CITY OF HOUSTON

MEDICARE ADVANTAGE PLAN

OCTOBER 31 - NOVEMBER 18

Ready to enroll?
The enrollment form is on page 14

Medicare Plan Open Enrollment 2023

Open Enrollment is the time to evaluate your City of Houston Medicare Advantage Plan coverage and make any necessary changes. This Decision Guide will help you navigate your options for the 2023 benefit year.

This year, Medicare Open Enrollment will be held from October 31, 2022 - November 18, 2022. The choices you make during open enrollment will become effective January 1, 2023.

If you are already enrolled in a City of Houston Medicare Advantage Plan and you are happy with it, you do not need to do anything to remain enrolled.

If you are Medicare eligible and you want to opt back into coverage in one of the City of Houston's Medicare plans, your participation in Open Enrollment is essential. In addition, if you are already enrolled in one of the City of Houston's Medicare plans, you can change plans at any time. This annual opportunity also allows you to add or drop eligible dependents from coverage.

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COH medicare Advantage Plan Eligibility

In order to participate on a City of Houston Medicare Advantage Plan, you must be Medicare eligible and be able to provide proof of current enrollment under Medicare Parts A and B with the Federal Government.

COH Medicare Advantage Plan Participation and Changes

- If you are a City of Houston Medicare-eligible retiree and you currently are enrolled in a City of Houston Medicare Advantage Plan you are allowed to make change your plan election and coverages at any time.
- If you are a City of Houston Medicare-eligible retiree and you currently are enrolled in a City of Houston Medicare Advantage Plan and you are satisfied with your plan and coverage and do not want to make any changes, you do not need to take any action during open enrollment.
- If you are a City of Houston Medicare-eligible retiree and decided not to continue to participate under the City of Houston's Medicare Advantage Plan at the time of you retirement (opted out), but have now decided you would like to participate (opt back in) during this years open enrollment, now is the time for you to take action.
- During the Open Enrollment period, you can enroll in a Medicare Advantage Plan for yourself, select another Medicare Advantage Plan provider or plan option, enroll or dis-enroll your eligible dependents from your plan, and terminate your current Medicare Advantage coverage.
- Remember, if you are a current City of Houston's Medicare Advantage Plan participant, you can change plans with the City of Houston at any time.

Your 2023 Options

COH Medicare Advantage Plan Options

The City of Houston contracts with Aetna and KelseyCare to provide eligible retirees Medicare Advantage Plan coverage.

There are three Medicare Advantage Plan options to choose from this year.

- Aetna Basic PPO
- Aetna Premier PPO
- KelseyCare Advantage

COH Medicare Advantage Plan Cost

In order to participate in the City of Houston's Medicare Advantage Plans, you and your eligible dependent(s), if applicable, must enroll for coverage under the Medicare Parts A and B with the Federal Government.

Monthly contributions

Tier	Aetna Basic PPO	Aetna Premier ESA PPO	KelseyCare Advantage HMO
Retiree	$18	$63	$42
Retiree + Spouse	$36	$126	$84
Retiree + 1 Child	$36	$126	$84
Retiree + Family	$18 each member	$63 each member	$42 each member

Important News About 2023

The Kelsey-Seybold Physicians network now accepts Aetna Basic PPO and Aetna Premier ESA PPO. You will pay Aetna plan copayments and deductibles if you go to a Kelsey-Seybold Clinic.

Your Options

- Enroll in a City of Houston Medicare Advantage plan for yourself and/or your Medicare-covered dependent(s).
- Switch plans for yourself and/or your Medicare-covered dependent(s).
- Disenroll yourself, or your eligible dependent(s) from your current Medicare Advantage Plan.

Will I receive a new ID card to use for the 2023 plan year?

Aetna
City of Houston Retirees will be receiving new ID cards by Mid-December to use for 2023. Members can still use their current ID cards in 2023 as their Aetna Member ID will never change.

KelseCare Advantage
KelseyCare Advantage members will not receive new ID cards for 2023. There are no changes to the current ID Card.

Make sure your address with the City of Houston is correct. Contact us at retireebenefits@houstontx.gov or call 832-393-6000 to correct your address. Allow 7 –10 business days from the time your enrollment is received to receive your insurance card.

Enrolling in a Plan

Eligibility

As a retiree, you are eligible for coverage if:

- you are Medicare eligible;
- and you are covered by Medicare Parts A and B;
- 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-sponsored Medicare plan. Cigna is not an option.*

Electing a Medicare Plan

Remember: When you or your dependent becomes Medicare eligible, you will need to contact Social Security Administration to be enrolled in Medicare Parts A (hospitalization) and B (medical; i.e. , doctor visits). At that time, you need to elect a City-sponsored Medicare Advantage plan to participate in the City of Houston medical insurance coverage.

Here is what you need to do:

- Access a fillable PDF Medicare Advantage Enrollment Form on CityofHoustonBenefits.org or complete the form provided in this guide on page 14.
- Return all forms to the Benefits Division before on or before November 18, 2022 for coverage to be effective January 1, 2023.

Changing Medicare Plans

Each person who wants to disenroll or change to another plan with one of the City of Houston's Medicare plans must opt out or switch to another Medicare plan by completing our enrollment form.

Forms

To access the Medicare Advantage Enrollment Form, visit CityofHoustonBenefits.org and go to the Forms & Documents tab to download a fillable PDF. Or use the form found on page 14 of this guide.

