

# January 2015 Medicare HMO Plans Comparison

Benefit	KelseyCare Advantage HMO	Cigna HealthSpring HMO	TexanPlus HMO
<b>Service Area</b>	Brazoria, Chambers, Liberty, Waller, Ft. Bend, Harris, Montgomery, Galveston zip codes - 77510,77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592	Angelina, Brazoria, Cameron, Chambers, Ft. 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, San Augustine, San Jacinto, Tyler, Walker, Waller, Willacy	Brazoria, Chambers, Ft. Bend, Galveston zip codes - 77510,77511, 77517, 77518, 77539, 77546, 77549, 77563, 77565, 77568, 77573, 77574, 77590, 77591, 77592, Austin, Harris, Hardin, Jefferson, Liberty, Montgomery, Orange, Waller
<b>Annual Deductibles</b>	None	None	None
<b>Maximum Annual Out-of-Pocket Costs</b>	\$1,500 for certain services. You will always pay copayments or coinsurance for outpatient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage	\$2,500 for certain medical services and Medicare Part B prescription expenses. You will always pay copayments or coinsurance for outpatient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage	\$3,400 for certain services. You will always pay copayments or coinsurance for outpatient prescription drugs, PCP/specialist visits, and other services listed in your evidence of coverage
<b>Lifetime Maximum</b>	None	None	None
<b>PCP</b>	\$0 copayment	\$10 copayment	\$0 copayment
<b>Specialist</b>	\$15 copayment	\$25 copayment	\$35 copayment
<b>Chiropractic</b>	\$15 copayment	\$20 copayment	\$20 copayment
<b>Podiatry</b>	\$15 copayment	\$25 copayment	\$35 copayment
<b>Inpatient Hospital</b>	\$300 copayment	\$275 copayment	\$295 copayment
<b>Emergency Room</b>	\$50 copayment	\$50 copayment	\$65 copayment
<b>Ambulance</b>	\$100 copayment	\$100 copayment	\$50 copayment
<b>Urgent Care Center</b>	\$50 copayment	\$40 copayment	\$25 copayment
<b>Lab &amp; X-Ray Diagnostic Radiology</b>	\$0 copayment \$100 for CT, MRI, CNM \$150 for PET scans	\$0 copayment with office visit \$100 for CT, MRI, CNM \$150 for PET scans	\$0 copayment with office visit 10% coinsurance
<b>Therapeutic Radiology</b> (treatment of cancer and other diseases with radiation)	\$15 copayment	\$25 copayment	10% coinsurance
<b>Physical Therapy</b>	\$15 copayment	\$25 copayment	\$35 copayment
<b>Occupational Therapy</b>	\$15 copayment	\$25 copayment	\$35 copayment
<b>Immunizations</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Home Health</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Skilled Nursing</b>	\$0/day - days 1-20 \$100/day - days 21-100 Covered 100 days per benefit period.	\$25/day for days 1-100 Covered 100 days per benefit period.	\$0/day - days 1-20 \$100/day - days 21-100 Covered 100 days per benefit period.
<b>Renal Dialysis</b>	\$50 copayment per session	\$25 copayment per session	\$30 copayment per session
<b>Durable Medical Equipment</b>	10% coinsurance	10% coinsurance	10% coinsurance
<b>Prosthetic Devices</b>	20% coinsurance	20% coinsurance	20% coinsurance
<b>Diabetic Equipment</b>	20% coinsurance	20% coinsurance	20% coinsurance
<b>Diabetic Supplies</b>	20% coinsurance	20% coinsurance	0% - 20% coinsurance
<b>Diabetic Monitoring / Training</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Diabetic - Injectable Insulin</b> (30-day supply)	See prescription drug benefit	See prescription drug benefit	See prescription drug benefit
<b>Colorectal Screening</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Hospice</b>	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility	Covered by Medicare at Medicare-certified facility
<b>Well-Woman Exam</b>	\$0 copayment	\$0 copayment	\$0 copayment
<b>Well-Man Exam</b>	\$0 copayment	\$0 copayment	\$0 copayment

Benefit	KelseyCare Advantage HMO		Cigna HealthSpring HMO	TexanPlus HMO
<b>Outpatient Surgery</b>				
Hospital	\$175 copayment		\$200 copayment	\$155 copayment
Ambulatory	\$150 copayment		\$200 copayment	\$50 copayment
<b>Mental Health</b>				
Inpatient	\$300 copayment 190 days lifetime max		\$275 copayment 190 days lifetime max	\$295 copayment 190 days lifetime max
Outpatient	\$35 copayment per session		\$25 copayment per session	\$35 copayment per session
<b>Substance Abuse</b>				
Inpatient	\$300 copayment 190 days/lifetime		\$275 copayment 190 days lifetime max	\$295 copayment 190 days lifetime max
Outpatient	\$35 copayment per session		\$25 copayment per session	\$35 copayment per session
<b>Prescriptions</b>				
Retail	In-network	Out-of-network		
Generic (preferred)	\$10 copayment	\$15 copayment	\$10 copayment	\$10 copayment
Non-preferred Generic	\$30 copayment	\$35 copayment	—	—
Preferred Brand	\$30 copayment	\$35 copayment	\$30 copayment	\$30 copayment
Non-Preferred Brand	\$45 copayment	\$50 copayment	\$45 copayment	\$45 copayment
Specialty Drugs	\$45 copayment	\$50 copayment		
<i>Prescriptions filled out-of-network for KelseyCare HMO will cost \$5 more than in-network. Preferred or network pharmacies are Walmart, Sam's Club, Kelsey-Seybold and H-E-B.</i>				
<b>Mail Order</b>				
Generic (preferred)	90-day supply for a 3-month copayment (as listed) is provided at the local pharmacy. Kelsey-Seybold pharmacies will mail prescriptions upon request.		\$20 copayment	\$10 copayment
Non-preferred Generic			—	—
Preferred Brand			\$60 copayment	\$30 copayment
Non-Preferred Brand			\$90 copayment	\$45 copayment
Specialty Drugs	N/A			
Medicare Part B Drugs	15% until out-of-pocket max = \$1,500 then 100%		15% until medical and Medicare Part B prescription expenses out-of-pocket max. = \$2,500 then 100%	10% until out-of-pocket max = \$3,400 then 100%
<b>Additional Benefits</b>				
Dental	\$0 for Medicare-covered benefits		Discount services (up to 50% for certain services at selected providers)	\$5 for preventive dental visits \$0 for comprehensive dental visits The cost share for Medicare-covered dental services are the same as the cost share you pay for physician services.
Vision	\$0 per routine annual exam \$50 max per year for contact lenses and eye glasses		You pay 100% for routine eye exam. You pay 20% of Medicare-approved amount for each Medicare-covered eye exam (diagnosis and treatment for diseases and conditions of the eye) and Medicare-covered eye wear (one pair of eye glasses or contact lenses after each cataract surgery)	\$0 per annual exam \$100 every two years
Hearing	\$15 copayment per routine annual exam Hearing aid discount up to 20% per year		You pay 100% for routine hearing exam Discount program provides a discount up to 30% for hearing aids at select providers Discount program provides a discount up to 30% for hearing aids at select providers	You pay 100% for routine hearing exam \$500 toward the cost of a hearing aid (one every three years)
<i>If there exists a conflict between this Comparison Chart and the official plan document for each plan, the official plan document will prevail. The city of Houston reserves the right to change, modify, increase or terminate any benefits.</i>				