

# Medicare Advantage Enrollment Guide

## Medicare Advantage Plan Rules to Know

1. Your Medicare-covered dependents and you can each choose the MA plan that is best for you, or both of you can be covered under the same plan.
2. If your dependents are not eligible to participate in an MA Plan, they may continue coverage under their HMO or PPO plan.
3. Under TexanPlus and Texas HealthSpring, you must select a primary care physician to coordinate your health care, just as in the HMO. Check each plan's provider directory. Your doctor might be in their network.
4. The Aetna PFFS plan allows you to select any doctor or specialist that accepts Medicare and Aetna's PFFS plan. Call your doctor. He/she might already have these arrangements in place.
5. You may enroll your covered dependents in an MA Plan on the first of the month after they become eligible: (1) They become covered under Medicare Parts A & B at age 65; (2) they are under age 65 but become disabled and get Medicare Parts A & B; (3) they move into the service area of TexanPlus or Texas HealthSpring; or, (4) for Aetna PFFS, they live in either of the 50 states.
6. You may disenroll from your MA plan effective the last day of any month by submitting a disenrollment form. You must continue getting your medical services through your MA Plan until you are notified by the plan that your coverage has ended. That notice can take up to 60 days.
7. If you disenroll from an MA Plan, you may re-enroll in the HMO or PPO within 31 days after your coverage ends in the MA Plan. You should request re-enrollment at the same time that you apply to disenroll from your MA Plan. After 31 days, you will lose the opportunity to re-enroll in the HMO or PPO.
8. If you enroll in an MA Plan, you may elect to return to the HMO or PPO within 90 days after enrolling, or May 1, 2008. You must complete a City of Houston Medicare Advantage Disenrollment form and a City of Houston Retiree Medical Election Form. Request these forms from the Benefits Division, (888) 205-9266 or (713) 837-9400.
9. Remember, your MA Plan takes the place of your Medicare and your HMO or PPO. If you re-enroll in the HMO or PPO, you are also re-enrolled in Original Medicare.

## Important dates

If you meet eligibility requirements, you may join during open enrollment.

1. Forms are due to the city by Dec. 31, 2007, for coverage to begin Jan. 1, 2008.
2. Forms received after Dec. 31, 2007, will become effective on the first day of the following month.
3. To immediately pay the lower premium, the benefits division must receive your application by the third of the month prior to the month in which you want coverage to start. If you want to pay the lower premium on Jan. 1, the benefits division should receive your form by Dec. 3. If we don't, you will receive a refund for the higher premium for Jan. 1.

## Enrollment options

If you don't want to make any changes, don't do anything. Your coverage will remain in effect until you make a change. During this enrollment, your choices are:

- Elect an MA plan.
- Your dependent elects an MA plan.
- You elect an MA plan and your dependent stays in the HMO or PPO plan.
- Return to the HMO or PPO now, or wait until May 1, 2008.

If you are currently enrolled in:	You may enroll in one of these plans during this enrollment.				
	Aetna PFFS Plan	Texas Plus	Texas HealthSpring	HMO	PPO
HMO	yes	yes*	yes*	-	no
PPO	yes	yes*	yes*	no	-
TexanPlus	yes	-	yes*	yes*	yes
Texas HealthSpring	yes	yes*	-	yes*	yes
Aetna Fee-for-Service	-	yes*	yes*	yes*	yes

\* If you live in the service area.

## Schedule of enrollment meetings

Learn more about these money-saving MA plans at one of the meetings below:

E. B. Cape Center  
4501 Leeland  
Houston, TX 77023

- Tuesday December 11 10 a.m.
- Tuesday December 11 2 p.m.
- Thursday December 13 10 a.m.
- Thursday December 13 2 p.m.
- Friday December 14 2 p.m.
- Wednesday December 19 10 a.m.

Be sure to bring your enrollment packages.



**Making SMART health choices**

**City of Houston  
January  
2008**

Suitable for all Medicare-covered members of city-sponsored medical plans

# MEDICARE ADVANTAGE PLAN ENROLLMENT 2008

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## How do I learn more about these plans?

1. Read every page of this enrollment guide.
2. Use the Comparison Chart to find the services you use most often, and compare copayments and coinsurance amounts.
3. Request an enrollment package from Aetna, TexanPlus, or Texas HealthSpring. Call the numbers listed below. We don't want to overload your mailbox with information, so we let you request the information you want to see. Feel free to call all three.



Aetna  
(800) 307-4830  
[www.aetnamedicare.com](http://www.aetnamedicare.com)



TexanPlus  
(866) 556-4614  
[www.sctexas.com](http://www.sctexas.com)



Texas HealthSpring  
(800) 846-2098  
[www.texashealthspring.com](http://www.texashealthspring.com)

Dear Retirees:

I work very hard to strive to ensure the city provides cost-effective, affordable, accessible healthcare for city employees and retirees. At the same time, the cost of health benefits continues to rise at a pace higher than the rate of inflation. To help manage the impact of those mounting costs to both retirees and the city, the City offers several Medicare Advantage plans for retirees to consider. These plans offer great benefits, comparable to benefits in the HMO and PPO, but at prices more affordable. Don't hesitate to join these MA plans, as they are supported by the City and backed by Medicare.

The City offers retirees five choices for medical coverage, and three of them will cost less than \$55 per person per month. You may choose from the following plans; however, you must have Medicare A & B to choose a Medicare Advantage Plan:

- Aetna Open Private Fee for Service Plan
- TexanPlus Medicare Advantage HMO
- Texas HealthSpring Medicare Advantage HMO
- HMO Blue Texas HMO
- Blue Cross Blue Shield PPO

Almost 2,000 of your fellow retiree-families have made a "seamless" enrollment in the Medicare Advantage Plans due to low monthly premiums, low time-of-service copayments, and continuity of care through their maintaining the same doctors they had in the HMO and PPO plans. We know that prescription drug coverage is important to retirees; so, the MA plans have the same prescription drug copayments as the HMO and PPO: \$10 generic; \$30 preferred brand; \$45 non-preferred brand, and the mail order drug benefit ... and you do not pay the Medicare Part D premium. The MA plans give you the best of all worlds — low premiums, low copayments, no Part D premiums, many of the same doctors, and city sponsorship.

If you join an MA plan January 1, you will have the option to return to the HMO or PPO within 90 days. Or, you can return to the HMO / PPO any May 1 or January 1. If you decide not to join an MA plan on January 1, you may join on the first of any month.

I know that many of you live on a fixed income, which is why I encourage you to consider enrolling in a city-sponsored Medicare Advantage plan — they are comprehensive, cost-effective, and accessible. But, most importantly, they will save you money.

