E-visits. \$0 for PCP video visits and \$20 for Specialist video visits.</p> <p>Silver Sneakers fitness benefits at no cost to members.</p>	<p>Extra benefits include discounts on dental services, eye exams and lenses.</p> <p>Silver &amp; Fit fitness program. No membership Fee to gyms like YMCA, 24 hour Fitness and more.</p> <p>\$10 Copay for Home Fitness Kit.</p> <p>Up to 30 free one-way trips to plan-approved location every year.</p>	<p>Extra benefits include one free eye exam per year and up to \$100 towards purchase of eyewear every year.</p> <p>14 free meals delivered to members home after discharge from qualified hospital stays (3 times per year)</p> <p>Silver &amp; Fit fitness benefit at \$0 cost to members.</p> <p>Up to 30 free rides (15 round trips) to the doctor, pharmacy or hospital per year.</p> <p>\$10 telehealth copayment</p> <p>24/7/365 Health Info Line.</p>

# HMO Plans

Use the chart below to compare plan features and time-of-service costs. This is a brief comparison of covered features.

Time of service costs comparison						
Plan feature	What you pay					
	KelseyCare Advantage HMO*		WellCare TexanPlus HMO		Cigna HealthSpring HMO	
Deductible (Individual/Family)	N/A		N/A		N/A	
PCP office visit copayment	\$0		\$0		\$10	
Specialist office visit copayment	\$20		\$35		\$25	
Routine physical copayment	\$0		\$0		\$0	
Well woman/man exam	\$0		\$0		\$0	
Inpatient copayment/coinsurance	\$300		\$325		\$275	
Emergency room	\$100		\$100		\$120	
Urgent care center	\$50		\$25		\$40	
Ambulance	\$100		\$150		\$100	
Outpatient surgery - Ambulatory surgical center	\$150		\$50		\$200	
Outpatient surgery - Hospital	\$175		\$150		\$200	
Prescriptions	30-day supply	90-day supply retail	30-day supply	90-day supply retail	30-day supply	90-day supply retail
Preferred generic	\$10	\$30	\$10	\$25	\$10	\$30
Non-preferred generic	\$30	\$90	\$15	\$37.50	\$45	\$135
Preferred brand	\$30	\$90	\$40	\$100	\$30	\$90
Non-preferred brand	\$45	\$135	\$55	\$137.50	\$45	\$135
Specialty drugs	\$75	N/A	\$75	N/A	\$45	N/A

\* Prescriptions filled by out-of-network pharmacies will be \$5 more per prescription. Preferred pharmacies are: Walmart, Sam's Club, Kelsey-Seybold, CVS and H-E-B.

## Health Note:

### How to get your maintenance medications for less with WellCare TexanPlus and Cigna HealthSpring

If you are on maintenance medication that you will be taking for more than 30 days, you should consider 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 a reduced copayment. If you are using a preferred or non-preferred drug, the mail-order plan can save you \$180 - \$200 a year per prescription.

# Aetna Steerage PPO

## Key features:

- Nationwide coverage.
- The Texas network spans 55 counties: Atascosa, Austin, Bandera, Bastrop, Bexar, Bee, Brazoria, Caldwell, Chambers, Collin, Comal, Cooke, Dallas, Delta, Denton, Duval, El Paso, Ellis, Fannin, Fort Bend, Galveston, Grimes, Guadalupe, Hardin, Harris, Hays, Henderson, Hill, Hood, Hopkins, Jefferson, Johnson, Kendall, Liberty, Matagorda, Medina, Montague, Montgomery, Navarro, Nueces, Orange, Palo Pinto, Parker, Rains, Rockwall, San Jacinto, Somervell, Tarrant, Travis, Van Zandt, Walker, Waller, Wharton, Williamson, Wilson.
- There are many networks across the U.S., so check with Aetna to find out the available network doctors.
- You don't have to select a primary-care physician, but it is recommended that you have one. No referrals are needed for specialists.
- \$20 copayment for most in-network services. Specialist copayments are \$20.
- 20% coinsurance for most out-of-network services.
- 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 Steerage PPO.
- Worldwide emergency care is available.
- Medicare Part B drugs are covered at 100% with a \$0 copayment.
- Free healthy lifestyle coaching, and vision and hearing discounts.

With the Aetna Steerage PPO you'll pay less at time-of-service when you stay in network. Out of network services are available, but you'll pay a coinsurance percentage instead of a copayment - 20% coinsurance in most cases.

