



DiscoverHealth

Medicare Plan Open Enrollment Guide 2011



Step-by-step

This is your handy guide in choosing a Medicare plan

Medicare-covered, 65+?

For the first time, Medicare-covered retirees must join a Medicare plan by July 31

Six options

Six low-cost options for Medicare-covered retirees age 65 and older

Medicare plan enrollment

Contacts

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



800-307-4830
www.aetnamedicare.com

KelseyCare Advantage
Houston's Only Five-Star
Rated Medicare Advantage Plan

866-534-0554
www.kelseycareadvantage.com

TexanPlus® HMO

866-556-4614



Texas HealthSpring

800-846-2098
www.texashealthspring.com



800-545-1797-AARP plan F
888-556-6648 - drug plan
www.uhc.com

Human Resources Benefits

713-837-9400

888-205-9266

www.houstonhumanresources.org

Dear Retirees,

Health-care costs continue to spiral upward, forcing many businesses to cut back or eliminate the health-care benefits they had promised retirees. The city isn't doing that. But it has been a hard financial year, which has brought some difficult health-care decisions. In this time of budget constraint, it's important to me to find the best deal on health care while keeping it affordable for all members as well as the city.

This year, for the first time, retirees who are age 65 or older and Medicare-covered must enroll in a Medicare plan. These six plans are less expensive for you than the city's plans, and they offer comparable or better benefits. They offer familiar doctors and hospitals and prescription-drug coverage that's costs less than the city's CIGNA plans.

And, because there are so many options, you can pick the plan that best matches your priorities. Are monthly premiums you biggest concern? Available doctors? Low copayments? I'm confident you'll find a plan that matches what you want.

And, again, let me say, when you join one of these plans, you'll be saving money every month in contributions.

If you and/or your covered dependents are age 65 or older and you or they have BlueCross BlueShield of Texas health insurance through the city, you'll need to sign up for one of these Medicare plans by April 29. Otherwise, you'll be put into the CIGNA Open Access plan, which is similar to a PPO, but without the out-of-network benefits. Read more about this on page 20.

If you don't sign up for a Medicare plan by July 31, you'll be automatically opted out of all city coverage. You can opt back in for city coverage simply by enrolling in a Medicare plan at any time, with coverage effective the first of the following month.

I think you'll find that we're not asking you to give up anything. Rather, we're helping you to discover the many benefits of these wonderful plans available only to retirees with Medicare.

Respectfully,

Mayor Annise Parker

Your six Medicare plan choices for May 2011

They fall into three categories.

HMO plans:

- * Texas HealthSpring HMO
- * TexanPlus HMO
- * KelseyCare Advantage HMO

PPO and POS plans:

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

Medigap plan:

- * Medicare supplement plan F

Turn the page to read about the differences among the types of plans.

Your options during this open enrollment

- * Enroll in a Medicare plan for yourself only.
- * Enroll in a Medicare plan for yourself and your Medicare-covered dependents.
- * Enroll in a Medicare plan for a Medicare-covered family member and enroll a non-Medicare-covered family member in one of the three new CIGNA plans. Visit www.houstontx.gov/hr/oe11 for more information on these plans.
- * Add or drop dependents.

Medicare-covered and age 65 or older?

For the first time, Medicare-covered retirees over 65 must join a Medicare plan by June 30, or you'll be automatically opted out of city coverage. You'll be able to opt back in at any time, with coverage effective the first day of the next month. These plans cost you less than the CIGNA plans, with benefits that are equal to or better than the CIGNA plans.

Are you Medicare-covered and age 65 or older?

Here are some important notes about your options this year:

1. On April 30, the BCBSTX HMO and PPO contracts will expire and will no longer be offered.
2. Medicare-covered retirees and their dependents continue to have six Medicare plans to choose from that cost \$100 a month or less for one retiree, or dependent.
3. Medicare requires you to complete an election form and sign it in order to enroll in a Medicare plan. We cannot assign you to a Medicare plan.
4. If you do not enroll in a Medicare plan by April 30, we will transfer your medical coverage to the city's new CIGNA Open Access plan, which is similar to a PPO, until June 30.
5. You will have until June 30 to elect a Medicare plan. If you do not enroll in a Medicare plan by June 30, your city retiree health coverage will terminate and you will be deemed to have opted out of retiree coverage. You will have Medicare coverage only.
6. If your retiree coverage terminates on June 30, because you did not elect a Medicare plan, you may opt back in by completing a Medicare plan enrollment form at any time. Coverage in Medicare plans is effective on the 1st day of the following month.
7. To learn more about the CIGNA Open Access coverage that you may have between May 1 and June 30. See page 20.

2011 May Open Enrollment for

Which plan type is best for me?

HMO plans:

- * Texas 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 \$21.28 a month for coverage, and copayments for primary-care services are between \$0 and \$25. 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, Sadler, Memorial and independent doctors. If you don't mind having your coverage access limited to a local network of doctors, and you want to save money, turn to page 5 to compare these different Limited Network plans.