Respectfully,

Mayor

## What exactly are MA plans?

Medicare offers you different ways to get your Medicare benefits when you reach age 65, or become covered under Medicare before age 65. One option is called Original Medicare, and is the traditional form that underlies your retiree health coverage from the city.

Another option is called a Medicare Advantage plan where Medicare contracts with private companies to provide the benefits instead of Medicare. The city has selected Aetna, TexanPlus and Texas HealthSpring to provide this service.

These city-sponsored MA plans are two HMO-type plans, and one private-fee-for-service plan similar to the PPO. In the HMO plans, you must choose a PCP to coordinate your care, and use network providers. In the private-fee-for-service plan, almost every doctor and hospital in the US can participate directly. You seek care from any doctor who agrees to Aetna's terms of participation. There is no network. When you enroll in an MA plan, Medicare pays a monthly amount to Aetna, TexanPlus, and Texas HealthSpring to provide your Medicare benefits. That means that these MA plans cover everything Medicare covers, and more. Medicare writes most of the rules that the vendor and the retiree must follow.

## Effective Dates

- Disenrollment from any Medicare Advantage plan is effective the last day of the month.
- Your MA plan is effective on the first day of the month after receipt of your enrollment forms.

## Important Notes

- You must continue getting your medical care from your MA plan until the plan notifies you that your coverage has ended. Although the process to terminate coverage can take up to 60 days, it is generally effective on the date that you requested on your disenrollment application. You will automatically be re-enrolled in Original Medicare.
- Your HMO or PPO coverage will be effective on the date your MA plan coverage ends.

## Eligibility

You are eligible for coverage as a retiree under the benefits plans if you were covered when you retired and have been continuously covered after retirement. 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 your:

- Legal spouse,
- Unmarried natural or adopted children up to age 25, if they qualify as dependents for federal income tax purposes,
- Children up to age 25 over whom you have legal guardianship or legal foster care if they qualify as dependents for federal income tax purposes,
- Grandchildren under age 25 if they qualify as your dependents for federal income tax purposes,
- Disabled dependents over age 25 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 25.

## Life insurance

Covered retirees have \$5,000 in life insurance.

So ... now is the time to review your life insurance beneficiary. If you have had a "life event" such as marriage, divorce, birth, adoption or death, or you have forgotten whom you previously designated, you may want to change your beneficiary.

The Benefits Division will not release the name of your current beneficiary by telephone. If you need to request a beneficiary change form, you may call the division at (713) 837-9400, or toll free at (888) 205-9266.

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

## Contacts

**Aetna**  
[www.aetnamedicare.com](http://www.aetnamedicare.com)  
(800) 307-4830

**TexanPlus**  
[www.sctexas.com](http://www.sctexas.com)  
(866) 556-4614

**Texas HealthSpring**  
[www.texashealthspring.com](http://www.texashealthspring.com)  
(800) 846-2098

**HMO Blue Texas**  
[www.bcbstx.com](http://www.bcbstx.com)  
(713) 837-9377  
(713) 837-9448  
(713) 837-9376

**Benefits Division**  
[www.houstonhumanresources.org](http://www.houstonhumanresources.org)  
(713) 837-9400  
(888) 205-9266

## Important Note

After enrolling in Aetna, TexanPlus or Texas HealthSpring, you can expect to receive:

- Welcome letter from the plan you selected
- I.D. card

You may receive mailings from multiple vendors, but don't be concerned. Look for the package with the city logo from the program you have enrolled in.

# HOW TO ENROLL OR DISENROLL

## Keeping the HMO or PPO

If you or your Medicare-covered dependent does not want to join Aetna, TexanPlus or Texas HealthSpring, you do not need to do anything. You will keep your HMO or PPO. If you or your Medicare-covered dependent wish to remain in an MA plan, you do not need to do anything.

You may change plans during the MA plan annual enrollment in December (for Jan. 1), annual open enrollment in the spring (for May 1), or you may elect to join an MA plan on the first of any month. For coverage to be effective on the first of the next month, the Benefits Division must receive your application before the end of the previous month.

## Electing a Medicare Advantage plan

- ▶ Request an enrollment packet from Aetna, TexanPlus or Texas HealthSpring.
- ▶ 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 you elected.
- ▶ You must also complete the "City of Houston MA plans Enrollment Form." This form will keep your dependents' coverage in the HMO or PPO in place, and it will help ensure that you pay the correct health-care premium. Keep the last page for your records.
- ▶ Use the City of Houston return, postage-paid envelope to return all of your forms to the Benefits Division.

## How to enroll

Complete the forms and return postmarked no later than December 31, 2007. Changes will be effective January 1, 2008. Use the postage-paid envelope in your packet. If you don't use the envelope, the address is:

City of Houston  
Human Resources Department, Benefits Division  
P.O. Box 248  
Houston, TX 77001

You may enroll in an MA plan on the first of any month. Forms postmarked after December 31, 2007, will be effective the first day of the following month.

## Disenrolling from a Medicare Advantage plan

You may choose to enroll or disenroll from an MA plan at the first of any month. This includes changing from one MA plan to the other. To disenroll from an MA plan:

- ▶ Decide if your dependent or you want to elect a different city-sponsored MA plan, or if you want to re-enroll in the HMO or PPO plan, you can do so on Jan. 1, 2008 or within 90 days of MA plan enrollment.
- ▶ Each person who wants to disenroll from an MA plan must complete a "City of Houston Medicare Advantage Disenrollment Form." The retiree must complete a "City of Houston Retiree Medical Election Form." Request these forms from the Benefits Division, (888) 205-9266 or (713) 837-9400. If a person wants to elect another MA plan, request the enrollment application from the benefits division.
- ▶ As the retiree, you must complete the "City of Houston Retiree Medical Election Form" to reinstate HMO or PPO coverage for any dependents and/or yourself. You must also complete the form to change your dependents' or your coverage to another MA plan.
- ▶ Send all completed forms to the Human Resources Department, Benefits Division, P.O. Box 248, Houston, TX 77001. The Benefits Division must receive your forms by the end of the month for coverage to be effective on the first of the next month.

## Three good options for saving money

You have the choice of three Medicare Advantage plans for 2008. Those of you who live in the Houston area told us how happy you are saving money on monthly health premiums and copayments; so, we found a way to provide great cost savings and top-notch benefits for those folks living outside of Texas. Effective this past January 2007, the City began offering the Aetna Private-Fee-for-Service Plan, and already, almost 350 of you have decided to try it out. City retirees and their eligible dependents can choose from a total of five health-benefits plans.