During the Medicare Advantage Plan Open Enrollment period, forms must be submitted on or before November 18, 2022 for a January 1, 2023 effective date.

Remember, if you are a current City of Houston Medicare Advantage Plan participant, you can make changes to your plan and/or plan coverage at any time. Changes to City of Houston Medicare Advantage Plans submitted outside of open enrollment must received on or before the 15th of the month to ensure the change is timely processing and enrollment by the 1st of the next month.

Three Ways to Submit Forms

Mail:

City of Houston Benefits Division,
Attn: Medicare Advantage
611 Walker, 4th Floor
Houston, TX 77002

Secure Document Submission Portal:

CityofHoustonBenefits.org

In-person Open Enrollment drop off locations:

Available Monday - Friday, 9 a.m. - 4 p.m.

611 Walker, Houston, TX 77002
4th floor Benefits Division

Aetna Basic PPO

A Medicare Advantage (MA) plan is another way to provide Original Medicare Part A (hospital) and Part B (medical) benefits and more. MA plans are offered through private insurance companies that have been approved by Medicare. With a Medicare Advantage plan, you don't lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs. The Aetna Medicare Advantage coverage includes Medicare prescription drug coverage (Medicare Part D); therefore, you do not need a stand-alone Medicare Part D Plan.

Aetna offers two Medicare Advantage PPO Plan options. Please see below for information about the City of Houston Aetna Basic PPO plan.

Additional Benefits

- SilverSneakers® Fitness Program
- Routine Eye and Hearing Exams
- Eyewear Reimbursement: $50 every 12 months
- Lower co-pays at preferred pharmacies like HEB, CVS, and Walmart
- Telehealth and Teladoc
- 24/7 Nurse Line
- Chronic health condition support
- Fall Prevention Program
- Resources for Living

Key Facts

- When you are enrolled, you have one plan, with one ID card, for both medical and prescription drug coverage. No need for a stand-alone Part D plan.
- No referrals required.
- You have access to in and out of network benefits with our National PPO plan. Use network doctors to avoid paying out-of-network cost sharing.
- No deductible for in or out of network services.
- Most in-network services have a set copay, providing you with certainty in your out- of-pocket costs.
- Covers you nationally when traveling and emergency care is covered worldwide.
- Accepted at Kelsey-Seybold clinics.

Important Information

Am I eligible?
You must have Medicare Part A and Part B to be eligible for the plan. The premiums for Medicare Part A and Part B are paid out of your Social Security benefits.

Will the medicine I'm taking currently be covered under this plan?
Call 1-800-307-4830 (TTY: 711), Monday - Friday, 8 AM to 9 PM ET, or refer to the prescription drug lists on AetnaRetireePlans.com. Select "2023 Classic+ (5 tier) formulary- MAPD" for the Basic plan.

Can I keep my doctors?
You'll most likely be able to continue seeing your doctors. The Aetna Medicare Advantage plan gives you the freedom to see any licensed doctor or visit any hospital that receives Medicare payments and accepts your plan. Over 1,000,000 network doctors and specialists, and over 4,000 network hospitals accept the Aetna Medicare Advantage plan.

Prescription drugs are covered. Therefore, you do not need a stand-alone Medicare Part D Plan.

See Frequently Asked Questions page for more important information.

Aetna Premier ESA PPO

A Medicare Advantage plan is another way to provide Original Medicare Part A (hospital) and Part B (medical) benefits and more. Medicare Advantage plans are offered through private insurance companies that have been approved by Medicare. With an MA plan, you don't lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs. The Aetna Medicare Advantage coverage includes Medicare prescription drug coverage (Medicare Part D); therefore, you do not need a stand-alone Medicare Part D Plan.

Aetna offers two Medicare Advantage PPO plan options. Please see below for information about the City of Houston Aetna Premier PPO ESA plan.

Additional Benefits

- Same cost share for in- and out-of-network services
- No referrals required
- SilverSneakers® fitness program
- Routine eye and hearing exams
- Eyewear: $70 every 24 months
- Hearing aids: $500 every 36 months
- Lower copays at preferred pharmacies like HEB, CVS and Walmart
- Transportation services to medical appointments: 24 one-way trips up to 60 miles per trip at $0 copay
- Meal delivery after hospitalization
- Telehealth and 24/7 nurse line

Key Facts

- Access to in- and out-of-network providers.
- Pay the same cost share for any doctor or hospital, whether they are in or out of network.
- One plan, with one ID card, for both medical and prescription drug coverage. No need for a standalone Part D plan.
- No referrals required.
- Most services have a set copay, providing you with certainty in your out-of-pocket costs.
- Covers you nationally when traveling and emergency care is covered worldwide.
- Accepted at Kelsey-Seybold clinics.

Important Information

Am I eligible?
You must have Medicare Part A and Part B to be eligible for the plan. The premiums for Medicare Part A and Part B are paid out of your Social Security benefits.

Can I keep my doctors?
You'll most likely be able to continue seeing your doctors. You have access to in- and out-of-network providers. Over 1,000,000 network doctors and specialists, and over 4,000 network hospitals accept the Aetna MA plan. You are covered nationally and emergency care is covered worldwide.

Will the medicine I'm taking currently be covered under this plan?
Call 1-800-307-4830 (TTY: 711), Monday - Friday, 8 AM to 9 PM ET, or refer to the prescription drug lists on AetnaRetireePlans.com. Select "2023 Classic (5 tier) formulary- MAPD" for the Premier plan.

