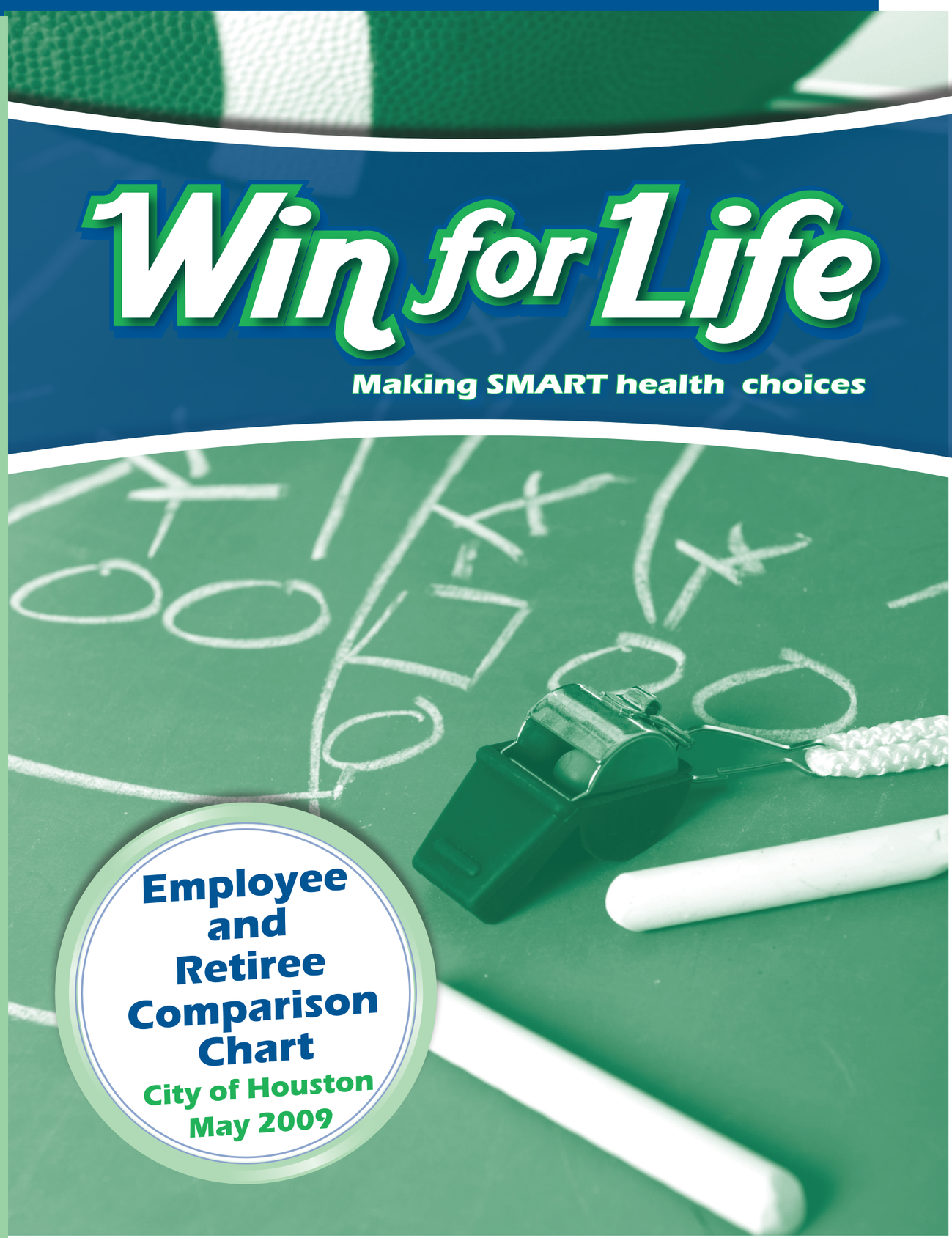
City of Houston Medical Plan Comparison

Coverage	HMO Plan	Preferred Provider Organization (PPO)	
		In-Network	Out-of-Network
Who is eligible to participate?	Full-time, permanent employees and part-time employees regularly scheduled to work 30 or more hours per week and who reside or work in the HMO Blue Texas Service Area. View www.bcbstx.com to find a provider: Retirees who reside or work in the HMO Blue Texas service area, if they were covered when they retired. The HMO Service Area is limited to Texas. 34 counties are not in the Service Area.	Full-time, permanent employees and part-time employees regularly scheduled to work 30 or more hours per week and who reside or work in the PPO Service Area. Retirees who reside or work in the PPO service area, if they were covered when they retired. The PPO Service Area includes all 50 states. Look for your zip code at www.bcbstx.com.	
Eligible Dependents:	Legal spouse, unmarried dependent children under age 25 who are: 1) natural children and grandchildren, 2) step-children residing permanently with the employee, 3) legally adopted or children over whom an employee has legal guardianship and 4) unmarried dependent children over age 25 who were covered before age 25, mentally and/or physically handicapped and dependent on employee for 50% support. All dependents must be dependents for federal income tax purposes. Copies of a marriage license, Registration and Declaration of an Informal Marriage Certificate (common law), official birth certificates and/or other legal proof of parent/child relationship are required. Certification of Financial Dependency of Children form is required for grandchildren.		
May I enroll myself and my dependents at a later date if I do not join the plan when first hired or during the Annual Open Enrollment?	Enrollments are accepted only during the first 31 days of employment, within 31 days following a change in family status (i.e., birth of a child, marriage, etc.), during a city-sponsored open enrollment and within 31 days after an employee moves into the HMO service area. All such changes are subject to Section 125 guidelines. Retirees may not enroll after they retire. Covered retirees may enroll eligible dependents during a city-sponsored open enrollment, within 31 days following a family status change, and within 31 days after moving into the HMO Service Area not covered by the PPO or moves out of area. If enrollments are not timely, coverage will be subjected to a 90-day wait.	Enrollments are accepted only during the first 31 days of employment, within 31 days following a change in family status (i.e., birth of a child, marriage, etc.), during a city-sponsored open enrollment and within 31 days after a person moves into the PPO Service area not covered by the HMO. All such changes are subject to Section 125 guidelines. Retirees may not enroll after they retire. Covered retirees may enroll eligible dependents during a city-sponsored open enrollment, within 31 days following a family status change, and within 31 days after moving into the PPO Service Area not covered by the HMO or moves out of area.	