What's the difference in these three city-sponsored Medicare Advantage plans?

- ▶ Texas HealthSpring offers HMO-type benefits to Medicare-covered retirees, primarily in the southeast/east Texas area. The network includes Kelsey Seybold, Sadler Clinic and Renaissance doctors from which to select a PCP.
- ▶ TexanPlus offers HMO-type benefits to Medicare-covered retirees in the southeast Texas area. The network includes Kelsey Seybold and Heritage doctors from which to select a PCP.
- ▶ Aetna Private-Fee-for-Service offers copayment benefits for most services in all 50 United States. Any doctor and hospital that accepts Medicare assignment can participate. You seek care from any doctor who agrees to Aetna's terms of participation.

Carefully study the material in this guide. It explains who is eligible and your enrollment options. Take the time to learn about each plan. We think you'll find an MA plan worth trying. You can't lose in this game!

## Medicare Advantage plans - a good strategy to win against rising health care costs

What are the benefits of considering one of these plans? If you are already covered by Medicare, these plans are just a different way to have Medicare coverage. MA plans offer familiar benefits for lower cost than a traditional health plan.

Aetna, TexanPlus and Texas HealthSpring are managed locally. Medicare believes that contracting with quality health plans helps better manage retiree health benefits. So Medicare pays MA plans for maintaining closer contact with the retirees – something Medicare cannot do for 50 million retirees in America. That is why MA plans cost less than traditional health plans.

Here's what this means to city of Houston retirees.

- ▶ Your contribution for health coverage in an MA plan for one retiree is only \$8 to \$54 per month. Compare that to the \$131 cost per month to enroll in the HMO, and \$400 in the PPO.
- ▶ Copayments are 25 - 70 percent lower for a visit to the PCP and specialist.
- ▶ Most other copayments are lower, as you can see from the chart on page 7.
- ▶ The plan design is still familiar to you.
- ▶ You can get better than the equivalent of the Medicare Part D drug benefit from these plans.
- ▶ There is no Medicare Part D premium.
- ▶ You can join an MA plan now, and your dependents can remain in the HMO or PPO.
- ▶ You can enroll in a city-sponsored MA plan on the first day of any month in 2008. If the MA plans do not meet your needs, you can re-enroll in the HMO or PPO within 90 days of your enrollment in the MA plan, or on May 1, 2008.

### What's New for 2008?

1. TexanPlus expanded into four new counties in Texas and added new doctor groups. See pages 11-12.
2. Texas HealthSpring contributions have decreased. See page 8.
3. Aetna PFFS and TexanPlus contributions have increased slightly. See page 8.
4. Aetna's emergency room copayment has changed. See page 7.
5. There are no benefit changes in Texas HealthSpring, the HMO or PPO.

### Who is eligible?

Probably you. Here are the FIVE things you need to qualify:

- Be a city retiree, dependent or survivor currently covered under a city medical plan.
  - Live in a plan's service area, if you enroll in an MA HMO; Aetna's service area is all 50 states.
  - Pay the required premium to the city.
  - Be a member of Medicare enrolled for coverage in both Part A, hospital insurance, and Part B, medical insurance.
  - Not have end-stage renal disease, except for Aetna Private-Fee-for-Service plan.
- There are no waiting periods and you cannot be turned down for coverage for a pre-existing health condition.

### Important Note

If you are in a plan you like, and don't want to change plans, **don't do anything.**

You may join Aetna, TexanPlus or Texas HealthSpring on the first of any month.

### Need extra help?

If you need help with an MA plan, attend one of the enrollment meetings or contact the Benefits Division.

611 Walker, 4th floor  
Houston, TX 77002  
Mon. - Fri., 8 a.m. - 5 p.m.

(713) 837-9400

(888) 205-9266

You do not need an appointment.

# MORE CHOICE, NATIONWIDE COVERAGE

Nationwide coverage

## Questions for your doctor before you choose Aetna Private-Fee-for-Service

1. Do you accept Aetna's Medicare Advantage Private-Fee-for-Service plan?
2. Do you accept Medicare Assignment?
3. Do you balance-bill?
4. Will you read the terms and conditions of participation, and agree to be a deemed provider through Aetna?

Reconfirm the doctor's participation at the time of your appointment. If the doctor treats you, he/she has agreed to Aetna's terms, and is a deemed provider, eligible to be seen.

### Important note

See the back page for enrollment meetings, options and important dates.

## MA plan highlights

You now have the choice of three MA plans that will all cost you less than \$55 per member per month. TexanPlus and Texas HealthSpring offer benefits very similar to those provided by HMO Blue Texas. The Aetna PFFS plan provides benefits that require more thought on your part before making an appointment, but will still provide great savings – especially if you live outside of the service areas. Below is a brief summary of each plan, but be sure to see the Comparison Chart for more details.

### Aetna Private-Fee-for-Service-Plan

Since January 2007, 100 employers are offering the Aetna PFFS plan to their eligible retirees and dependents, and 55,000 members have enrolled in the plan. Almost 350 of those members are from the City of Houston. See the box on page 4, "How can my doctor or hospital participate in the Aetna PFFS plan?" if you'd like to ensure that your doctors are participating, so you can enroll.

- ▶ Approximately 96% of doctors in the US can become part of the Aetna PFFS plan — they must accept Medicare assignment and agree to Aetna's terms and conditions.
- ▶ You do not need a PCP, but it is recommended that you have one. No referrals are needed for specialists. Physicians are required to agree to Aetna's terms and conditions.
- ▶ Precertification for certain services is recommended, but not required.
- ▶ Medicare Part B drugs are covered at 100 percent.
- ▶ Worldwide emergency care.
- ▶ One routine hearing exam free per year; \$500 reimbursement on hearing aids every 36 months.
- ▶ One routine eye exam free per year. Discounts on frames and lenses.

### TexanPlus

TexanPlus was introduced to retirees in 2005 as a great savings opportunity for those who live in specific service areas. See pages 11 - 15 for tools to help you decide if this plan is right for you. Below are TexanPlus highlights:

- ▶ TexanPlus includes established physician networks, including Kelsey Seybold, Heritage, Memorial, Katy and CyFair doctors, in 14 Texas counties.
- ▶ You must have a Primary Care Physician (PCP), and your PCP must refer you to network specialists.
- ▶ Medicare Part B drugs are covered with a 20 percent coinsurance, to a maximum of \$1500. After you have paid \$1,500, TexanPlus will pay for Part B drugs at 100 percent.
- ▶ Extra benefits include discounts on fitness memberships, hearing exams, dental services, eye exams and lenses.
- ▶ One-time \$500 reimbursement on a hearing aid.