Members who live outside a network service area will continue to pay the in-network costs, even for out-of-network services.

Use the chart below to see plan features and time-of-service costs. This is a brief comparison of covered features. Be sure to use the expanded Aetna Steerage PPO comparison chart online at [www.cityofhoustonbenefits.org](http://www.cityofhoustonbenefits.org) to see all the features.

Time-of-service costs comparison		
Plan feature	What you pay	
	In-network	Out-of-network
Deductible (Individual/Family)	\$150	\$150
PCP office visit copayment	\$20	20%
Specialist office visit copayment	\$20	20%
Routine physical copayment	\$0	20%
Well woman/man exam	\$0	20%
Inpatient copayment/coinsurance	\$250 per stay	20% per stay
Emergency room	\$80	\$80
Ambulance	\$20	20%
Outpatient surgery	\$0	20%
<b>Prescriptions</b> <i>participating pharmacy</i>	30-day supply	90-day supply
Preferred generic	\$5*	\$10
Non-preferred generic	\$20	\$40
Preferred brand	\$40	\$80
Non-preferred brand	\$75	\$150
Specialty drugs	\$75	\$150**

\* Some preferred generics are less than \$5. In the formulary, these generics are listed as Tier 1 preferred generics.

\*\* Limited to a one-month supply.



# Medicare Supplement Plan F\*

## Key features:

- 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% coinsurance that are your share of Medicare-approved expenses.
- 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.
- Prescription copayments are \$10/\$30/\$65.

## Changes:

\* Medicare Supplement Plan F is being discontinued for new enrollees that become Medicare-eligible on or after January 1, 2020. If you are eligible for Medicare prior to January 1, 2020, or are currently enrolled in Medicare Supplement Plan F, you can continue to keep this coverage.

Visit <https://www.cms.gov> for more information regarding this change and MACRA (the Medicare Access and CHIP Reauthorization Act of 2015).

Original Medicare is a good program, but it doesn't cover all your expenses. The Medicare supplement insurance plan picks many of those expenses that Original Medicare doesn't pay.

In a Medicare supplement plan (also known as "Medigap"), 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).

The City of Houston offers one Medigap plan, Medicare Supplement Plan F\*.

## Drug Coverage

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. Refer to page 5 for more details.



# Frequently Asked Questions:

Q: If my spouse or I am eligible to join a supplemental Medicare 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 plan will be able to remain on 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 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 of your 65th birthday.

Once you receive your Medicare card or acceptance letter, you must enroll in one of the five Medicare plans offered by the City of Houston. Your coverage will be effective on the first day of the month after your enrollment forms are received by the Benefits Division.

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

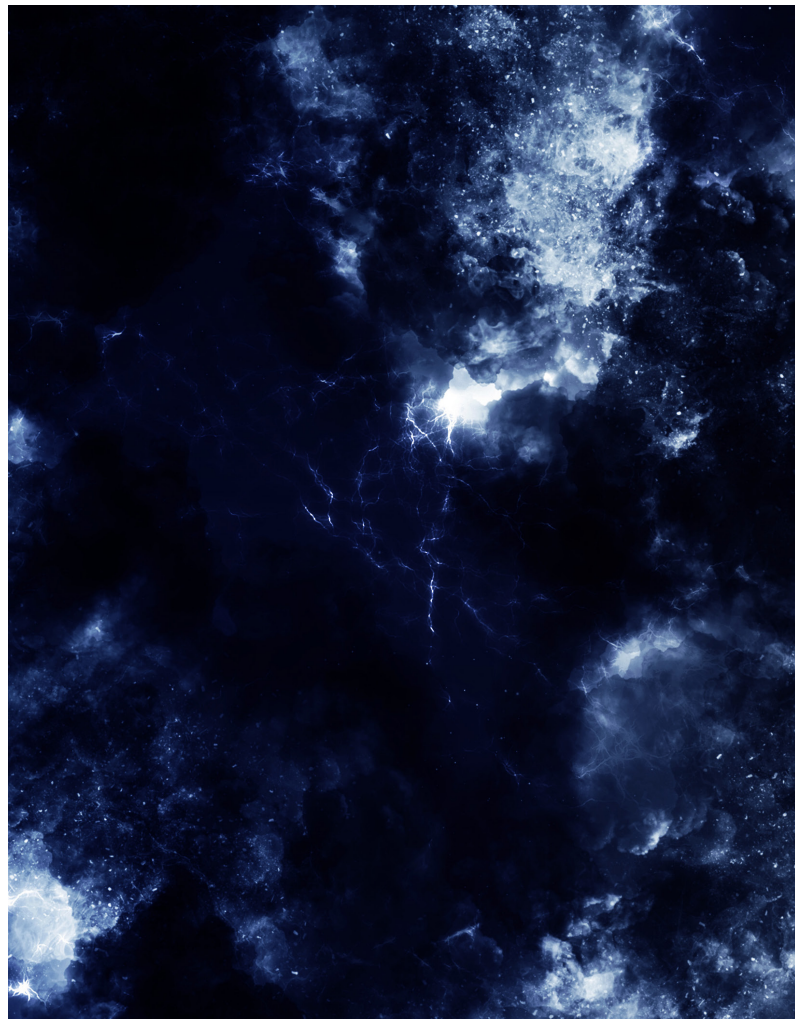
A: Retirees without Medicare Part B are able to remain on a Cigna plan provided they submit a copy of the letter from Medicare showing that they are not eligible for Part B.