Does the plan cover participants while out of the Service Area?	Yes, but only in the event of an accident or medical emergency. HMO Blue Texas must be notified within 48 hours of initial treatment. Services must be sought within 12 hours after the onset of symptoms of an illness or within 48 hours after an accident.	Yes. Participants are covered at home or away, 24 hours a day, using their choice of physicians. A reduced benefit and higher deductibles apply for services obtained out-of-network. If a participant initially seeks emergency care from other than participating providers, the care must be transferred to participating providers as soon as medically possible in order to continue to be eligible for In-network benefits. There is emergency coverage outside of the Continental United States. To identify participating providers outside of Texas, call 1-800-810-2583 or use the zip code of where you are to find a provider at www.bcbstx.com	
If I am now covered, will my current health problems be covered?	Yes. If the plan now covers an illness or condition, the plan will continue to cover it.	Yes. If your prior city plan covered an illness or condition, this plan will continue to cover it.	
What are the annual individual and family deductibles?	None.	**Individual:** $200 **Family:** $600	**Individual:** $400 **Family:** $1,200
What are the annual combined coinsurance/ deductible maximum for the PPO? (add all coinsurance, deductibles and copayments) **What is the maximum annual copayment for the HMO?**	**Individual:** $1,500 **Family:** $3,000 Excluding copayments for prescription drugs, inpatient hospital stay and other supplemental riders (eg. Vision care, prescription drug, durable medical equipment and inpatient mental health riders).	**Individual:** $3,000 **Family:** $6,000	**Individual:** $5,000 **Family:** $10,000
After I reach my annual out- of-pocket maximum, will I continue to pay any coinsurance or copayments?	Yes. You will always pay copayments for prescription drugs, inpatient hospital and any riders such as vision care, durable medical equipment and inpatient mental health.	Yes. You will always pay copayments for physician office visits, prescription drugs, inpatient hospital stays, urgent care and emergency room services.	



Rates

How much is my cost from each paycheck or pension check? If you and your dependents do not use tobacco products, you will pay the Non-tobacco Users rate, a discount of $12.50 bi-weekly or $25 monthly. For tobacco users, your rate will be the regular Tobacco Users rate.