We urge you to consider participating in one of these MA plans. Don't miss the boat. Get on board for quality, accessible and more affordable health care. See pages 17 - 18 for information on how to enroll and disenroll.

## A message from the MA plans

### Aetna PFFS

Aetna is proud and excited to tell you about our newest Medicare Advantage plan that began Jan. 1 2007 – the Aetna Medicare Open Private-Fee-for-Service plan which is offered in all 50 States. As of October 2007, Aetna has over 100 plan sponsors with over 55,000 members on the Aetna Medicare Open private-fee-for-service plan. It's great for retirees who do not live inside a contracted network service area or for those who simply want to be able to make their own provider choices. With the Aetna PFFS, you can go to any doctor who is Medicare eligible and accepts Aetna's terms and conditions, and you don't need referrals from a PCP to see a specialist. There are no deductibles in this plan, low copayments, and there isn't even a hospital copayment. To make sure we are there when you need us, our Member Services Department is open 7 days a week, including holidays, 365 days a year from 8 a.m. – 8 p.m. in all time zones. To order your enrollment kit please call us at (800) 307-4830.

### TexanPlus

TexanPlus has been offered to City retirees and their dependents since May 2005, and right now we are proud to say that more than 850 folks have selected TexanPlus to provide coverage for their health care needs.

Why choose TexanPlus? First of all, we work in partnership with our doctors, who have been serving Medicare-eligible members since 2001. Our physician groups include Kelsey-Seybold, Memorial Clinical Associates, and the Heritage Physicians Network. We also have a comprehensive hospital network that includes the Methodist Healthcare System, Memorial Hermann Healthcare System and St. Luke's Episcopal Hospital (for Kelsey members).

Best of all, we offer easy access to primary care doctors, specialists and hospitals for very low copayments. Your prescription drug coverage (Part D) has no additional premium and no deductible. TexanPlus also offers value-added services, like discounts for dental, vision and hearing needs. Our Eldercare plan can assist you and your family in dealing with long-term health care decisions.

We have designed our program with you in mind, and we believe that TexanPlus may be the right choice for you!

### Texas HealthSpring

We are pleased to share with you the exciting benefits that you will receive as a member of Texas HealthSpring. We have earned a reputation for top-of-the-line, local customer service, which is based on the Personal Assistance Liaison program. Every member is assigned their own PAL to assist them in better understanding plan benefits, resolve any issues, and serve as a direct contact to Texas HealthSpring. We can assure you that the Texas HealthSpring personalized customer service approach sets us apart from other plans in our service area.

With Texas HealthSpring, you will find the most extensive provider network, with more than 2000 physicians from which to choose, including Kelsey-Seybold Clinic and Sadler Clinic. There are also over 40 hospitals in our network, including the Memorial Hermann Healthcare System, Methodist Hospitals, and Woman's Hospital of Texas. You can count on Texas HealthSpring when you need a ride to your physician's office or hospital. Our transportation benefit offers up to 30 trips (15 round trips) per year at no additional charge. Texas HealthSpring members can get physically fit, meet new friends, and participate in fun events by becoming active with the free Silver Sneakers Fitness Program which gives you access to more than 30 local fitness centers.

We know you will enjoy being a member of Texas HealthSpring and look forward to sharing these and other exciting benefits with you in the future!

## Thoughts from a fellow retiree ...

Lydia Aguilar: Retired cashier from Aviation after 27 years with the city. MA plan member

"I chose an MA plan for two reasons: I could keep my same doctor from the Renaissance organization, and I liked the Silver Sneakers program which gave me a free membership to the YMCA near me."

### Important Note

If you enroll in an MA plan, you can change back to the HMO or PPO within 90 days of your enrollment, or on May 1, 2008.

Options now include:

1. Do nothing and stay in the plan you are in now;
2. Retiree may change plans and dependent can stay in the current plan;
3. Dependent may change plans and retiree can stay in the current plan.

## THINGS TO CONSIDER (CONT)

### Tools to help you make your decision

By now you should be curious to know if one of the MA plans will work for you. Here are some questions to help you make that decision.

- ▶ Are you interested in joining an MA Plan? Do you live in the Houston area or another city in Southeast Texas more than 6 months in the year? Or, do you live outside of Texas? If so, TexanPlus, Texas HealthSpring or the Aetna PFFS might be for you! See the maps on page 11.
- ▶ Are your doctors in Kelsey Seybold, Renaissance or another group? You might consider TexanPlus, Texas HealthSpring, or the Aetna PFFS. See page 12.
- ▶ Is there a hospital that meets your needs in TexanPlus and Texas HealthSpring? The Aetna PFFS plan also includes any hospital that accepts Medicare. See page 13.
- ▶ Are your prescriptions available on one of the formularies in a lower-tier (meaning lower copayment?) See page 10.
- ▶ Is there a conveniently located pharmacy? See page 13.
- ▶ Are the medical services you use most often available for a lower cost in one of the MA plans? See page 7.
- ▶ Are there extra services offered by these plans that you like? See page 14.
- ▶ Do you ever need help getting to the doctor or drugstore? See page 14.

If you answer yes to most of these questions, Aetna, TexanPlus or Texas HealthSpring could be right for you. However, if you live outside of the TexanPlus or Texas HealthSpring service area, the Aetna Private-Fee-for-Service plan is a great option for you to consider. All three plans offer considerable monthly premium savings of 82% - 95%, wallet-stuffing savings for point-of-service costs, and all three are backed by Medicare and the City of Houston. If you try one, you might just like it; and if not, you have 90 days to re-enroll in the HMO Blue Texas HMO or PPO plans, or you can enroll again on May 1, 2008.

#### Very Important Note

To enroll in an MA plan you must:

- Be a city retiree, dependent or survivor currently covered under a city medical plan.
- Live in a plan's service area, if you enroll in an MA HMO; Aetna's service area is all 50 states.
- Pay the required premium to the city.
- Be enrolled in Medicare Parts A and B.
- Not have end-stage renal disease, except for Aetna Private-Fee-for-Service plan.

### Medicare's relationship to these MA plans

- ▶ Medicare has authorized Aetna, TexanPlus and Texas HealthSpring to provide the new Part D prescription benefit to you without charging you the Part D premium.
- ▶ If you're enrolled in the HMO or PPO, Medicare is primary. You must use your PCP in the HMO. The HMO and PPO are secondary for your coordination of benefits.
- ▶ If you enroll in Aetna, TexanPlus or Texas HealthSpring, all claims or inquiries are handled by the MA plan in place of Medicare. These plans replace the HMO, PPO and Medicare.
- ▶ Medicare has turned over all responsibility for your care to these plans. You still pay your Medicare premium, but it is the responsibility of the MA plans to manage your care.
- ▶ Aetna, TexanPlus and Texas HealthSpring are governed by Medicare, which writes the rules for these plans. Medicare may mandate a benefits change in the future.
- ▶ Future retiree contributions are subject to change.
- ▶ If Medicare increases benefits, the city will determine if we will change the plan we offer to you. If additional costs are passed along to the city next year, we will determine if a cost is passed along to you.
- ▶ Medicare cannot decrease benefits in 2008.

