DiscoverHealth

January 2015 Medicare Plan Enrollment Guide

Step-by-step

This is your handy guide for choosing a Medicare plan

Stay where you are

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

Your options

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

January 2015

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Your options during this open enrollment

- **Do nothing and remain in the Medicare plan you are in now. KelseyCare PPO members will be transitioned into the KelseyCare HMO.**
- Enroll in a Medicare plan for yourself and/or your Medicare-covered dependents.
- Switch plans for yourself and/or your Medicare-covered dependents.
- Opt out of city coverage.

Contacts

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

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

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

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

KelseyCare Advantage
713-442-5646
866-534-0554 Enrollment
www.kelseycareadvantage.com/coh

Cigna HealthSpring
888-281-7867
www.texashealthspring.com

Human Resources Benefits
832-393-6000
www.houstonhumanresources.org

Medicare plan enrollment

What's new?

- Rates are increasing slightly in most plans. Aetna PPO Steerage and TexanPlus HMO are descreasing.
- The KelseyCare POS plan is discontinued and members will be transitioned to the KelseyCare HMO.
- The Aetna ESA PPO is now a PPO Steerage. Services for out-of-network services will now require coinsurance if you live in the service area. If you live out-of-network, you will pay in-network costs.
- In TexanPlus the maximum annual out-of-pocket is increasing to $3,400. Mail order copayments are lowered to a one month copayment from two months copayment. Copayments for PCP visits are decreasing to $0 copayment and several other copayments are changing. See page 6 for more details and your HMO plan comparison chart for a complete list of copayments.

Please see Medicare plan monthly contributions chart to the right.

Medicare plans monthly contributions

Aetna PPO Steerage	$109
Medicare supplement plan F with prescription drug plan*	$94
Cigna HealthSpring	$30
KelseyCare Advantage HMO	$45
TexanPlus HMO	$40

*Excludes disabled members under age 65

Save money with one of these plans today!

FAQ:

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

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

Plan Highlights

Which plan type is best for me?

HMO plans

- Cigna HealthSpring HMO
- TexanPlus HMO
- KelseyCare Advantage HMO

Low-cost, great care. These three plans offer you low premiums and copayments – you can pay as little as $30 a month for coverage, and copayments for primary-care services are between $0 and $15. But you have to stay within a network for services and must select a primary-care physician to coordinate your care.

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

Aetna Extended Service Area PPO

Room to stretch your wings. This plan give you greater flexibility. 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 - but is still affordable at $109 a month. Copayments for most primary-care services in-network are $0-$15. If you want to balance a little more freedom to choose a doctor near your grandkids with paying a little more, turn to page 9 for a summary of this plan's benefits.

Medicare supplement plan F

Unfettered freedom! But, freedom comes with a price. This plan allows you to go to doctors nationwide, but it has a slightly higher monthly contribution 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, turn to page 12 for more details.

Who's eligible?

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

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

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

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

HealthNotes

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

Prescription Highlights

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

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

Each plan has a different formulary list of covered drugs. The drug formulary established by Medicare for 2015 serves as the model for Medicare plan formularies. You received a formulary list when you enrolled in a plan. You can also find out how much your prescriptions will cost by calling the plan, visiting the plan's website, or see the chart below. (See page 1 for that information.)

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

FAQ:

Which Pharmacies can I use in the Medicare plans?