What does ESA (Extended Service Area) mean?
You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan. You pay the same cost for any doctor or hospital, according to the costs listed on your plan benefits.

See Frequently Asked Questions page for more important information.

Aetna Plans FAQs

Q. What is a Medicare Advantage plan?

A. A Medicare Advantage plan is another way to provide Original Medicare Part A (hospital insurance) and Original Medicare Part B (medical insurance) benefits and more. It's called Medicare Part C. Medicare Advantage plans are offered through private insurance companies that have been approved by Medicare. With a Medicare Advantage plan, you don't lose the coverage you get with Original Medicare. You get the same coverage as Original Medicare plus additional services not covered by Medicare, such as access to health and wellness programs.

Q. What is the Aetna Medicare Premier Plan (PPO) with ESA?

A. This is a type of Medicare Advantage plan. You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan. You pay the same cost for any doctor or hospital, according to the costs listed on your plan benefits summary.

Q. What is the Aetna Medicare Basic Plan (PPO)?

A. This is a similar Medicare Advantage plan. You still have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan. However, you will likely pay more for an out-of-network provider.

Q. Does the Aetna Medicare Advantage plan offer prescription drug coverage?

A. Yes. You'll get both medical and prescription drug coverage all in one plan. Aetna's comprehensive formulary will continue to cover prescriptions with minimal changes. Visit AetnaRetireePlans.com for more information.

Q. Can I keep my doctors?

A. You'll most likely be able to continue seeing your doctors. The Aetna Medicare Advantage plan gives you the freedom to see any licensed doctor or hospital eligible to receive Medicare payment and accept your plan. Over 1,000,000 network doctors and specialists, and over 4,000 network hospitals accept the Aetna Medicare Advantage plan.

You have the freedom to see any licensed doctor or hospital, as long as they are eligible to receive Medicare payment and accept your plan.

Q. Do I need a referral to see a specialist?

A. No. Referrals are not required.

Q. Do I need a primary care doctor?

A. No. A primary care doctor is not required, but encouraged.

Q. How do I find out if my doctor accepts the Aetna Medicare Advantage plans?

A. Just call Aetna at 1-800-307-4830 (TTY: 711), Monday - Friday, 8 AM to 9 PM ET. They'll contact your doctor and confirm for you or can help you find other nearby doctors or hospitals to meet your needs.

Q. Once the plan becomes effective January 1, 2023, will I need to let my doctor know that I have changed plans?

A. Yes. You'll need to provide your new Aetna ID card when you receive medical and prescription drug services. Your new ID card will take the place of your current red, white and blue ID card for Original Medicare and will be the only health ID card you will need to carry.

Q. What is my coverage if I am traveling internationally?

A. Aetna will cover urgent and emergency care while you are traveling outside the U.S. You will need to pay for the costs up front and then submit paid receipts directly to Aetna for reimbursement. Aetna reimburses at Medicare rates. Prescription drugs are not covered outside of the United States and its territories.

Q. Will the medicine I'm taking currently be covered under this plan?

A. Call 1-800-307-4830 (TTY: 711), Monday - Friday, 8AM to 9 PM ET, or refer to the prescription drug lists on AetnaRetireePlans.com.

1. Scroll down under "Manage your prescription".
2. Under "Plan Type", choose "MAPD".
3. Under "Formulary Name", select "2023 Classic+(5 tier) formulary -MAPD" for the Basic plan. Select "2023 Classic (5 tier) formulary- MAPD" for the Premiere plan.

KelseyCare Advantage HMO

KelseyCare Advantage (HMO) is a Houston area 5-out-of-5 star rated copay-based plan. Members have open access to Kelsey-Seybold Clinic's premier multi-specialty physician group and, if needed, can be referred to other contracted providers who work closely with Kelsey-Seybold physicians. Members also have access to the KelseyCare Advantage affiliate provider network. If you are referred outside of Kelsey, the cost-share is the same.

Additional Benefits

KelseyCare Advantage has been rated 5-out-of-5 stars by Medicare for 6 years in a row:

- Keeping Members Healthy
- Managing Chronic Conditions
- Delivers Member Satisfaction

Maximized Coordinated Care

- Medication Therapy Management Program
- Medication Reconciliation Program
- Integrated Medical Records
- Population Health for Chronic Conditions

Key Facts

- COVID-19 coverage
- Low copays
- Same-day Care
- One-Stop Shop Medical Home
- Preventive Services covered at 100%
- Free Transportation
- Hearing & Vision coverage
- Access to all 34 Kelsey locations
- Over 70 Medical Specialties
- PCP copay is $0
- Specialist copay is $25
- Free SilverSneakers Membership
- $200 in eye-wear allowance
- New Tier 6 - $0 vaccines and chronic care medications

Prescriptions

- The plan utilizes a closed formulary, or drug list. This means that certain drugs are not covered. The formulary is updated on a monthly basis with approval by CMS (Centers for Medicare & Medicaid Services).
- The pharmacies that offer preferred cost-sharing for City of Houston are Kelsey Pharmacies, HEB Pharmacies, CVS, and CVS Caremark Mail Service Pharmacy.
- Mail-order pharmacy services are offered by CVS Caremark® mail service pharmacy.