### Texas HealthSpring

Texas HealthSpring was introduced to retirees in 2005 as a great savings opportunity for those who live in specific service areas. See pages 11 - 15 for tools to help you decide if this plan is right for you. Below are Texas HealthSpring highlights:

- ▶ Texas HealthSpring includes established physician networks, including Kelsey Seybold, Renaissance, Sadler, Memorial and independent doctors in 25 Texas counties. Some of these networks are available in East Texas and in the Valley. See Service areas on page 11.
- ▶ You must have a Primary Care Physician (PCP), and your PCP must refer you to network specialists.
- ▶ Medicare Part B drugs are covered with a 15 percent coinsurance, to a maximum of \$1,000. After you have paid \$1,000, Texas HealthSpring will pay for Part B drugs at 100 percent.
- ▶ Worldwide emergency care
- ▶ Extra benefits include free health club membership for Silver Sneakers, discounts for hearing aids and dental services.
- ▶ Texas HealthSpring also provides up to 30 free rides (15 round trips) to the doctor, pharmacy, or hospital per year.

### What are your options during open enrollment?

- ▶ Enroll in one of the MA Plans for yourself only.
- ▶ Enroll in one of the MA Plans for yourself and your Medicare-covered dependents.
- ▶ Enroll in an MA Plan for a Medicare-covered family member and leave another Medicare or non-Medicare covered family member in the HMO or PPO plan.
- ▶ Return to the HMO or PPO within 90 days of MA plan enrollment if you are not satisfied.
- ▶ After 90 days, your next opportunity to return to the HMO or PPO will be on May 1, 2008.
- ▶ Do nothing and remain in the plan you are in now.

### Who is eligible?

Probably you. Here are the FIVE things you need to qualify:

- ▶ Be a city retiree, dependent or survivor covered under a city medical plan.
- ▶ Live in a plan's service area, if you enroll in an MA HMO; Aetna's service area is all 50 states.
- ▶ Pay the required premium to the city.
- ▶ Be a member of Medicare enrolled in Part A, hospital insurance, and Part B, medical insurance.
- ▶ Not have end-stage renal disease, except for Aetna Private-Fee-for-Service plan.

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

### How can my doctor or hospital participate in the Aetna PFFS plan?

Providers can become participants in the Aetna plan quickly and easily – no forms for your doctor to complete. If the doctor agrees to the "terms and conditions" found on the back of your Aetna PFFS ID card, he/she is deemed to be a participating provider. And by accepting your appointment and treating you, he/she agrees to the terms and conditions. It's quite simple.

Any doctor eligible to receive payments from Medicare can become a Private-Fee-for-Service provider. That's about 96% of the doctors in the U.S. Most of these doctors accept Medicare assignment, but a few do not. Even the few who do not accept Medicare assignment are eligible to participate. If your doctor does not accept Medicare assignment, he/she is allowed to balance-bill you for 15% over the Medicare-allowable charge for that service. If you enroll, Aetna will provide you with information to take to your doctor that describes the plan.

Your doctor or hospital can find out more, at [www.aetna.com/provweb](http://www.aetna.com/provweb) or call the Service Provider Center at (800) 624-0756.

# HEALTH PLAN HIGHLIGHTS

## Savings? Okay, show me the money.

Savings come in the form of lower monthly contributions and lower time-of-service payments. Since May 1, 2005, almost 2,000 participating retirees and dependents have saved more than \$2.7 million in contributions. That doesn't count what they've saved in copayments. Here's how the savings stack up:

- ▶ If you enroll in one of the MA plans, you could save 59 - 94 percent over what you would pay for HMO coverage and 86 - 98 percent over what you would pay for PPO coverage.
- ▶ Lower out-of-pocket costs on many services including:
  - ▶ 25 - 70 percent on doctor visits
  - ▶ \$200 - \$500 on hospital admissions
  - ▶ \$100 on emergency room visits
  - ▶ 5 - 10 percent on durable medical equipment, like wheel chairs and walkers
  - ▶ 100 percent coverage for home health visits
  - ▶ Free rides to the doctor if you enroll in Texas HealthSpring: up to 15 round trips to doctors, hospitals, pharmacies

## How can these benefits cost less than what I've been paying?

- ▶ Medicare has delegated most of the responsibility for providing benefits for 50 million beneficiaries to managed care companies, which means you can receive more personalized service, and they can better manage the unique medical needs of the senior population.
- ▶ Managed care companies can coordinate your care better than Medicare alone, and can perform better analysis on prescription interaction.
- ▶ The federal government is still responsible for making sure each Medicare beneficiary gets full Medicare benefits. With MA plans, employers can increase the benefit, and provide benefits that are better than Medicare alone.

### More savings with discount generic drug programs

Wal-Mart, Sam's Club, H-E-B and Target pharmacies are offering a 30-day supply of hundreds of commonly prescribed generic drugs and drug compounds in varying doses for \$4 or \$5.

The generic copayment for all city plans is \$10. With the new discount programs, an additional savings of \$5 to \$6 per prescription is possible. Generics include antibiotic, diabetes, high blood pressure, cholesterol lowering, antidepressant and allergy medications among others.

## 4. Extra services

Listed below are value-added services for all MA plans. When making your health care decision, take into account these unique bonus features.