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

Prescription copayments at a participating pharmacy

	No Cost Generics		Generic (preferred)		Non-preferred generic		Preferred brand		Non-preferred brand		Specialty drugs		Medicare Part B drugs
	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	30-day/ 31-day supply	90-day supply	
KelseyCare Advantage HMO* **	-	-	$10	$30	$30	$90	$30	$90	$45	$135	$45	N/A	15% up to $1,500
TexanPlus HMO	-	-	$10	$20*	$10	$20	$30	$60*	$45	$90	$45	$90*	10% up to $2,500
Cigna HealthSpring	-	-	$10	$20			$30	$60	$45	$90	$45**	$90**	15% up to $2,500
Aetna PPO	$0	$0	$5	$10	$25	$50	$40	$80	$75	$150	$75	$150	100% with $0 copayment
Medicare supplement plan F companion drug plan	-	-	$10	$20			$30	$60	$45	$90	$45**	$90**	100% with $0 copayment

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

** Prior authorization is required.

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

HMO plans at a glance

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

KelseyCare Advantage HMO	TexanPlus HMO	Cigna HealthSpring HMO
KelseyCare is a good low-cost option for those with Kelsey-Seybold docs.	The plus is the low-cost of this quality plan, a great savings opportunity for retirees who live in Houston and southeast Texas.	Now the lowest-cost option available from the city, and a great opportunity for those who live in Houston, southeast and east Texas, and parts of the Valley.
Kelsey-Seybold physicians are in 20 locations in the greater Houston area. You can join a Kelsey plan if you reside in Brazoria, Chambers, Harris, Ft. Bend, Montgomery, Galveston, Liberty and Waller counties.	Physician networks in 12 Texas counties. Austin, Brazoria, Chambers, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, and Waller.	Physician networks in 26 Texas counties. Angelina, Brazoria, Cameron, Chambers, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Hidalgo, Jasper, Jefferson, Liberty, Montgomery, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Tyler, Walker, Waller, Webb and Willacy.
You don't need a primary-care physician, and you don't need a referral to see a network specialist. $0 copayment for PCP visits. $15 copayment for specialist visits. Worldwide emergency care	You must have a primary-care physician, and your PCP must refer you to network specialists. PCP visits cost $10. Specialist visits cost $25 Nationwide emergency care	You must have a primary-care physician, and your PCP must refer you to network specialists. PCP visits cost $10. Specialist visits cost $25. Worldwide emergency care
Medicare Part B drugs covered with a 15 percent coinsurance, to $1,500. After that, KelseyCare will pay for Part B drugs at 100 percent.	Medicare Part B drugs covered with a 10 percent coinsurance, to $2,000. After that, TexanPlus will pay for Part B drugs at 100 percent.	Medicare Part B drugs are covered with a 15 percent coinsurance, to $2,500. After that, Cigna HealthSpring will pay for Part B drugs at 100 percent. All of your medical and pharmacy Part B claims apply to the $2,500 out-of-pocket maximum.
Extra benefits include YMCA gym discount, $50 towards the purchase of eyewear and hearing aid discounts. Up to 20 free rides (10 round trips) to medical appointments.	Extra benefits include the "Nifty after 50" program and discounts on fitness memberships, hearing exams, dental services, eye exams and lenses. There is a one-time $500 reimbursement on a hearing aid.	Extra benefits include vision with $100 toward eyewear, free health-club membership for Silver Sneakers and discounts for hearing aids and dental services. Up to 30 free rides (15 round trips) to the doctor, pharmacy or hospital per year.

HMO plans (continued)

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

Time of service costs comparison

Plan feature	What you pay					
	KelseyCare Advantage HMO***		TexanPlus		Cigna HealthSpring	
Deductible (Individual/Family)	N/A		N/A		N/A	
PCP office visit copayment	$0		**$0**		$10	
Specialist office visit copayment	$15		**$35**		$25	
Routine physical copayment	$0		$0		$0	
Well woman/man exam	$0		$0		$0	
Inpatient copayment/coinsurance	$300		**$155**		$275	
Emergency room	$50		**$65**		$50	
Urgent care center	$50		**$25**		$40	
Ambulance	$100		$50		$100	
Outpatient surgery	$150/$175		**$150**		$200	
Prescriptions *participating pharmacy*	*30-day supply*	*90-day supply*	*31-day supply*	*90-day supply*	*30-day supply*	*90-day supply*
Preferred generic	$10	$30	$10	**$10***	$10	$20
Non-preferred generic	$30	$90	$10	**$10***	$10	$20
Preferred brand	$30	$90	$30	**$30***	$30	$60
Non-preferred brand	$45	$135	$45	**$45***	$45	$90
Specialty drugs	$45	N/A	$45	N/A	$45**	$90**