PPO and POS plans:

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

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

These plans may cost a little more – although KelseyCare Advantage Plus Choice POS is just \$35 a month. Copayments for most primary care services in-network are \$15-\$35. If you want to balance a little more freedom to choose a doctor near your grandkids with paying a little more, turn to page 11 to compare these plans.



Medicare supplement plan F

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

If freedom to choose any doctor who will have you is more important to you than the price tag of the plan, turn to page 15 for more details

Who's eligible?

Here are the FIVE requirements to enroll in one of these Medicare plans. You must:

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 Medicare Part B, medical insurance
4. Not have end-stage renal disease
5. If you opted out of a city plan, you must re-enroll

There are no waiting periods, and you cannot be turned down for coverage for a pre-existing health condition.

Medicare-covered retirees

Savings? Show me the money!

Medicare plans offer you significant savings. Below are some examples of how:



- * There are six choices for health coverage in a Medicare plan that are all under \$100 per month for one retiree or dependent.
- * Copayments are significantly lower than the CIGNA plans for a visit to the PCP and specialist – and one plan has a zero copayment for PCP visits.
- * Most other copayments are lower:
 - * Save \$200– \$500 on hospital admissions
 - * Save \$100 on emergency-room visits
 - * Save an extra 5-10 percent on durable medical equipment
 - * 100 percent coverage for home health visits
- * The prescription benefit is better than Medicare Part D benefits.
- * There is no Medicare Part D premium.
- * You can join a Medicare plan now, and your under age 65 dependents can be in another city plan.
- * You can enroll in a city-sponsored Medicare plan on the first day of any month in 2011. If the plan does not meet your needs, you can switch to another.
- * Free rides if you enroll in Texas HealthSpring, KelseyCare or TexanPlus. Up to 15 round trips to doctors, hospitals and pharmacies per year in Texas HealthSpring; up to 10 round trips per year to doctors and hospitals in KelseyCare and TexanPlus.

Medicare plan monthly contributions

Aetna ESA PPO	\$84.50
KelseyCare Advantage HMO	\$21.28
KelseyCare Advantage POS	\$35.00
Medicare supplement plan F with prescription drug plan*	\$91.74
Texas HealthSpring	\$33.54
TexanPlus HMO	\$38.08

*Excludes disabled members under age 65

Save money with one of these plans today!

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:

Texas HealthSpring HMO

Great coverage at a low price. Texas HealthSpring is a great savings opportunity for those who live in Houston, southeast and east Texas, and parts of the Valley.

Established physician networks in 25 Texas counties.

You must have a primary-care physician, and your PCP must refer you to network specialists.

PCP visits cost \$10.

Worldwide emergency care is available.

Access to 50 hospitals.

Medicare Part B drugs are covered with a 15 percent coinsurance, to \$1,000. After you have paid \$1,000, Texas HealthSpring will pay for Part B drugs at 100 percent.

Extra benefits include 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.

TexanPlus HMO

The plus is the low-cost of this quality plan. TexanPlus is a great savings opportunity for retirees who live in Houston and southeast Texas.

Established physician networks in 12 Texas counties.

You must have a primary-care physician, and your PCP must refer you to network specialists.

PCP visits cost \$10.

Nationwide emergency care is available.

Access to 50 hospitals.

Medicare Part B drugs are covered with a 10 percent coinsurance, to \$1,500. After you have paid \$1,500, TexanPlus will pay for Part B drugs at 100 percent.

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.

KelseyCare Advantage HMO

KelseyCare is the lowest-cost health-insurance option available from the city. But, you have to stay in the Kelsey-Seybold network for services, and Kelsey-Seybold clinics are only in eight counties. You can travel from anywhere in Texas to a Kelsey-Seybold clinic for services.

A network of quality Kelsey-Seybold physicians in eight counties.

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.

Worldwide emergency care is available.

Access to 20 hospitals.

Medicare Part B drugs covered with a 15 percent coinsurance, to \$1,500. After you have paid \$1,500, KelseyCare will pay for Part B drugs at 100 percent.

Extra benefits include free case management, health education, wellness programs and nutrition therapy, and discounts for eyewear and hearing aids.

Up to 20 free rides (10 round trips) to the doctor or hospital per year.

HMO plans

Service areas

These plans cover retirees who live in the following areas.