Extra Services	Aetna	TexanPlus	Texas HealthSpring
Free rides to appointments	N/A	N/A	Up to 30 free rides (15 round trips) per year to doctor appointments, hospitals and pharmacies in conjunction with doctor visits.
Fitness programs for seniors	N/A	25-50% membership discounts to participating health clubs through Careington.	Silver Sneakers - free health club membership and fitness classes.
Discounted hearing services	One routine hearing exam free per year. Included in basic services.	30% discount through HearPO on hearing exams. Discounts on repairs and batteries.	N/A
Hearing aids	\$500 reimbursement on hearing aids every 36 months. Contact Member Services at (800) 282-5366 for additional information. Included in basic services.	One-time \$500 reimbursement per covered member for the purchase of a hearing aid. Up to 62% savings on hearing aids through HearPO at participating providers.	Up to a 30% discount for hearing aids from selected providers.
Discounted dental services	N/A	20-50% savings on most dental procedures through Careington. 20% discount on specialty services, cosmetic dentistry and teeth whitening.	20-50% savings on most dental procedures through Careington. 20% discount on specialty services, cosmetic dentistry and teeth whitening.
Discounted vision services	One routine eye exam free per year. Discounts on frames and lenses at participating provider locations. Call Member Services at 1-800-282-5366. Included in basic services.	\$25 for an annual eye exam through EyeMed; and discounts on frames and lenses. Check provider directory for participating provider locations.	N/A
ElderCare services	N/A	Services provide wellness assessments, identification of elder-care needs, ongoing support in maintaining an independent quality of life. Discounts on additional care alternatives.	N/A
Extra customer service	N/A	N/A	Members are assigned a Personal Assistant Liaison (PAL) to guide them to better understand benefits and help with resolving any issues. Call your PAL at 866-897-0828.
Newsletters	Quarterly member newsletter.	Bimonthly member newsletter.	Quarterly member newsletter.
Disease management	Aetna conducts a health risk assessment for every new member by personalized phone call outreaches. Plan provides care management with dedicated case managers specializing in geriatric case management.	Each new member receives an initial health risk assessment. The health care program helps manage diabetes, CHF, coronary artery disease and COPD.	Health care communications and interventions provided to promote better health, fewer complications and lower health care costs. Examples: diabetes, CHF, asthma, etc.
Wellness services	Informed Health Line provides a 24-hr toll-free number to get information on a variety of health topics. IntelliHealth provides online features to help educate and promote wellness.	24/7 nurse support line, plus a dedicated team of nurses, a pharmacist and health care professionals who provide guidance and support as you consider lifestyle changes to improve your health.	Immunizations, well-woman / well man exams, bone mass measurement, colorectal screening and smoking cessation programs.
Emergency coverage	Worldwide	U.S. only	Worldwide

### Winning Tip

To request specific information from Aetna, TexanPlus or Texas HealthSpring, call the phone numbers listed on page 1. They will send information only if you request it.

### Winning Tip

What you will be receiving to help you enroll:

1. This enrollment guide
2. A comparison chart
3. Communication from Aetna, TexanPlus and Texas HealthSpring describing how you can request more information from them.

### Winning Tip

The city is contributing 75% of the cost of the MA plans.

# THINGS TO CONSIDER (CONT)

## 2. Comparison of network hospitals

Listed below are just some of the hospitals in the TexanPlus, Texas HealthSpring and HMO Blue Texas networks. For a complete list, check the Web sites or call one of the numbers in the contact box on page 12. If a hospital accepts Medicare and Aetna terms and conditions, it will be in the Aetna Private-Fee-for-Service plan. Call customer service at the number listed in the contact box on page 12.

In an emergency, you may seek treatment at any hospital, under any plan; however, you may be transferred to a network facility as soon as your condition is stabilized.

Hospital	Aetna	TexanPlus	Texas HealthSpring	HMO Blue
Angleton Danbury Medical Center		X		X
Bayshore Medical Center		X	X	
Brazosport Regional Health System		X		
CHRISTUS St. John		X	X	X
Clear Lake Regional Medical Center		X	X	X
East Houston Medical Center		X	X	
Houston Northwest Medical Center		X	X	X
Kingwood Medical Center		X	X	X
Mainland Medical Center		X	X	
M.D. Anderson Cancer Center				X**
Memorial Hermann Hospital Syst.		X (8 facilities)	X	X
Methodist Hospital		X	X	X
Park Plaza		X	X	X
St. Joseph Medical Center		X	X	X
St. Luke's - Woodlands		X (Kelsey only)	X (Kelsey only)	X
St. Luke's Episcopal Hospital		X (Kelsey only)	X (Kelsey only)	X
Spring Branch Medical Center		X	X	X
Twelve Oaks		X	X	X
West Houston Medical Center		X	X	X
Women's Hospital of TX		X (Kelsey only)	X	X

Most hospitals accepting Medicare and Aetna PFFS terms of participation.

\* Most hospitals accept Medicare. Check the hospital where you live.

\*\* By referral only.

## 3. Comparison of network pharmacies

Below is a list of many familiar network pharmacies. Others are available, so check online or call customer service for a complete listing of all pharmacies and their locations.

Pharmacy	Aetna	TexanPlus	Texas HealthSpring	HMO Blue Texas
CVS	X	X	X	X
HEB*	X	X	X	X
Kelsey-Seybold		X	X	X
Kroger	X	X	X	X
Randalls	X	X	X	X
Sam's Club*	X	X	X	X
Target*	X	X	X	X
Wal-Mart*	X	X	X	X
Walgreens	X	X	X	X

\* Discounted generic drug program available. See page 5 for more information.

# CONTRIBUTIONS

Through carefully constructed contracts with Blue Cross and the MA plans, we hope to hold health care expenditures to \$285 million in FY08. But, we can't rest in our efforts to keep the plans affordable. Each 1 percent we don't spend now - \$2.9 million - means lower increases next year, keeping the plans affordable longer.

Each retiree who enrolled in an MA plan for 12 months in 2007 saved the city about \$5500, for a total of \$6.3 million. That translates into real money for you, because those same retirees saved over \$2.7 million in premiums in 12 months. And, you can calculate what lower copayments mean to your wallet.

Your contribution for the Medicare Advantage plans is still 25 percent of the premium. The city will contribute 75 percent of the cost. You now have three choices that cost less than \$55 per person per month! Here are the costs for January 2008:

- TexanPlus is \$7.81 per month.
- Texas HealthSpring is \$15.75 per month.
- Aetna Private-Fee-for-Service is \$54 per month.
- HMO and PPO contributions remain the same until May 1, 2008. See page 8 for rates.

The Medicare Advantage plans offer distinct financial advantages. If you are a PPO member living outside Texas paying \$400 per month, you now have another financial option worth serious consideration. If you are an HMO member, you have 5 affordable options for health coverage. Keep reading, and learn how to calculate your savings.

See the chart on page 8 for the new contributions.

## An example of how to calculate your rate

As Medicare Advantage retirees, you have the option to split your family election. You and your eligible spouse may enroll in different MA plans. You may enroll in an MA plan, and your spouse can remain in the HMO/PPO, or vice versa. If that's your election, your monthly contribution will be calculated as described below. Refer to the contribution chart on page 8.