KelseyCare Advantage is contracted with MD Anderson however, members cannot self-refer. If a patient develops cancer, the patient would be evaluated and treated by a Kelsey-Seybold Oncologist. If Kelsey cannot treat their particular condition, we would refer the patient to a contracted facility for treatment. One of those facilities could be MD Anderson, or it may be another facility, it depends on the type of cancer.

New KelseyCare Advantage members and patients who are actively undergoing cancer treatment should complete a Transition of Care form for review. If approved, an authorization will be sent to the provider or facility where the treatment is being performed to continue the treatment.

KelseyCare FAQs

Q. Are Medicare Advantage and Traditional Medicare the same thing?

A. Medicare was originally designed in 1965 to provide affordable medical coverage to older Americans. Medicare began with Parts A and B, but evolved in the 1980s with an influx of private Medicare plans that today are called Medicare Advantage plans (Part C and D).

KelseyCare Advantage is a Medicare Advantage plan. You get all of the benefits of traditional Medicare as well as coverage for things that Traditional Medicare does not cover. In addition, this plan covers your Prescription Medications.

Q. What doctors can I go to on KelseyCare Advantage?

A. With all KelseyCare Advantage plans, you get open access to Kelsey-Seybold Clinic's premier multispecialty physician group, an extensive network of primary care providers and specialists.

You can visit any Kelsey provider at any location. Look for a Kelsey-Seybold Clinic location near you at www.kelsey-seybold.com/find-a-location. This page also lists which specialty services are offered at each location.

In addition to primary and specialty care, most Kelsey locations also have additional services:

- Kelsey Pharmacies
- Onsite Labs and Radiology

KelseyCare Advantage is also contracted with many Community Network Providers. Providers who are not located within a Kelsey-Seybold Clinic location, but at their own practice. You can find a list of those contracted providers by visiting www.kelseycareadvantage.com/COH.

Q. How do I transition my care to KelseyCare Advantage?

A. We want to make your transition to KelseyCare Advantage as smooth as possible. Fill out the transition of care form that will be mailed to you. Our team will work with you to make sure the benefits are applied correctly. In addition, you have access to our continuity of care advocates who will support you throughout this transition.

Q. Does KelseyCare Advantage provide coverage outside the Houston area?

A. KelseyCare Advantage offers benefits which allow members to connect with Kelsey-Seybold providers virtually. If you are traveling and feel ill, instead of going to an ER or Urgent Care, you can schedule a Video Visit or E-Visit with a Kelsey provider who has access to your personal medical history. If you need a prescription, the provider will send the details to any pharmacy. And just in case you need it, Emergency Care is covered Worldwide, and Urgent Care is covered within the United States.

Q. Are my medications covered?

A. There are two ways to find out if your prescription medications are covered.

1. Search the City of Houston Drug List found at www.kelseycareadvantage.com/COH. Enter part of the drug name and then click Add to List. You can add all your medications and save the document for your reference.
2. Call Member Services at 713-442-2COH (2264) (TTY: 711) and ask them to look up your medications, make sure to have the spelling of the drug and the quantity information available.

Q. Can I get care and prescriptions while traveling internationally?

A. KelseyCare Advantage covers all your Virtual Health and Telemedicine. Get medical care delivered right to your smartphone, tablet or computer.

Whether you are traveling or just don't feel well enough to go out. You will receive care from a Kelsey-Seybold provider who has access to your personal medical record.

Need a prescription? The Kelsey provider will send your prescription to any location near you and you can get on with your day. Worldwide Emergency Care as well as Urgent Care in the U.S. is also covered, just in case.

Q. Where can I find more information?

A. Visit www.kelseycareadvantage.com/COH for more information.

Plan Comparison Chart

Benefit	Aetna Basic PPO		Aetna Premier ESA PPO	KelseyCare Advantage HMO
	In Network	Out-of-network		
Service Area	National PPO	National PPO You may pay more for out-of-network services.	National PPO You will pay the same cost-share for in- and out-of-network services	Brazoria, Chambers, Liberty, Waller, Ft. Bend, Harris, Montgomery, Galveston, Walker, Wharton, San Jacinto, Austin, Grimes
Annual Deductibles	$0	$0	$150	None
Maximum Annual Out-of-Pocket Costs	$3,400	$5,000 for in and out-of-network services combined	$3,500 for in and out-of-network services combined	$3,400
Lifetime Maximum	None	None	None	None
PCP	$0 copay	30% coinsurance	$20 copay	$0 copay
Specialist	$15 copay	30% coinsurance	$20 copay	$25 copay
Preventive care	$0 copay	30% coinsurance	$0 copay	$0 copay
Chiropractic	$15 copay	30% coinsurance	$15 copay	$15 copay
Podiatry	$15 copay	30% coinsurance	$20 copay	$15 copay
Inpatient Hospital	$300 per stay	30% per stay	$250 per stay	$300 copay*
Outpatient Surgery Hospital	$150 copay	30%	$0 copay	$175 copay
Outpatient Surgery Ambulatory	$150 copay	30% coinsurance	$0 copay	$150 copay
Emergency Room	$50 copay Worldwide	$50 copay Worldwide	$80 copay	$120 copay
Ambulance	$15 copay	30% coinsurance	$20 copay	$100 copay
Urgent Care Center	$50 copay	$50 copay	$20 copay	$25 copay
Lab & X-Ray Diagnostic Radiology	$0 copay Lab $0 copay X-ray $15 Diagnostic testing $100 Complex imaging	30% coinsurance	$20 copay	$0 copay $100 for CT, MRI, CNM $150 for PET scans

*Inpatient hospital cost-share is waived with a COVID-19 diagnosis; you pay $0.