TexanPlus HMO counties are:

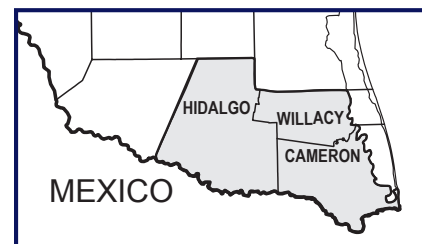
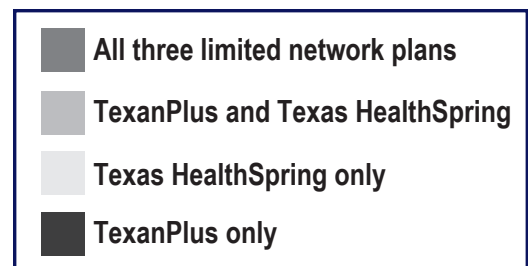
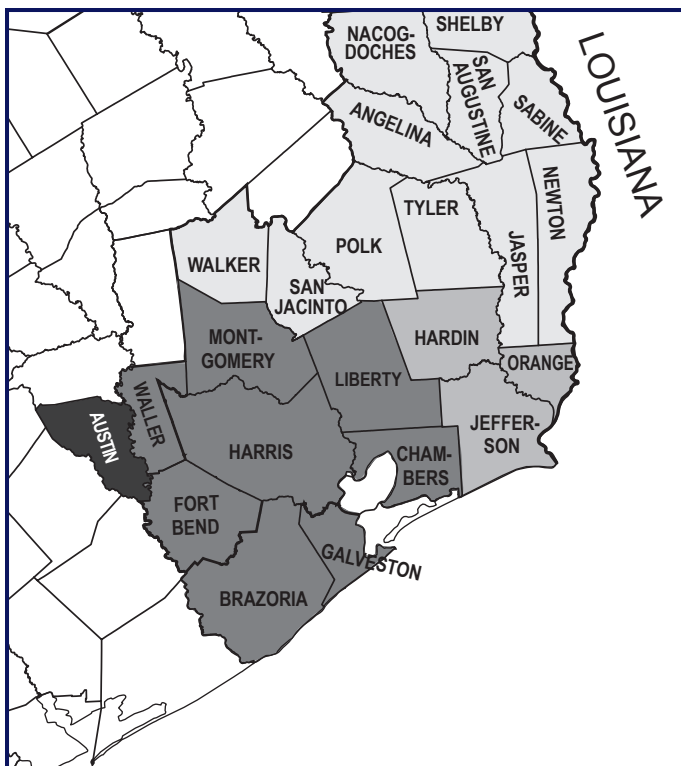
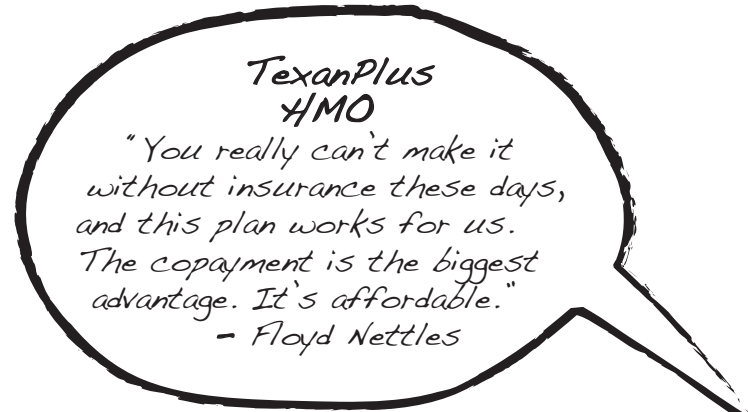
Austin, Brazoria, Chambers, Fort Bend, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, and Waller

Texas HealthSpring HMO counties are:

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 and Willacy

KelseyCare Advantage HMO counties are:

Brazoria, Chambers, Ft. Bend, Harris, Liberty, Montgomery, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592 and Waller



HMO plans (continued)

Time of service costs

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.

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

* TexanPlus has no mail-order option; however, you can fill a 90-day prescription for a two-months copayment at your local network pharmacy.

** Prior authorization required.



HealthNotes

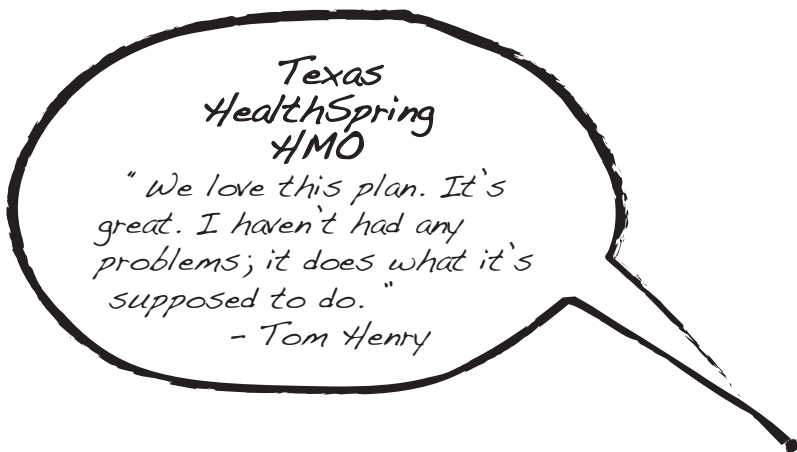
How to get your maintenance medications for less

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

Doctor groups chart

The chart below shows the networks available in each of the HMO plans. TexanPlus and Texas 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 or page 10.