Active employees' bi-weekly contributions (24 times per year)				
	Non-tobacco user		Tobacco user	
HMO	**From**	**To**	**From**	**To**
Employee Only	$17.15	$18.13	$29.65	$30.63
Employee + 1	$94.28	$99.68	$106.78	$112.18
Employee + 2 or more	$115.76	$122.39	$128.26	$134.89
PPO and Out-of-Area	**From**	**To**	**From**	**To**
Employee Only	$122.72	$126.21	$135.22	$138.71
Employee + 1	$348.85	$360.28	$361.35	$372.78
Employee + 2 or more	$450.50	$465.06	$463.00	$477.56
Retirees under 65 monthly contributions				
HMO	**From**	**To**	**From**	**To**
Retiree Only	$149.34	$185.36	$174.34	$210.36
Retiree + 1	$440.68	$546.98	$465.68	$571.98
Retiree + 2 or more	$687.22	$853.00	$712.22	$878.00
PPO and Out-of-Area	**From**	**To**	**From**	**To**
Retiree Only	$557.04	$580.40	$582.04	$605.40
Retiree + 1	$1,423.68	$1,499.42	$1,448.68	$1,524.42
Retiree + 2 or more	$1,979.96	$2,105.54	$2,004.96	$2,130.54
Retirees over 65 monthly contributions				
HMO	**From**	**To**	**From**	**To**
Retirees over 65 without Medicare				
Retiree Only	$461.96	$503.62	$486.96	$528.62
Retiree + 1	$970.12	$1,057.62	$995.12	$1,082.62
Retiree + 2 or more	$1,663.06	$1,813.04	$1,688.06	$1,838.04
Retirees over 65 with Medicare				
Retiree Only with Medicare	$144.10	$166.18	$169.10	$191.18
Retiree + 1 (1 w/ Medicare)	$288.28	$332.46	$313.28	$357.46
Retiree + 1 (2 w/ Medicare)	$281.04	$324.12	$306.04	$349.12
Retiree + 2 or more (1 w/ Medicare)	$490.04	$565.14	$515.04	$590.14
Retiree + 2 or more (2 w/ Medicare)	$446.80	$515.28	$471.80	$540.28
PPO and Out-of-Area	**From**	**To**	**From**	**To**
Retirees over 65 without Medicare				
Retiree Only	$786.40	$816.38	$811.40	$841.38
Retiree + 1	$1,667.76	$1,731.38	$1,692.76	$1,756.38
Retiree + 2 or more	$2,075.84	$2,154.98	$2,100.84	$2,179.98
Retirees over 65 with Medicare				
Retiree Only with Medicare	$498.86	$506.60	$523.86	$531.60
Retiree + 1 (1 w/ Medicare)	$1,049.76	$1,089.78	$1,074.76	$1,114.78
Retiree + 1 (2 w/ Medicare)	$687.30	$713.14	$712.30	$738.14
Retiree + 2 or more (1 w/ Medicare)	$1,404.44	$1,451.32	$1,429.44	$1,476.32
Retiree + 2 or more (2 w/ Medicare)	$1,271.22	$1,326.02	$1,296.22	$1,351.02

City of Houston
Benefits Customer
Service Hotline:
713-837-9400
(888)205-9266

City of Houston On Site (611 Walker)
BlueCross BlueShield Representatives:
(713) 837-9376
(713) 837-9377
(713) 837-9448

BlueCross BlueShield
Main Numbers:
(866)757-6875
www.bcbstx.com

This comparison is for informational purposes only. For a detailed and precise statement of benefits, please refer to your HMO Blue Texas Schedule of Benefits and Group Membership Services Agreement/Certificate of Coverage. The city of Houston reserves the right to change, modify, increase or terminate any benefits.