Example 1: You and your spouse currently have Medicare & the HMO plan

Go to line 3 on the chart: Both elect a separate plan	
Add the HMO rate	\$131.44
To the Texas HealthSpring rate	+ \$15.75
Your new contribution amount	= \$147.19
Amount you pay for HMO	<u>\$256.36</u>
<b>Savings</b>	<b>\$109</b>

Example 2: You and your spouse currently have Medicare & the PPO plan

Go to line 3 on the chart: Both elect a separate plan	
You elect TexanPlus, your spouse elects Aetna	
Add the TexanPlus rate	\$7.81
To the Aetna PFFS rate	+ \$54.00
Your new contribution amount	= \$61.81
Amount you pay for PPO	<u>\$440.72</u>
<b>Savings</b>	<b>Almost \$379</b>

### Plan A

We still offer Plan A for the 17 retirees currently enrolled. You do not need to do anything to remain enrolled in Plan A.

### A thought from a fellow retiree ...

Eulalia Garza: Retired in 1996 after more than 20 years with the city in Health & Human Services, the Mayor's Office, and Housing & Community Development. She is a Texas HealthSpring member.

"Every time I call, the Texas HealthSpring representative answers my questions right away. And I have eye problems, so the transportation benefit to the doctor's and hospitals is wonderful."

### Free ride?

Texas HealthSpring takes members for a ride - a free ride to the doctor! Between January and September 2007, 67 members took 503 rides.

The following MA plan features are effective Jan. 1, 2008. The emergency room copayment for Aetna has changed from \$35 to \$50. All other plans remain the same. Below is a brief summary of each plan, but be sure to see the Comparison Chart for more detail. Refer to the evidence of coverage for Aetna, TexanPlus or Texas HealthSpring, or to the HMO/PPO medical plan summary document for covered benefits and exclusions. All prescription plans include a mandatory generic policy, which means that if your doctor prescribes a generic drug but you purchase the brand-name equivalent, you will pay more for your medicine. Your copayment will be the difference in cost between the brand and generic drug, plus the generic copayment.

Plan feature	What you pay			
	Aetna	TexanPlus	Texas HealthSpring	HMO in-network
Deductible (Individual/Family)	N/A	N/A	N/A	N/A
PCP office visit copayment	\$15	\$10	\$10	\$20
Specialist office visit copayment	\$15	\$25	\$25	\$45
Routine physical copayment	\$0	\$0	\$0	\$0
Well woman/man exam	\$0	\$0	\$0	\$0
Inpatient admission copayment/coinsurance	\$0	\$300	\$275	\$500
Emergency room	\$50	\$50	\$50	\$150 + 20%
Ambulance	\$15	\$50	\$100	\$100
Outpatient surgery	\$0	\$125 / \$175	\$200	\$200
<b>Prescriptions</b> participating pharmacy copayment (31-day supply)				
Generic	\$10	\$10	\$10	\$10
Preferred brand	\$30	\$30	\$30	\$30
Non-preferred brand	\$45	\$45	N/A	\$45
Specialty drugs	\$45	\$45	\$45	\$45
<b>Prescriptions</b> (90-day supply)	mail-order	local pharmacy	mail-order	mail-order
Generic	\$20	\$20	\$20	\$20
Preferred brand	\$60	\$60	\$60	\$60
Non-preferred brand	\$90	\$90	N/A	\$90
Specialty drugs	\$90	\$90	\$90*	\$90
<b>Prescriptions</b> special copayments				
Medicare Part B	\$0	20% up to \$1,500	15% up to \$1,000	Included under "Non-preferred brand" copayments listed above

\*NOTE: TexanPlus has discontinued the mail order option; however, you can fill a 90-day prescription for a 2-months copay at your local network pharmacy.

\* Prior authorization required

## THINGS TO CONSIDER

### Which plan is right for me?

To help you make that decision, the following charts present several considerations in choosing a new plan. The MA plans are compared to the HMO Blue Texas HMO.

#### 1. Comparison of network physicians

In TexanPlus, Texas HealthSpring and HMO Blue Texas, you must select a PCP for all primary care. It is not necessary to select a PCP to direct your care in the Aetna PFFS plan, but it is recommended that you do so. To see if your preferred physicians are in one of these networks, use the contact information in the contact box to the right. All questions regarding physicians, facilities, drugs and benefits should be directed to the customer service departments at the phone numbers listed to the right.

Physician Group	Aetna	TexanPlus	Texas HealthSpring	HMO Blue Texas
Brazosport Regional Health System			X	
Clear Creek Clinic			X	
CyFair IPA		X		
Family Practice Associates			X	
Heritage		X		
North Central LPO (Formerly HispanicCare)		X		
Independent Physicians			X	X
Integranet		X		
Katy IPA		X		
Kelsey-Seybold Clinic		X	X	X
Memorial Clinical Associates		X	X	
Northwest Diagnostic Clinic		X		
Pasadena LPO (Formerly SEMNet)		X		
Physicians of East Texas			X	
Renaissance			X	X
Sr. SelectCare Clinic		X		
Sadler Clinic			X	X
Southeast Regional LPO		X		
Village Family Practice		X	X	
Total PCPs	About 96% of all U.S. doctors accept Medicare	478	1,124	1,764
Total Specialists		1,668	1,548	10,159
Total Physicians		2,146	2,672	11,923

#### Thoughts from a fellow retiree ...

Willie Andrews: Retired in 1987 after more than 22 years with Public Works & Engineering. He is a member of the TexanPlus plan.

"We like Kelsey-Seybold, and they've got all those doctors within the TexanPlus plan. We don't have to fool with referrals and all that. We can just go to the specialist if we need to. Everything has worked out real well for us, including financially."

#### CONTACTS

**Aetna**  
www.aetnamedicare.com  
(800) 307-4830

**TexanPlus**  
www.sctexas.com  
(866) 556-4614

**Texas HealthSpring**  
www.texashealthspring.com  
(800) 846-2098

**HMO Blue Texas**  
www.bcbstx.com  
(713) 837-9377  
(713) 837-9448  
(713) 837-9376

**Benefits Division**  
www.houstonhumanresources.org  
(713) 837-9400  
(888) 205-9266



# SERVICE AREAS

The maps below show the service areas authorized by Medicare for Aetna, TexanPlus and Texas HealthSpring. Most counties include all zip codes.

As you know, the HMO Blue Texas service area spans 220 counties in Texas. These counties are not in the service area: Archer, Bandera, Baylor, Clay, Coryell, DeWitt, Dimmit, Duval, Edwards, Falls, Foard, Frio, Gillespie, Goliad, Hamilton, Hardeman, Jim Hogg, Kerr, Kinney, Knox, La Salle, Lampasas, Limestone, Live Oak, Llano, McMullen, Maverick, Real, Uvalde, Webb, Wichita, Wilbarger, Zapata, Zaval.