Physician Group	KelseyCare Advantage HMO	TexanPlus HMO	Texas HealthSpring
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	X
Northwest Diagnostic Clinic		X	
Pasadena LPO		X	
Physicians of East Texas			X
Renaissance			X
Sr. SelectCare Clinic		X	
Sadler Clinic			X
Southeast Regional LPO		X	
Village Family Practice		X	X
Total PCPs	129	478	1,080
Total Specialists	1,734	1,668	1,476
Total Physicians	1,863	2,146	2,556



HealthNotes

Going beyond the local classroom? KelseyCare and Texas HealthSpring cover emergencies worldwide. TexanPlus covers emergencies only in the United States.

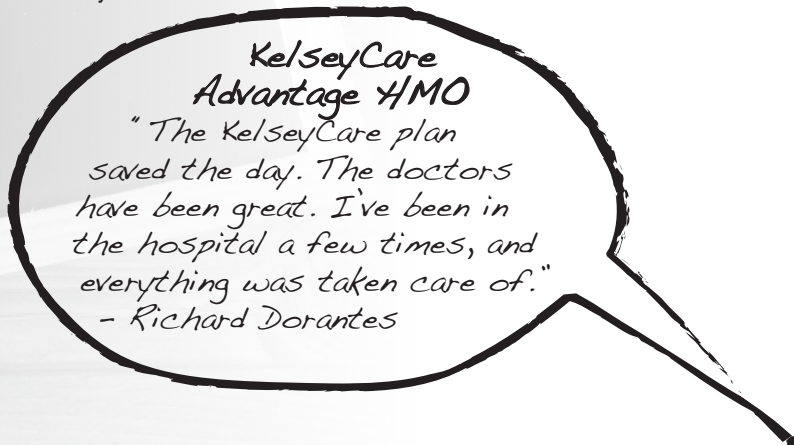
HMO plans (continued)

Hospitals chart

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

Hospital	KelseyCare Advantage HMO	TexanPlus HMO	Texas HealthSpring
Angleton Danbury Medical Center		X	
Bayshore Medical Center		X	X
Brazosport Regional Health System		X	
CHRISTUS St. John	X	X	X
CHRISTUS St. Catherine	X		
Clear Lake Regional Medical Center		X	X
East Houston Medical Center		X	X
Houston Northwest Medical Center		X	X
Kingwood Medical Center		X	X
Mainland Medical Center		X	X
M.D. Anderson Cancer Center	X*		
Memorial Hermann Hospital Syst.	X (12 facilities)	X (12 facilities)	X (12 facilities)
Methodist Hospital		X	X
Park Plaza		X	X
St. Joseph Medical Center		X	X
St. Luke's Episcopal Hospital	X	X (Kelsey only)	X (Kelsey only)
St. Luke's - Sugarland	X	X	X
St. Luke's - Woodlands	X	X (Kelsey only)	X (Kelsey only)
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 got a choice of a PPO or POS plan and a Medigap plan.



Need help?

If you need help understanding it all, come to one of the informative enrollment meetings listed on the back of this guide.

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

Any questions?

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



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800-545-1797-AARP plan F
888-556-6648 - drug plan
www.uhc.com

Human Resources Benefits

713-837-9400
888-205-9266
www.houstonhumanresources.org

PPO and POS plans at a glance

There are two Medicare PPO or POS plans to choose from. KelseyCare POS plan is similar to a PPO. It gives you a network, but you can go out of that network at a higher cost at the time of service. Both have lower time-of-service payments when you stay in network. Pages 14-16 display comparison information to help you make your decision. These are key features of these plans.

Aetna Extended Service Area PPO

Your favorite doctor not in your network? Aetna ESA PPO gives you the flexibility to choose whether you want to use one of the fine doctors in the large network or go outside it - at no extra cost. Benefits are the same both in and out of network.

In-network spans 24 counties. But in- and out-of-network benefits are the same, so essentially you have nationwide coverage for an in-network cost.

You don't have to select a primary-care physician, but it is recommended that you have one. No referrals are needed for specialists.

\$15 copayment for most services in- and out-of-network.

Gives you flexibility to visit doctors and hospitals of your choice as long as they are licensed by and accept payment from Medicare.

Access to 59 in-network and unlimited out-of-network hospitals.

Medicare Part B drugs are covered with a 20 percent coinsurance.

Free healthy lifestyle coaching, and vision, hearing, and dental discounts.

KelseyCare Advantage Plus Choice POS

The KelseyCare POS gives you access to the Kelsey-Seybold network and lets you go to specialists outside the network.

Every Kelsey-Seybold clinic in eight counties. There are an additional four counties where participants can drive in to the Kelsey system to receive care.

You don't have to select a primary-care physician, but you do need to stay in the Kelsey-Seybold network for routine care and most services.

\$0 copayment for PCP visits. Your PCP must be in-network.

You can visit an out-of-network specialist who accepts Medicare assignment. You'll pay 20 percent of the Medicare-approved fee. If the doctor only accepts Medicare, but not assignments of Medicare payments, you may pay up to 35 percent of the Medicare-approved fee.