* You can fill a 90-day prescription for a one-month copayment at your local network pharmacy.
** Prior authorization required.
*** Prescriptions filled by out-of-network pharmcies will be $5 more per prescription. Preferred pharmacies are: Walmart, Sam's Club, Kelsey-Seybold and H-E-B.

HealthNotes

How to get your maintenance medications for less

If you are on maintenance medication that you will be taking for more than 30 days, you should try the mail-order drug plan. It's convenient and saves you money. You can order over the phone or online and receive a three-month supply of your medication for two months copayment. If you are using a non-preferred drug, the mail-order plan will save you $180- $200 per year per non-preferred prescription.

HMO plans (continued)

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

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

HealthNotes

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

FAQ:

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

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

HMO plans (continued)

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

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

* By referral only

HealthNotes

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

Aetna PPO Steerage

At a glance

With the Aetna ESA PPO you'll pay lower time-of-service payments when you stay in network. Out of network services are available, but you'll pay a coninsurance percentage instead of a copayemnt. Pages 10-11 display summary information to help you make your decision.

Here are the key features of the Aetna ESA PPO:

- Nationwide coverage.
- In-network spans 24 counties: Bexar, Brazoria, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Grayson, Harris, Jefferson, Johnson, Kaufman, Kendall, Liberty, Montgomery, Nueces, Orange, Rockwall, Tarrant, Travis, Williamson.
- You don't have to select a primary-care physician, but it is recommended that you have one. No referrals are needed for specialists.
- $15 copayment for most services in-network. Specialist copayments are $15.
- 15 percent 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 ESA PPO.
- Worldwide emergency care is available.
- Medicare Part B drugs are covered at 100 percent with a $0 copayment.
- Free healthy lifestyle coaching, and vision and hearing discounts.

Aetna ESA PPO is now a PPO Steerage

What does that mean? Members who live in the service area will pay a higher amount for out-of-network services, 15 percent coinsurance in most cases. Members who live outside the 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 ESA PPO comparison chart included in your packet or online at www.houstonhumanresources.org to see all the features.

Time-of-service costs comparison

Plan feature	What you pay	
	Aetna PPO	
	In-network	Out-of-network
Deductible (Individual/Family)	N/A	N/A
PCP office visit copayment	$15	15%
Specialist office visit copayment	$15	15%
Routine physical copayment	$0	15%
Well woman/man exam	$0	15%
Inpatient copayment/coinsurance	$0	15%
Emergency room	$50	$50
Ambulance	$15	$15
Outpatient surgery	$0	$0
Prescriptions *participating pharmacy*	*30-day supply*	*90-day supply*
Select Care* generic	$0	$0
Preferred generic	$5	$10
Non-preferred generic	$25	$50
Preferred brand	$40	$80
Non-preferred brand	$75	$150
Specialty drugs	$75	$150

* In the formulary, Select Care drugs are listed as Tier6 drugs.

Listed below are in-network hospitals for the Aetna ESA PPO. Out-of-network hospitals require 15 percent coinsurance in the KelseyCare POS plan. For a complete list, check the websites or call one of the numbers in the contact box on page 1. In an emergency, you may seek treatment at any hospital.