Plan Comparison Chart Continued

Benefit	Aetna Basic PPO		Aetna Premier ESA PPO	KelseyCare Advantage HMO
	In Network	Out-of-network		
Therapeutic Radiology (treatment of cancer and other diseases with radiation)	$15 copay	30% coinsurance	$20 copay	$15 copay
Physical Therapy	$15 copay	30% coinsurance	$20 copay	$15 copay
Occupational Therapy	$15 copay	30% coinsurance	$20 copay	$15 copay
Immunizations	$0 copay	$0 copay	$0 copay	$0 copay
Home Health	$0 copay	30% coinsurance	$0 copay	$0 copay
Skilled Nursing	$0 copay per day, day(s) 1-20; $100 copay per day(s) 21-100 100 Limited to 100 days per Medicare Benefit Period	30% coinsurance per day, day(s) 1-100	$0 copay per day, day(s) 1-20; $75 copay per day, day(s) 21-100 Limited to 100 days per Medicare Benefit Period	$0/day - days 1-20 $100/day - days 21-100 Covered 100 days per benefit period.
Renal Dialysis	$30 copay	$30 copay	$20 copay	20% coinsurance
Durable Medical Equipment	10% coinsurance	30% coinsurance	20% coinsurance	10% coinsurance
Prosthetic Devices	10% coinsurance	30% coinsurance	20% coinsurance	20% coinsurance
Diabetic Equipment	See diabetic supplies	See diabetic supplies	See diabetic supplies	20% coinsurance
Diabetic Supplies	$0 copay	15% coinsurance	$0 copay	20% coinsurance
Diabetic Monitoring / Training	$0 copay	$0 copay	$0 copay	$0 copay
Diabetic - Injectable Insulin (30-day supply)	See prescription drug benefit	See prescription drug benefit	See prescription drug benefit	See prescription drug benefit
Hospice	Covered by Original Medicare at a Medicare certified hospice	Covered by Original Medicare at a Medicare certified hospice	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility

Plan Comparison Chart Continued

Benefit	Aetna Basic PPO		Aetna Premier ESA PPO	KelseyCare Advantage HMO
	In Network	Out-of-network		
Mental Health				
Inpatient	$300 per stay	30% per stay	$250 copay per stay	$300 copay per stay
Outpatient	$15 copay	30% coinsurance	$20 copay	$20 copay
Key Extra Benefits				
Hearing	Routine hearing screening $0 copay/ 30% coinsurance		Routine hearing screening $0 Hearing aid reimbursement $500 every 36 months	$15 Routine hearing exam Hearing aid discount up to 20% per year
Vision	$0 copay / 30% coinsurance per annual routine exam Diabetic eye exam $0 copay/ 30% coinsurance Eyewear Reimbursement $50 once every 12 months		$0 per annual routine exam Diabetic eye exams $0 Eyewear Reimbursement $70 every 24 months	$0 Routine eye exam $200 allowance towards glasses or contacts
Medical Dental (Medicare-covered services only; i.e. injury to mouth)	$0 copay/ 30% coinsurance Non-routine care covered by Medicare		$20 copay Non-routine care covered by Medicare	$0 for Medicare-covered benefits
Routine Dental	Not covered		Not covered	Not covered
Telehealth	Covered Includes PCP, Behavioral Health or Urgent Care Teladoc Services Included at PCP copay		Covered Includes PCP, Behavioral Health or Urgent Care	$0 PCP $15 Specialist Kelsey-Seybold Virtual Health
Meal Delivery	Not covered		Up to 14 meals after in-patient hospital stay	Up to 14 meals after in-patient hospital stay
Fitness Benefit	SilverSneakers® fitness benefit		SilverSneakers® fitness benefit	SilverSneakers® fitness benefit
Transportation Benefit	Not covered		Covered, 24 one-way trips, 60 miles each way	Covered

Prescriptions

All of the City of Houston's Medicare Advantage Plans include Part D, and offer comparable or better pharmacy benefits. The drug formularies established by Medicare for 2023 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.
** Note: Reference the back page for provider contact information.*

Benefit	Aetna Basic PPO		Aetna Premier ESA PPO	KelseyCare Advantage HMO
	In Network	Out-of-network		
Deductible	$0 Deductible		$0 Deductible	$0 Deductible
Preferred Generic	$10 preferred pharmacy $15 standard pharmacy		$2 preferred pharmacy $5 standard pharmacy	$10 preferred pharmacy $15 standard pharmacy
Non-preferred Generic	$15 preferred pharmacy $20 standard pharmacy		$10 preferred pharmacy $20 standard pharmacy	$15 preferred pharmacy $20 standard pharmacy
Preferred Brand	$30 preferred pharmacy $35 standard pharmacy		$40 copay	$30 preferred pharmacy $35 standard pharmacy
Non-Preferred Brand	$45 preferred pharmacy $50 standard pharmacy		$75 copay	$45 preferred pharmacy $50 standard pharmacy
Specialty Drugs	$75 preferred pharmacy $80 standard pharmacy		$75 copay	$75 preferred pharmacy $80 standard pharmacy
Mail Order 90-day Supply				
Preferred Generic	$30 preferred pharmacy $45 standard pharmacy		$4 preferred pharmacy $10 standard pharmacy	$30 preferred pharmacy $45 standard pharmacy
Non-preferred Generic	$45 preferred pharmacy $60 standard pharmacy		$20 preferred pharmacy $40 standard pharmacy	$45 preferred pharmacy $60 standard pharmacy
Preferred Brand	$90 preferred pharmacy $105 standard pharmacy		$80 copay	$90 preferred pharmacy $105 standard pharmacy
Non-Preferred Brand	$135 preferred pharmacy $150 standard pharmacy		$150 copay	$135 preferred pharmacy $150 standard pharmacy
Specialty Drugs	Limited to one-month supply		Limited to one-month supply	A long-term supply is not available
Medicare Part B drugs	15% coinsurance		$0 copay	15% coinsurance