Access to 20 in-network and unlimited out-of-network hospitals.

Medicare Part B drugs are covered with a 15 percent coinsurance, to \$1,500. After that, KelseyCare will pay for Part B drugs at 100 percent.

Free health education, wellness programs and nutrition therapy. Discounts for eyewear, hearing aids and dental services. Up to 10 free round trips to in-network doctors or hospitals per year.

PPO and POS plans

Service areas

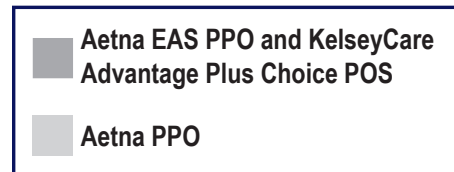
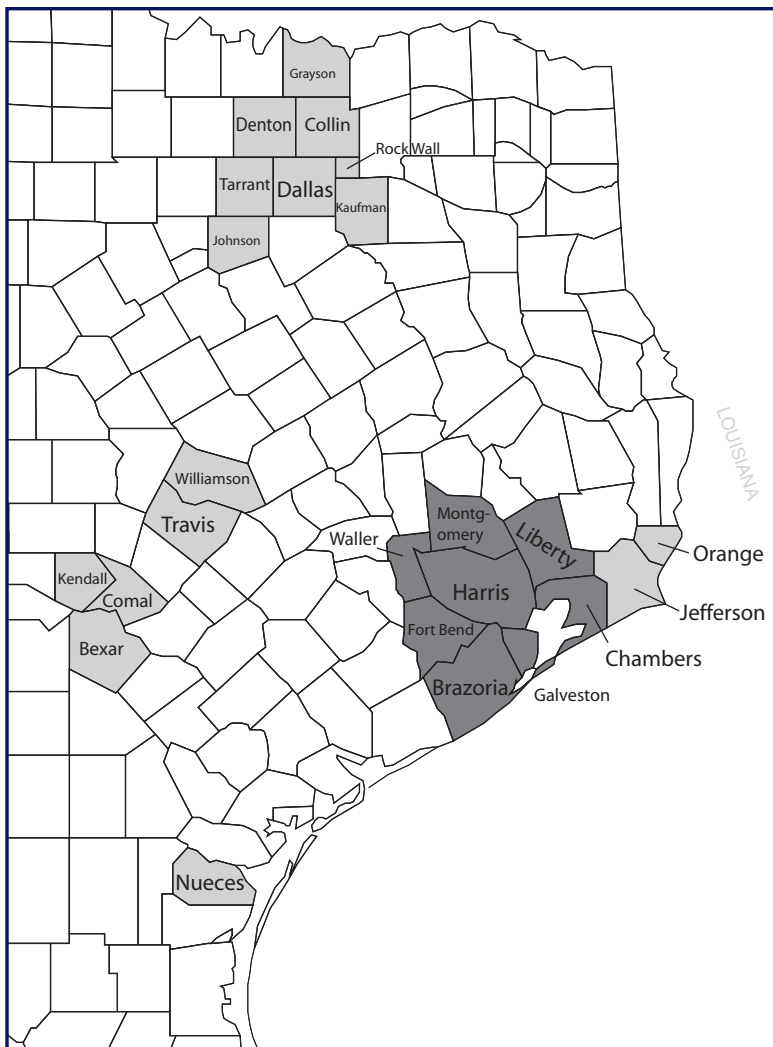
If Aetna or KelseyCare Advantage Plus Choice POS expand into other counties, we will notify you about enrollment opportunities.

Aetna ESA PPO counties are:

Bexar, Brazoria, Chambers, Collin, Comal, Dallas, Denton, El Paso, Fort Bend, Galveston, Grayson, Harris, Jefferson, Johnson, Kaufman, Kendall, Liberty, Montgomery, Nueces, Orange, Rock Wall, Tarrant, Travis, Williamson

KelseyCare Advantage Plus Choice POS counties are:

Brazoria, Chambers, Ft. Bend, Harris, Liberty, Montgomery, Galveston zip codes: 77510, 77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592 and Waller



PPO and POS plans (continued)

Time-of-service costs

Use the chart below to compare plan features and time-of-service costs. This is a brief comparison of covered features. Be sure to use the expanded PPO and POS plan comparison chart included in your packet or online at www.houstontx.gov/hr/oe11 to see all the features.