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		In-Network	Out-of-Network
What is the lifetime maximum benefit per person?	None.	$1.5 million per participant. Lifetime maximum does not apply to coverage or services for AIDS or Human Immunodeficiency Virus Infection.	
May plan participants select physicians, specialists, and hospitals of their choice?	Plan participants may choose Primary Care Physicians and pharmacies that are in the HMO Blue Texas network. All care must be coordinated by your PCP. The PCP must refer to other providers and specialists who are in the same IPA as the PCP. Female plan members may self refer to OB/GYNs in the PCP's group for their annual well-woman examinations. Note: Changes in the selection of your PCP will be effective the first of the following month.	Plan participants may choose physicians, hospitals, pharmacies and other medical providers that are members of the PPO network. Contact BCBS for assistance in locating a provider or view www.bcbstx.com. Participants may choose a provider out-of-network and benefits will be paid at a reduced level.	Participants may select the provider, hospital or pharmacy of their choice. If the Provider is not in the PPO Network, the doctor may be a ParPlan provider contracted with BCBS to provide reduced or discounted fees.
What does the plan pay for: **Prescriptions? (Same benefit for all plans)** **If the physician prescribes or allows a generic drug, but the patient requests brand, the copayment will be the difference between the cost of brand and generic plus the generic copayment.**		**30-day Supply Participating Pharmacy** / **Mail Order 90-day Supply Prime Therapeutics** / **Non-Participating Pharmacy** Generic Drug: $10 copayment / $20 copayment / 50% after $20 copayment Preferred Brand Name: $30 copayment / $60 copayment / 50% after $20 copayment Non-Preferred Brand Name: $45 copayment / $90 copayment / 50% after $20 copayment All maintenance prescription drugs prescribed for more than 30 days may be filled by Prime Therapeutics Mail Order Program. Participants pay a two months copayment for three months supply of maintenance drugs. Mandatory generic unless written as "Dispense as Written." Find a local pharmacy at www.bcbstx.com.	
Periodic Physicals/Check-ups	Covered at 100 percent. One per 12 months.	Covered at 100 percent. One per 12 months.	60 percent after annual deductible.
Office visits	**PCP:** 100 percent after $20 copayment. **Specialist:** 100 percent after $45 copayment.	**Primary Physician:** 100 percent after $30 copayment. **Specialist:** 100 percent after $50 copayment.	60 percent after annual deductible.
Well-Baby and Well-Child Care	**PCP:** 100 percent. Individual must be under age 18. **Specialist Visit:** 100% after $45 copayment.	**PCP:** 100 percent. Individual must be under age 18. **Specialist Visit:** 100% after $50 copayment.	60 percent after annual deductible.
Well-Woman Exam **(Includes mammogram age 40 and over or family history of breast cancer exists.)**	Covered at 100 percent. (One exam per 12 months)	Covered at 100 percent. (One exam per 12 months)	60 percent after annual deductible.
Well-Man Exam **(Includes prostate examination & prostate specific antigen test-age 50 and over and for those persons age 40 with a family history or other prostate risk factors.)**	Covered at 100 percent. (One exam per 12 months)	Covered at 100 percent. (One exam per 12 months)	60 percent after annual deductible.
Colorectal Cancer Screening **(Includes fecal occult blood test, a flexible sigmoidoscopy with hemoccult of the stool and colonoscopy - members 50 or over or family history of colorectal cancer exists.)**	Covered at 100 percent.	Covered at 100 percent.	60 percent after annual deductible.
Routine Immunizations	100 percent before and after age 6.	100 percent to age 6. After age 6, 100 percent after $30 copayment.	100 percent to age 6. After age 6, 60 percent after annual deductible.
Routine vision, hearing and speech screenings for children	Covered at 100 percent. (Members under age 18)	Eligible expenses for routine sight, hearing and speech screening covered 100% after $30 copayment when performed by primary physician. Not covered: Exams for glasses, contact lenses, hearing aids, vision, hearing, speech, etc.	Eligible expenses for routine sight, hearing and speech covered at 60 percent after annual deductible. **Not covered:** Exams for glasses, contact lenses, hearing aids, vision, hearing, speech, etc.
Prenatal and Postnatal Obstetrical Care	**PCP Visits:** 100 percent after $20 copayment for first visit to obstetrician. No copayment for additional visits relating to the same pregnancy, if participant notifies HMO Blue Texas of the pregnancy in the first trimester. HMO Blue Texas must pre-approve Amniocentesis and Chorionic Villus sampling.	**Primary Physician visit:** 100 percent after $30 copayment for first visit to obstetrician. No copayment for additional visits relating to the same pregnancy.	**Office Visit:** 60 percent after annual deductible.
Chiropractic Services	100% after $45 specialist copayment.	**Specialist Visit:** 80% after $50 copayment. **Other Services:** 80% after annual deductible in outpatient setting.	**Office Visit:** 60% after annual deductible. **Other Services:** 60% after annual deductible in outpatient setting.
		Combined annual plan limit is $1,000 maximum per calendar year. (Includes all associated services: x-rays, lab, medicines.)	