Legal Notices

This document reflects information as of the date listed herein. There is no promise, guarantee, or vested right to access health care coverage or a premium allowance. To the extent allowed by law or an agreement between the City of Houston and an employee association recognized as the exclusive bargaining agent for covered employees, the City of Houston has the discretion to amend, suspend, or terminate the health care plan at any time.

Plan Documents

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. This is only a summary. For more information about your coverage refer to the 2020 plan documents. SBCs and plan documents for each of the plans can be found on the HR website at cityofhoustonbenefits.org. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider or other terms see the Glossary. You can view the Glossary at https://www.healthcare.gov/sbc-glossary or call 800-997-1406 to request a copy. You may obtain a printed copy of the SBC or plan documents at no charge by contacting the Benefits Division at 832-393-6000 and it will be sent to you within seven days.

Medicare

When an employee retires and becomes covered by Medicare, the employee and his/her Medicare covered dependents must enroll in a city-sponsored Medicare Advantage plan. In order to do so, you must first enroll in Medicare Parts A and B, and pay for Medicare Part B. All of the City-sponsored Medicare plans also include prescription drug plans, which provide more comprehensive prescription coverage than Medicare Part D, so it is not necessary to enroll in Part D. If you have any questions regarding Medicare you can contact the Social Security Administration at 800-772-1213 or online at SocialSecurity.gov. When you start thinking about retiring you can attend a retirement information seminar given by the Human Resources Benefits Department. This seminar will answer your questions about the city's retiree health benefit programs and Medicare. For details regarding the seminar, please contact 832-393-6000.

Notice of Privacy Practices

The City of Houston's group health plans are designed to protect your privacy. In fact, even though we provide health benefits coverage for you, we do not have access to your medical records. That information is maintained by your doctor and your health plan provider. Federal and state laws require us to maintain the privacy of any information regarding your health care and treatment that is personally identifiable to you, and that is transmitted or maintained by the plans, regardless of the form. This includes information and identifiable factors such as your name, age, and address.

A Notice of Privacy Practices is posted at houstontx.gov/hr and describes how medical information about you may be used and disclosed, and how you can get access to this information. The notice also explains the plans' privacy practices, legal duties, and your rights concerning your protected health information. You can visit the website to review and retrieve the privacy notice.

If you are unable to access the notice, or prefer a copy by mail, contact the privacy officer at one of the following:

Privacy Officer
City of Houston
Human Resources Department
611 Walker - 4th Floor
Houston, Texas 77002
privacyofficer@houstontx.gov
832.393.6199

City of Houston Benefits Medicare Eligible Retiree/Survivor Open Enrollment Form

611 Walker, 4th Floor, TX 77002 | 832-393-6000
retireebenefits@houstontx.gov | cityofhoustonbenefits.org

Submit completed form to the Secure Document Portal at bit.ly/COHBenefitsForm

Print or type with blue or black ink only

Employee ID	Pension System ☐ Municipal ☐ Fire ☐ Police	Gender ☐ Male ☐ Female

Phone Number	Email Address

First Name	Last Name	M.I.

Mailing Address or PO Box	Apt. No.	City	State	Zip	County

Permanent Address	Apt. No.	City	State	Zip	County

A. Complete the following section for each person to be covered under a City Medicare Advantage Plan. Select a plan for yourself and each eligible dependent. ***If a covered person does not have Medicare Parts A and B, please complete Section B of this form to continue their coverage for the Cigna health plan.***

This form is only for Medicare Open Enrollment. You may not opt back into dental nor vision during Medicare Open Enrollment.

If adding a spouse, you will need to ensure we have your marriage certificate on file and their social security number. If adding a child, you will need to ensure we have their birth certificate and social security number on file.

Medical Coverage Tier (select one):
☐ Retiree/Survivor Only ☐ Retiree + Spouse ☐ Retiree/Survivor + Child(ren) ☐ Retiree + Family

Opt Out of coverage: I understand that I man re-enroll in the future Open Enrollment or if I have a Qualifying Life Event.
☐ Opt Out

Relationship	Last Name, First Name, M.I.	Gender	Medical	Date of Birth	Social Security No.	Medicare Advantage Plans (select one):
Self/Retiree		☐ M ☐ F	☐ Add ☐ Drop			☐ Aetna Basic PPO ☐ Aetna Premiere ESA PPO ☐ KelseyCare Advantage HMO
		☐ M ☐ F	☐ Add ☐ Drop			☐ Aetna Basic PPO ☐ Aetna Premiere ESA PPO ☐ KelseyCare Advantage HMO
		☐ M ☐ F	☐ Add ☐ Drop			☐ Aetna Basic PPO ☐ Aetna Premiere ESA PPO ☐ KelseyCare Advantage HMO
		☐ M ☐ F	☐ Add ☐ Drop			☐ Aetna Basic PPO ☐ Aetna Premiere ESA PPO ☐ KelseyCare Advantage HMO

B. Non-Medicare Eligible Medical Plans (select one): If a covered person does not have Medicare Parts A & B, please complete the following section to continue their coverage in a Cigna health plan. Note: You cannot change a Cigna medical plan until Spring Open Enrollment or if you move out of the Limited Plan service area during the plan year.