Plan features and costs comparison				
Plan feature	What you pay			
	Aetna PPO		KelseyCare Advantage Plus Choice POS	
	In-network	Out-of-network	In-network	Out-of-network
Deductible (Individual/Family)	N/A	N/A	N/A	N/A
PCP office visit copayment	\$15	15%	\$0	N/A
Specialist office visit copayment	\$15	15%	\$15	20% of Medicare-approved fees
Routine physical copayment	\$0	15%	\$0	N/A
Well woman/man exam	\$0	15%	\$0	N/A
Inpatient copayment/coinsurance	\$0	15%	\$300	\$1000 (days 1-60) \$250/day (days 61-90) \$500/day (days 91-150)
Emergency room	\$50	\$50	\$50	\$50
Ambulance	\$15	15%	\$100	\$100
Outpatient surgery	\$0	15%	\$150/\$175	20% of Medicare-approved fees
Prescriptions participating pharmacy	31-day supply	90-day supply	31-day supply	90-day supply
Generic	\$10	\$20	\$10	\$20
Preferred brand	\$30	\$60	\$30	\$60
Non-preferred brand	\$45	\$90	\$45	\$90
Specialty drugs	\$45	\$90	\$45	N/A

*Aetna
PPO*

*"It's been paying off well for us. We couldn't afford my coronary angioplasty if I didn't have this insurance. We are extremely pleased with it."
- James Zbranek*

In-network hospitals

Listed below are in-network hospitals for the PPO and POS plans. Out-of-network hospitals require higher copayments in the KelseyCare POS plan. For a complete list, check the websites or call one of the numbers in the contact box on page 10. In an emergency, you may seek treatment at any hospital.

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

* By referral only.

Need more?

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

Medigap coverage

Medicare supplement plan F at a glance

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

Here are the key features of Medicare supplement plan F:

- * Nationwide coverage.
- * There's no need to join a network. Just keep your same doctor.
- * You do not have to select a primary-care physician.
- * Covers nearly everything that Original Medicare doesn't, with very little, if any, out-of-pocket charges at the time of service.
- * Pays deductibles and the coinsurance for Part B, generally 20 percent, that is 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.
- * The same great prescription-drug copayments offered in our other Medicare plans is 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 the 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?

Yes. Since Medicare supplement plans do not include prescriptions drugs, the city offers a Medicare Part D prescription plan to anyone enrolling in Medicare Supplement Plan F. As shown in the chart on page 17, the plan has the same copayments as other city-sponsored Medicare plans. Medicare Part D also has a preferred drug listing, or formulary. Learn more on page 18.



How do I enroll in Medicare supplement plan F?

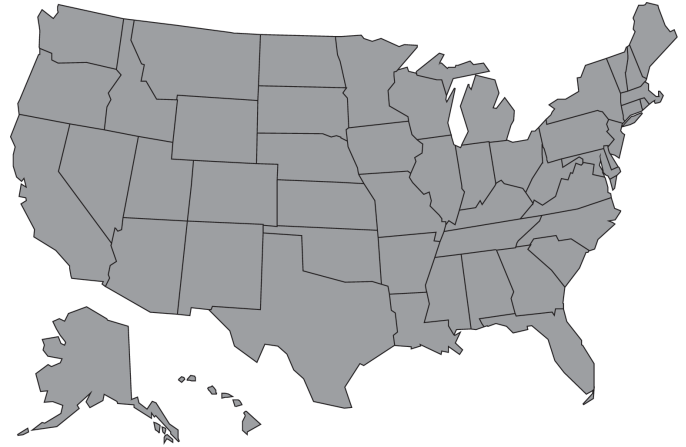
Enrollment in the Medicare supplement plan F is slightly different than in the other retiree plans. The Medicare D Prescription Drug plan and Medicare supplement plan F are separate plans and are administered by two different UnitedHealthcare offices, so you may need to complete a total of four separate enrollment forms:

- * One for Medicare supplement plan F (medical)
- * One for Medicare Part D (prescription drugs)
- * A city of Houston disenrollment form if you are changing from a Medicare plan
- * The city's Medicare plans election form

If your spouse or any other dependents will also be enrolling in Medicare supplement plan F, each of them may also have to complete the two UnitedHealthcare enrollment forms for medical and prescription drug benefits and a form to disenroll from a Medicare plan. However, only the retiree completes the city of Houston Medicare plans election form.

Service area

With Medicare supplement plan F, you get nationwide coverage. And worldwide emergency care. There is a \$50,000 lifetime maximum.



*Medicare
supplement plan F
"This plan works so well
because you can use it around
the country. I'm too young
and too active to be tied into a
regional policy."
- Richard Wilson*

Prescription highlights

Five of the city's Medicare plan choices offer benefits much 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 enjoy one of the richest prescription benefits around – fixed copayments for most covered prescriptions.

We know how important prescription coverage is when you're choosing a plan. Below are prescription-coverage costs for all six Medicare plans. Use this chart and the list of prescriptions on the next page, or each plan's formulary list, when you're estimating your annual cost for health care.