Inpatient hospital admissions	100% after $500 copayment per hospital admission. Pre-authorization required. Note: Maternity admission requires $500 for mother with no additional copayment for baby or babies, unless the baby is discharged and readmitted after five days after birth.	80% after $500 copayment per admission. Pre-authorization required. **Note:** Maternity admission requires $500 for mother with no additional copayments for baby or babies, unless the baby is discharged and readmitted after five days after birth.	60% after $1,000 copayment per admission. Pre-authorization required. **Note:** Maternity admission requires $1,000 for mother with no additional copayments for baby or babies unless the baby is discharged and readmitted after five days after birth. $250 copayment for failure to get pre-authorization.
Hospital Emergency Room Charges per visit	$150 per visit (waived if admitted to the hospital). You must notify your PCP or HMO Blue Texas within 48 hours. Physician's office after hours: $20 per visit.	80% after $150 copayment for Emergency within 48 hours of Accident/Medical Emergency. Illness anytime. copayment waived if admitted to hospital.	80% after $150 copayment for Emergency within 48 hours of Accident/Medical Emergency. Illness anytime. copayment waived if admitted to hospital. 60% after $150 copayment and deductible for Emergency after 48 hours of the Accident/Medical Emergency. copayment waived if admitted to hospital.
Minor emergencies - If the condition is not serious enough to be a medical emergency, seek care through your physician, a participating Urgent Care Center or emergency care at the nearest medical facility.	**PCP Visits:** 100 percent after $20 copayment. **Urgent Care Center:** 100 percent after $40 copayment.	**Primary Physician Visit:** 100 percent after $30 copayment. **Urgent Care Center:** 100 percent after $60 copayment. St. Luke's Community Emergency Center requires $150 Emergency Room copayment.	**Office Visit:** 60 percent after annual deductible. **Urgent Care Center:** 60 percent after annual deductible.
Surgery	**Ambulatory Surgery Facility:** 100% after $200 copayment for each surgical procedure. Pre-authorization is required. **Inpatient:** 100% after $500 copayment for each admission.	**Ambulatory Surgery Facility:** 80% after annual deductible for each procedure. **Inpatient:** 80% after $500 copayment for each admission. Pre-authorization required.	**Ambulatory Surgery Facility:** 60% after annual deductible for each procedure. **Inpatient:** 60% after $1,000 copayment for each admission. Pre-authorization required. Additional $250 copayment if not pre-authorized.
Chemical Dependency Services	**Emergency Room:** 100% after $150 copayment per visit. copayment waived if admitted. **PCP Visit:** 100% after $20 copayment. **Specialist Visit:** 100% after $45 copayment **Inpatient:** 100% after $500 copayment for each admission. Limited to 3 series of treatments per lifetime of individual. Pre-authorization required.	**Emergency Room:** 80% after $150 copayment. copayment waived if admitted. **Primary Physician Visit:** 80% after $30 copayment. **Specialist Visit:** 80% after $50 copayment **Inpatient:** 80% after $500 copayment for each admission. Limited to 3 series of treatments per lifetime of individual.	**Emergency Room:** 80% after $150 copayment. Copayment waived if admitted. **Office Visit:** 60% after annual deductible. **Inpatient:** 60% after $1,000 copayment for each admission. $250 additional copayment if not pre-authorized.
Outpatient Mental Health services	**Office Visit:** 100% after $25 copayment per session. Maximum of 20 sessions per calendar year.	**Office Visit:** 80% after $30 copayment. 30 visits maximum per calendar year.	**Office Visit:** 60% after annual deductible. 30 visits maximum per calendar year.
Inpatient Mental Health services	**In-patient:** If deemed medically necessary 100% after 20% copayment per admission. 30 days maximum per calendar year. Pre-authorization required. **Serious Mental Illness:** Covered as any other illness. 100% after $500 copayment per admission. No limit on days of confinement. Pre-authorization required.	**In-patient:** 80% after $500 copayment per admission 30 days maximum per calendar year. **Serious Mental Illness:** 80% after $500 copayment per admission. No limit on days of confinement.	**In-patient:** 60% after $1,000 copayment per admission. 15 days maximum per calendar year. **Serious Mental Illness:** 60% after $1,000 copayment per admission. Pre-authorization required. No limit on days of confinement.
Physical therapy	100% after $45 specialist copayment per visit. Unlimited physical therapy visits that continue to meet or exceed treatment goals set by physician. For physically disabled persons, treatment goals may include maintaining function or preventing or slowing further deterioration. Pre-authorization required.	Unlimited physical therapy visits that continue to meet or exceed treatment goals set by physician. For physically disabled persons, treatment goals may include maintaining function or preventing or slowing further deterioration. Pre-authorization required. **Specialist Visit:** 80% after $50 copayment per office visit. **Primary Physician Visit:** 100% after $30 copayment. **Outpatient:** 80% after deductible	60% after deductible. Unlimited physical therapy visits that continue to meet or exceed treatment goals set by physician. For physically disabled persons, treatment goals may include maintaining function or preventing or slowing further deterioration. Pre-authorization required.
Private Duty Nursing	100% if the PCP recommends the service and HMO Blue Texas pre-approves it.	80% after annual deductible.	60% after annual deductible.
Allergy testing/serum and injections in a Physician's office	50% copayment for each physician office visit. Treatment for allergies, including testing, allergy serum and injections.	80% after annual deductible without an office visit. Treatment for allergies, including testing, allergy serum and injections. **Primary Physician Visit:** 100% after $30 copayment. **Specialist Visit:** 100% after $50 copayment.	60% after annual deductible. Treatment for allergies, including testing, allergy serum and injections.