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

Apply for Medicare Parts A & B through the Social Security Administration by contacting them at 800-771-1213 or [www.Medicare.gov](http://www.Medicare.gov). If you are eligible for Part B 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 in the Aetna Steerage PPO and live in the service area. How do I know if my doctors are in or out of network?

A: Go online to [www.aetnamedicare.com](http://www.aetnamedicare.com) to view a directory, or call 888-267-2637.





Q: 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 in which you are enrolled at their customer-service phone number on the back of your insurance card.

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

A: If you are in the HMO, you will be required to change to one of the plans that offers nationwide coverage – the Aetna Steerage PPO plan or Supplement Plan F. If you're already enrolled in one of these plans, you do not need to change. Please notify the Human Resources Department of any address changes within 31 days.

Q: If I choose a plan and decide I would like to change to a different supplemental Medicare plan, do I have to wait until next Open Enrollment to change?

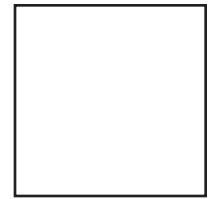
A: No. You may change plans effective the first of any month. To ensure you receive your ID card before your coverage becomes effective the Benefits Division should receive your application by the 15th of the current month. Applications received after the 15th of the month will not go into effect until the 1st of the month following, approximately 6 weeks out. You will receive your ID card approximately 3 weeks after coverage is effective

*Disclaimer: If a conflict exists 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



## If you already have Medicare:

- **You don't need to sign up for Original Medicare each year.** However, you should review your Medicare health and prescription drug coverage and make changes if it no longer meets your needs or if you could lower your out-of-pocket expenses.
- **Mark your calendar with these important dates.** This may be the only chance you have each year to make changes to your coverage.

### October 1, 2019

Start comparing your coverage

### October 15 - December 7, 2019

Original Medicare Open Enrollment

### November 4 - December 6, 2019

City of Houston Medicare Open Enrollment

### January 1, 2020

New coverage begins

## Contacts

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

**aetna**<sup>SM</sup>  
 888-267-2637  
 Dedicated for COH membership  
[www.aetnamedicare.com](http://www.aetnamedicare.com)

**WellCare** | **TexanPlus**<sup>SM</sup>  
 866-556-4607 Enrollment  
 866-230-2513 Member Services  
[www.wellcare.com/medicare](http://www.wellcare.com/medicare)

**UnitedHealthcare**<sup>SM</sup>  
 Healing health care. Together.<sup>SM</sup>  
**AARP**  
 800-392-7537 Enrollment  
 800-523-5800 Member Services  
**Rx Plan**  
 888-556-6648  
[www.uhcretiree.com](http://www.uhcretiree.com)

**KelseyCare Advantage**  
 ★★★★★  
 713-442-9540 Member Services  
 713-442-5646 Sales  
[www.kelseycareadvantage.com/coh](http://www.kelseycareadvantage.com/coh)

**Cigna HealthSpring**<sup>SM</sup>  
 888-281-7867  
[www.cignamedicare.com](http://www.cignamedicare.com)

## Human Resources Benefits

☎ 832-393-6000 | 📠 832-395-9409

✉ retireebenefits@houstontx.gov | 🌐 [www.cityofhoustonbenefits.org](http://www.cityofhoustonbenefits.org)