Prescription copayments at a participating pharmacy

	Generic		Preferred brand		Non-preferred		Specialty drugs		Medicare Part B
	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	\$20	\$30	\$60	\$45	\$90	\$45	N/A	15% up to \$1,500
TexanPlus HMO	\$10	\$20*	\$30	\$60*	N/A	N/A	\$45	\$90*	20% up to \$1,500
Texas HealthSpring	\$10	\$20	\$30	\$60	\$45	\$90	\$45**	\$90**	15% up to \$1,000
Aetna PPO	\$10	\$20	\$30	\$60	\$45	\$90	\$45	\$90	\$0
KelseyCare Advantage Plus Choice POS	\$10	\$20	\$30	\$60	\$45	\$90	\$45	N/A	15% up to \$1,500
Medicare supplement plan F companion drug plan	\$10	\$20	\$30	\$60	\$45	\$90	\$45**	\$90**	\$0

* TexanPlus HMO does not have a mail-order option. You can fill a 90-day prescription for a two-month copayment at your local network pharmacy.

** Prior authorization is required.

What is a formulary?

A formulary is a list of covered drugs. Each plan's formulary is different and can change each year. The drug formulary established by Medicare for 2011 serves as the model for Medicare plan formularies. View the 2011 formularies at these five websites:

- * **Texas HealthSpring** - www.texashealthspring.com
- * **TexanPlus** - www.sctexas.com
- * **Aetna** - www.aetnamedicare.com
- * **KesleyCare Advantage** - www.kelseycareadvantage.com
- * **UnitedHealthcare** - www.unitedhealthrx.com

Formularies may change each January and May.

Because the other benefits are similar, many retirees make their decisions based on what tier their prescriptions fall in the formulary. You should pay close attention to the copayments for your prescriptions. The top ten retiree prescriptions are listed below.

HealthNotes

To find a participating pharmacy, visit one of the websites listed to the left and click on the 2011 pharmacy or provider finder option.

Top 10 retiree prescriptions by amount spent

Drug Treatment	What you pay				
	Aetna ESA PPO	KelseyCare Advantage HMO and POS	UHC Medicare Supplement Plan F companion drug plan	TexanPlus HMO	Texas HealthSpring
1 Plavix Cholesterol	\$45	\$30	\$30	\$30	\$30
2 Lipitor Cholesterol	\$30	\$45	\$30	\$30	\$30
3 Flomax Alpha-blocker	\$30	\$30	\$30	\$30	\$30
4 Actos Diabetes	\$30	\$30	\$30	\$30	\$30
5 Diovan High Blood Pressure	\$30	\$30	\$30	\$30	\$30
6 Advair Asthma	\$30	\$30	\$30	\$30	\$30
7 Tricor Cholesterol	\$45	\$45	\$30	\$30	\$30
8 Nexium GERD	\$30	\$45	\$30	\$30	\$30
9 Vytorin Cholesterol	\$30	\$45	\$45	not covered	\$30
10 Actonel Osteoporosis	\$30	\$30	\$30	not covered	\$30

Medicare plan A+ choice challenge

Ten ways Medicare plans push the bell curve

	Texas HealthSpring HMO	TexanPlus HMO	KelseyCare Advantage HMO	Aetna ESA PPO	KelseyCare Advantage POS	Medicare Supplement plan F
1 No yearly deductible	✓	✓	✓	✓	✓	✓
2 Free rides to the doctor	✓	✓	✓		✓	
3 100 percent coverage for home health visits	✓	✓	✓	✓	✓	✓
4 \$15 - \$25 for most copayments	✓	✓	✓	✓	✓	✓
5 Emergency room visits for \$50 copayment	✓	✓	✓	✓	✓	✓
6 In-network in-patient copayment of \$300 or less	✓	✓	✓	✓	✓	✓
7 Get three months prescription supply for two month's copayment	✓	✓	✓	✓	✓	✓
8 No deductibles for prescriptions	✓	✓	✓	✓	✓	✓
9 Prescription copayments are \$10 - \$45 for a month's supply	✓	✓	✓	✓	✓	✓
10 Monthly contribution under \$100 for one retiree	A+	A+	A+	A+	A+	A+

CIGNA Open Access

For the first time, Medicare-covered retirees over 65 must join a Medicare plan. If you do not enroll in a Medicare plan by April 30, we will transfer your medical coverage to the city's new CIGNA Open Access plan, which is similar to a PPO, until June 30. After June 30, if you still have not enrolled in a Medicare plan, your coverage in the CIGNA Open Access plan will be terminated, and you will have been deemed to have opted out of city health coverage. You may opt back in at any time.

CIGNA Open Access plan highlights

The Open Access plan pays for basic medical care, including visits to your doctor's office, hospital stays, mental-health and substance-abuse services, chiropractic treatment, physical therapy and other services.

This plan has a big network of providers - 572,800 in all. You are required to stay in-network for services. If you go out of network, services won't be covered, except emergencies. You are encouraged to select a primary-care physician to coordinate your care, but you can see a specialist without a referral.

If you need help with a Medicare plan, attend one of the enrollment meetings listed on the back of this guide, or contact the HR benefits division:

*611 Walker, 4th floor
Houston, TX 77002
Monday-Friday
8 a.m. - 5 p.m.
713-837-9400
888-205-9266*

You do not need an appointment.