In-network hospitals for Aetna ESA PPO

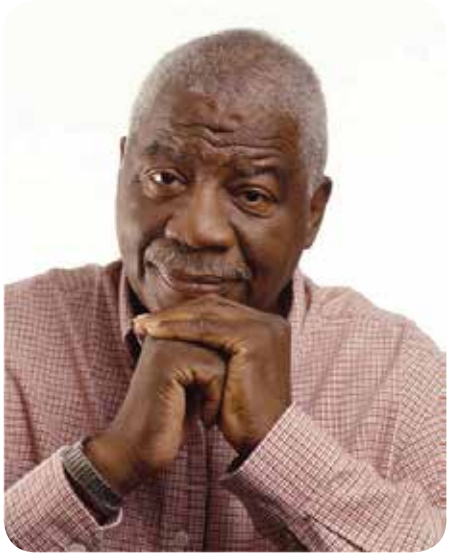
Hospital	*Aetna PPO*
Angleton Danbury Medical Center	X
Bayshore Medical Center	X
Brazosport Regional Health System	X
CHRISTUS St. Catherine	X
CHRISTUS St. John	X
Clear Lake Regional Medical Center	X
East Houston Medical Center	X
Houston Northwest Medical Center	X
Kingwood Medical Center	X
Mainland Medical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

* By referral only.

KelseyCare POS members

The KelseyCare POS is being discountinued do to low out-of-network service usage. You will be automatically transistioned to the KelseyCare HMO if you do not select another plan during this enrollment period. Look in the mail for a notice from Kelsey-Seybold about this transition. See pages 5-8 for details about the HMO.

Remember, you may change plans effective the first of any month. So, if you give the KelseyCare HMO a try and find that you'd like more freedom, you don't have to wait until the next enrollment period.



HealthNotes

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

Medicare supplement plan F

At a glance

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

Here are the key features of Medicare supplement plan F:

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

What is a supplement plan?

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

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

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

Enrolling in a plan

Eligibility

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

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

Electing a Medicare plan

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

- Request an enrollment packet from each plan administrator for each person who wants to enroll in a plan. Contact information is on page 1. Each Medicare-covered person must join a Medicare plan.
- Enrollment forms will be in the packet.
- Each person must complete, sign, date and return all copies of an enrollment application and statement of understanding for the plan elected.
- You must also complete the city of Houston Medicare plan enrollment form. This form will keep your dependents' coverage in Cigna, and it will help ensure you pay the correct health-care premium. Keep the last page for your records.
- Use the city of Houston postage-paid return envelope to return all of your forms to benefits before Dec. 31 for coverage to be effective Jan. 1, 2014. If you don't use the envelope, mail forms to the address to the right.

Disenrolling from a Medicare plan

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

- Each person who wants to disenroll from a Medicare plan must complete a city of Houston Medicare plan disenrollment form.
- The retiree must complete a city of Houston retiree medical election form to enroll in another Medicare plan for any dependent or himself. And you must complete an enrollment application for the new plan.
- Request these forms from HR benefits, 832-393-6000. If a person wants to elect another Medicare plan, request the enrollment application from benefits or request the new plan send an enrollment packet for each person who wants to enroll.

Send all completed forms to:

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

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

More FAQs:

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

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

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

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

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

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

Q: Which plan is best for me?

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

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

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

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

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

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

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

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

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

More FAQs:

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

Q: I'm in the Aetna PPO Steerage and live in the service area. How do I know if my doctor's are in or out of network?

A: Go online at >>>> to view a diretory, or call >>>>>>.

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

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

Contacts

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

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

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

KelseyCare Advantage
713-442-5646
866-534-0554 Enrollment
www.kelseycareadvantage.com/coh

Cigna HealthSpring
888-281-7867
www.texashealthspring.com

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

Medicare plans enrollment meetings

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

Tuesday, Nov. 18
10 a.m. & 2 p.m.

Thursday, Nov. 20
10 a.m. & 2 p.m.

Monday, Dec. 1
10 a.m. & 2 p.m.

Thursday, Dec. 4
10 a.m. & 2 p.m.

Tuesday, Dec. 9
10 a.m. & 2 p.m.

All meetings are at
E.B. Cape Center
4501 Leeland
Houston, TX 77023