☐ Cigna Consumer-Driven Health Plan	☐ Cigna Limited Network Plan ☐ Kelsey-Seybold ☐ Village Family Practice ☐ Renaissance Physician ID or name _____	☐ Cigna Open Access Plan

Relationship	Last Name, First Name, M.I.	Gender	Medical	Date of Birth	Social Security No.	Tobacco User
Self/Retiree		☐ M ☐ F	☐ Add ☐ Drop			☐
		☐ M ☐ F	☐ Add ☐ Drop			☐
		☐ M ☐ F	☐ Add ☐ Drop			☐
		☐ M ☐ F	☐ Add ☐ Drop			☐

C. Medicare Information - Retiree/Survivor

Please refer to your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

OR

- Attach a copy of your Medicare card or your letter from the Social Security Administration.

Name (as it appears on your Medicare card): _____

Medicare Number: _____

Is entitled to: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a City of Houston Medicare Advantage plan.

D. Medicare Information - Dependent

Please refer to your red, white and blue Medicare card to complete this section.

- Fill out this information as it appears on your Medicare card.

OR

- Attach a copy of your Medicare card or your letter from the Social Security Administration.

Name (as it appears on your Medicare card): _____

Medicare Number: _____

Is entitled to: Effective Date:

HOSPITAL (Part A) _____

MEDICAL (Part B) _____

You must have Medicare Part A and Part B to join a City of Houston Medicare Advantage plan.

E. Disclosures

City of Houston

An eligible dependent means your legal spouse, and any child (natural, adopted, foster, grandchild, stepchild, a child for whom you are legal guardian and/or have legal support obligations) who is your dependent for federal income tax purposes, resides with you (except in the case of a court order), and is under age 26. A dependent may be your child who is age 26 or older, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical disability or handicap which arose while the child was covered as a dependent under this Plan, or while covered as a dependent under a prior City plan without a break in coverage. Proof of the child's condition and dependence must be submitted within 31 days after the child/children ceases to qualify. This document reflects information as of the date listed herein. There is no promise, guarantee, or vested right to access health care coverage or a premium allowance. To the extent allowed by law or an agreement between the City of Houston and an employee association recognized as the exclusive bargaining agent for covered employees, the City of Houston has the discretion to amend, suspend, or terminate the health care plan at any time.

KelseyCare Advantage Plan

By completing this enrollment application, I agree to the following:

- I must keep both Hospital (Part A) and Medical (Part B) to stay enrolled in KelseyCare Advantage.
- By joining this Medicare Advantage Plan, I acknowledge that KelseyCare Advantage will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my KelseyCare Advantage coverage begins, I must get all of my medical and prescription drug benefits from KelseyCare Advantage network providers. Benefits and services provided by KelseyCare Advantage and contained in my KelseyCare Advantage "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor KelseyCare Advantage will pay for benefits or services that are not covered.
- I understand that my signature or initials (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under State law to complete this enrollment, and
  2. Documentation of this authority is available upon request by Medicare.

Paying your Late Enrollment Penalty (LEP) If you owe a late enrollment penalty*, you can pay your penalty that you currently have or may owe by mail, Electronic Funds Transfer (EFT), credit card each month.* ***You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month. If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium.*** *The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay KelseyCare Advantage the Part D-IRMAA.*

E. Disclosures

Aetna Basic and Premiere Plans

By completing this enrollment application, I agree to the following: Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. I will need to keep my Medicare Parts A and B coverage. I can only be in one Medicare Advantage plan at a time and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. If I'm enrolling in a Medicare Advantage plan without prescription drug coverage (medical benefits only), I understand that if I don't have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), I may have to pay a late enrollment penalty if I enroll in Medicare prescription drug coverage in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year if an enrollment period is available or under certain special circumstances. The Aetna Medicare Advantage plan serves a specific service area. If I move out of the area that Aetna Medicare Advantage plan serves, I need to notify the plan and my former employer/union/trust so I can disenroll and find a new plan in my new area. Once I'm a member of the Aetna Medicare Advantage plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Aetna when I get it to know which rules I must follow to get coverage with this Medicare Advantage plan. I understand that people with Medicare aren't usually covered under Medicare while out of the country except for limited coverage near the U.S. border. I may also be disenrolled if I do not pay any applicable plan premiums within the grace period. The effective date of disenrollment is in accordance with federal requirements. HMO plans - I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, I must get all my health care from the Aetna Medicare Advantage plan, except for emergency or urgently needed services or out of area dialysis services. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Advantage plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES. PPO plans: I understand that beginning on the date Aetna Medicare Advantage plan coverage begins, using services in network can cost less than using services out of network, except for emergency or urgently needed services or out-of-area dialysis services. I understand I can go to doctors, specialists or hospitals in or out of network. I understand that providers must be licensed and eligible to receive payment under the federal Medicare program and agree to accept the PPO plan. I also understand I may have to pay more for services I receive out of network. Services authorized by the Aetna Medicare Advantage plan and other services contained in my Aetna Medicare Advantage plan Evidence of Coverage document (also known as the member contract or subscriber agreement) will be covered. Without authorization when required by the plan, NEITHER MEDICARE NOR THE AETNA MEDICARE ADVANTAGE PLAN WILL PAY FOR THE SERVICES. I've been advised not to cancel or drop any supplemental insurance I currently have until I receive written notification of my confirmed effective date from Aetna. I understand the providers in the Aetna network are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. I understand if I'm getting assistance from a sales agent, broker, or other individual employed by or contracted with Aetna's Medicare Advantage plans, he/she may be paid based on my enrollment in the Aetna Medicare Advantage plan. Release of information: By joining this Medicare health plan, I acknowledge that the Medicare health plan will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations. I also acknowledge that Aetna Medicare will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand if I intentionally provide false information on this form, I will be disenrolled from the plan. I understand my signature (or the signature of the person authorized to act on my behalf under the laws of the state where I live) on this application means I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Medicare.