When you go for a primary-care doctor's visit, you'll pay a \$35 copayment. When you visit a CIGNA Care Network specialist, you'll pay a \$60 copayment. The CCN has physicians in 19 specialties, including Cardiology, Dermatology, Orthopedics and more, that meet or exceed quality and cost efficiency.

Copayments for specialists outside the CCN is \$75.

There is no deductible for doctor's visits.

Other services require you to pay a deductible: \$400 for an individual, \$800 for a family. After you've reached that deductible, you'll be responsible for 20 percent of the cost until you reach a maximum-out-of-pocket limit.

CIGNA Open Access features:

- * If you need to see a specialist, you do not need a referral to see a doctor who participates in the CIGNA network. Pre-certification may be necessary for hospitalizations and some types of outpatient care, but there is no paperwork for you.
- * If you choose to see a doctor who is not in the network, your care will not be covered except in emergencies.
- * Customer service representatives are available 24 hours a day, seven days a week at 800-997-1406.
- * You get access to a personalized website where you can learn more about your plan, coverage and programs available to you; view claims history and account transactions and print claim forms; find information and estimate costs for medical procedures and treatments; study hospital rankings; and manage and track your health-care finances.

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 January 1, 2011, and filed paperwork to opt out of a city plan. You may elect to re-enroll (opt back in) during this enrollment period.

Eligible dependents

If both you and your spouse retired from the city, you may be covered as a retiree or as a dependent – but not both. Dependents may be enrolled under only one parent or guardian. The eligibility criteria remain the same. Your eligible dependents are defined as one of the following:

- * Your legal spouse
- * Unmarried natural or adopted children to age 26, if they qualify as dependents for federal income-tax purposes
- * Children to age 26 over whom you have legal guardianship or legal foster care if they qualify as dependents for federal income-tax purposes
- * Grandchildren and stepchildren to age 26 if they qualify as your dependents for federal income-tax purposes and live with you
- * Disabled dependents over age 26 who are incapable of self-sustaining employment because of mental or physical handicap. The dependent must be primarily dependent on you for more than 50 percent of financial support and covered before age 26.
- * Dependents for whom a court order has been issued requiring the retiree to provide city health-care coverage, if benefits receives the court order and election forms within 31 days after its issuance. Dependent children who lose Medicaid coverage may be enrolled under the retiree's medical plan within 31 days after Medicaid coverage is lost. They may be covered to age 26 if they qualify as your dependents for federal income-tax purposes.



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. 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 10.
- * 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. If you elect Medicare supplement plan F, you must also complete the UnitedHealthcare Part D prescription-drug enrollment form.
- * You must also complete the city of Houston Medicare plan enrollment form. This form will keep your dependents' coverage in CIGNA in place, 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 April 30 for coverage to be effective May 1, 2011. If you don't use the envelope, mail forms to the address on the following page.

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:

- * Decide if your dependent or you want to elect a different city-sponsored Medicare plan.
- * 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 reinstate another Medicare plan coverage for any dependent or themselves.
- * Request these forms from HR benefits, 888-205-9266 or 713-837-9400. If a person wants to elect another Medicare plan, request the enrollment application from benefits or request the new plan send an enrollment packet for each person who wants to enroll.

Send all completed forms to:

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

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

Don't loose your coverage!

For the first time, Medicare-covered retirees over 65 must join a Medicare plan by June 30, or you'll be automatically opted out of city coverage. You'll be able to opt back in at any time, with coverage effective the first day of the next month. But this leaves you with no coverage except for Medicare for the month of July.

Your enrollment options

Enroll in a Medicare plan.

- * Complete a city of Houston Medicare plans election form.
- * Request your new plan to send you an enrollment packet – for each person who wants to enroll.
- * For Medicare supplement plan F, also complete the UnitedHealthcare Medicare D election form.
- * Complete and return the forms to the city of Houston. Your Medicare plan will be effective on the first day of the month after Benefits receives your election.

Change from one Medicare plan to another Medicare plan.

- * Complete a city of Houston Medicare plan disenrollment form.
- * Complete a city of Houston Medicare plans election form.
- * Request your new plan to send you an enrollment packet – for each person who wants to enroll.
- * For Medicare supplement plan F, also complete the UnitedHealthcare Medicare D election form.
- * Complete and return the forms to the city of Houston. Your Medicare plan will be effective on the first day of the month after Benefits receives your election.

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.

Enrollment meetings

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

**Retirees under
age 65**

Thursday, April 21
10 a.m. and 2 p.m.

Monday, April 25
10 a.m.

Wednesday, April 27
2 p.m.

Thursday, April 28
2 p.m.

Need help?

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

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

**Medicare-
covered retirees
65 and older**

Monday, April 18
10 a.m. and 2 p.m.

Friday, April 22
10 a.m. and 2 p.m.

Monday, April 25
2 p.m.

Monday, May 9
10 a.m. and 2 p.m.

Monday, May 16
10 a.m. and 2 p.m.

All Medicare meetings are at
EB Cape Center
4501 Leeland - Houston 77024

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