F. City of Houston Authorizations

I am a retiree or survivor of the City of Houston, eligible to participate in the City of Houston Medicare Advantage Plan. I apply to make the above coverage election(s) and understand the information I have provided is part of my application. All statements made by me may be relied upon by the City of Houston; if any information that I have provided is found to be materially incorrect, my coverage may be denied. I understand that if both I and my spouse work(ed) for the City of Houston, I may be covered as an employee/retiree or as a dependent, but not both. Dependent(s) may be enrolled under only one parent or guardian.

I agree that if I acquire other coverage outside of the City of Houston, or if I have listed ineligible dependents, I may incur a monetary penalty and/or my coverage may be canceled. I understand that I must notify the City when I acquire other coverage outside of the City's plans and when I have an ineligible dependent.

Contributions are paid one month in advance. If you opt out or make a plan or tier change at the end of the month, you will be eligible for a refund for contributions already paid.

I authorize the Pension System to deduct from my pension check my portion of the contributions as it becomes due.

I authorize any Medicare Advantage Plan Provider to disclose to the Plan Administrator(s) information relating to individuals specified on this application.

Date	Phone Number	Signature

For Benefits Office use only		
Department	Retirement Date	Effective Date

City of Houston FAQs

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 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 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 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.

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 through the Social Security Administration by contacting them at 800-771-1213 or 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: 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 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.

Open Enrollment Decision Tools

Representatives from the City of Houston and plan vendors will present information of your 2023 benefit options. You have the option to watch the webinar online or dial in by phone and listen.

Links to individual meetings are available at bit.ly/COHRetireeBenefits.

Medicare Advantage Open Enrollment Virtual Meeting Schedule
October 24 • 3 p.m. - 4 p.m.
October 26 • 9 a.m. - 10 a.m.
November 2 • 9 a.m. - 10 a.m
November 9 • 10 a.m. - 11 a.m.
November 9 • 1 p.m. - 2 p.m.

Visit bit.ly/COHRetireeBenefits for meeting links and more.

Open Enrollment Checklist

The choices you make during Open Enrollment are for benefits effective January 1, 2023 through December 31, 2023. However, you may change your plan anytime during the plan year within the City of Houston Medicare Advantage Plans or you may opt out for a Traditional Medicare Plan.

- ☑ Enroll in Medicare Parts A & B with the Social Security Administration. Contact Medicare for questions about your Original Medicare coverage at 1-800-MEDICARE.
- ☑ Visit CityofHoustonBenefits.org for more information about your 2023 benefits. Use the resources to assist you with your decision making. You'll find a plan comparison, rate sheets, videos and plan summaries.
- ☑ Enroll in one of the City of Houston's Medicare Plans. Be sure that you have a physical address and not just a PO Box to ensure you receive all mailings.
- ☑ Review the benefits you've selected. Remember to keep a copy of your enrollment form for your records. Confirmation insurance cards will be mailed out from the vendors after December 6.
- ☑ The Eligibility and Enrollment Support Center is available to assist you with your questions during Open Enrollment.

Eligibility and Enrollment Support Center

The Eligibility and Enrollment Support Center is available to assist you with your questions.

City of Houston Benefits
Monday - Friday
8 a.m. - 5 p.m. CST
832-393-6000

Aetna Health Care
Monday - Friday
7 a.m. – 8 p.m. CST
1-800-307-4830 (TTY: 711)

KelseyCare Advantage
7 days a week
8 a.m. – 8 p.m. CST
713-442-2COH (2264)

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

2023 OPEN ENROLLMENT DECISION GUIDE

Open Immediately!

OPEN ENROLLMENT
OCTOBER 31 - NOVEMBER 18, 2022

Contact Us

City of Houston Benefits
Monday - Friday, 8 a.m. - 5 p.m. CST
611 Walker, 4th Floor
Houston, TX 77002
832-393-6000
cityofhoustonbenefits.org
retireebenefits@houstontx.gov

Aetna Health Care
Monday - Friday, 7 a.m. – 8 p.m. CST
1-800-307-4830 (TTY: 711)
aetnaretireeplans.com/

KelseyCare Advantage
7 days a week, 8 a.m. – 8 p.m. CST
713-442-2COH (2264)
www.kelseycareadvantage.com/COH