The PPO offers doctors in 50 states and Puerto Rico.

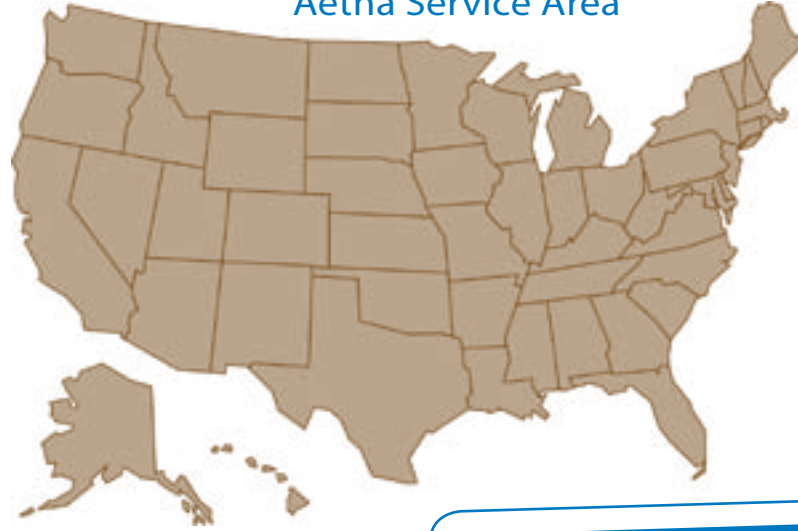
If TexanPlus and Texas HealthSpring expand into other counties, we will notify you about enrollment opportunities. Aetna PFFS includes all counties in all 50 states.

## Outside the service area?

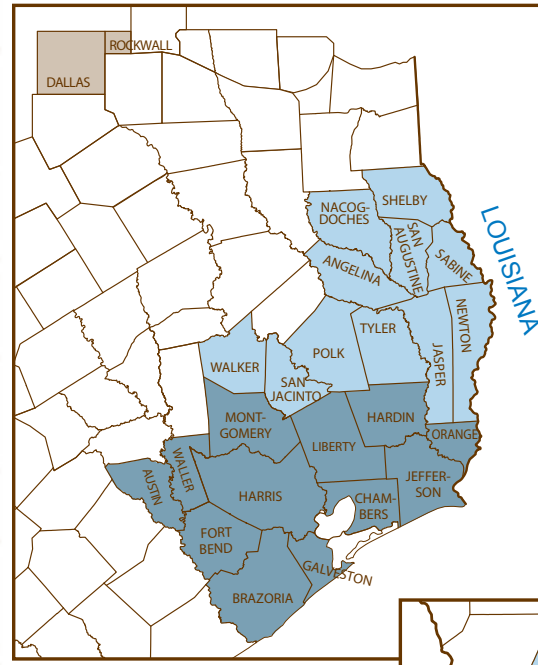
Aetna covers emergencies worldwide.  
 TexanPlus covers emergencies only in the United States.  
 Texas HealthSpring covers emergencies worldwide.



## Aetna Service Area



## TexanPlus & Texas HealthSpring Service Areas



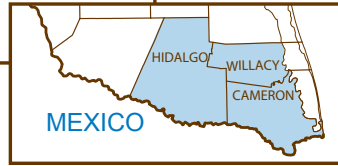
- Texas HealthSpring Only
- TexanPlus & Texas HealthSpring
- TexanPlus Only

TexanPlus counties are:

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

Texas HealthSpring 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



## Which doctors are in my area?

For a provider directory with the complete list of providers in the network, use the contact information on page 1.

## Contribution chart for January 2008

Use the chart below to find the contribution for the coverage you elect. First, look for the category in the left-hand column that fits your situation, then select the corresponding rate for the plans of your choice. If you have family members who remain in the HMO or PPO, select the rate based on the age of the oldest family member keeping the HMO or PPO plan. Your total monthly contribution is the sum of the rate for HMO or PPO, plus the rate for Aetna, TexanPlus or Texas HealthSpring.

Family Coverage Category	Monthly Retiree Contributions			
	Aetna	TexanPlus	Texas HealthSpring	PPO*
<b>Retiree Only (Has Medicare)</b>	\$54.00	\$7.81	\$15.75	\$399.60
1 Retiree elects an MA plan				
<b>Retiree + One (Both have Medicare)</b>	\$108.00	\$15.62	\$31.50	\$440.72
2 Both elect the same MA plan				
3 Each elects a separate plan	\$54.00	\$7.81	\$15.75	\$399.60
<b>Retiree + One (Only one has Medicare)</b>				
4 One elects an MA plan / one keeps city plan (less than 65)	\$54.00	\$7.81	\$15.75	\$458.02
5 One elects an MA plan / one keeps city plan (age 65+)	\$54.00	\$7.81	\$15.75	\$621.80
<b>Retiree + Family (Two have Medicare)</b>				
6 Two elect the same MA plan / one keeps city plan (less than 65)	\$108.00	\$15.62	\$31.50	\$1,047.30
7 Two elect the same MA plan / two keep city plan (both are less than 65)	\$108.00	\$15.62	\$31.50	\$458.02
8 Two elect the same MA plan / two+ keep city plan (all are less than 65)	\$108.00	\$15.62	\$31.50	\$1,178.10
9 One elects an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$54.00	\$7.81	\$15.75	\$1,647.88
10 One elects an MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$54.00	\$7.81	\$15.75	\$1,049.76
<b>Retiree + Family (Two with Medicare + one 65+ w/o Medicare)</b>				
11 Two elect the same MA plan / one keeps city plan (age 65+)	\$108.00	\$15.62	\$31.50	\$1,047.30
12 Two elect the same MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$108.00	\$15.62	\$31.50	\$621.80
<b>Retiree + Family (Three w/ Medicare)</b>				
13 Three elect an MA plan	\$162.00	\$23.43	\$47.25	\$1,305.74
14 Three elect the same MA plan / one keeps city plan (1 is less than 65)	\$162.00	\$23.43	\$47.25	\$1,047.30
15 Three elect the same MA plan / two keep city plan (both are less than 65)	\$162.00	\$23.43	\$47.25	\$458.02
16 Three elect the same MA plan / two+ keep city plan (all are less than 65)	\$162.00	\$23.43	\$47.25	\$1,178.10
17 Two elect the same MA plan / one keeps city plan (age 65+)	\$108.00	\$15.62	\$31.50	\$1,647.88
18 Two elect the same MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$108.00	\$15.62	\$31.50	\$399.60
19 Two elect the same MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$108.00	\$15.62	\$31.50	\$1,049.76
20 One elects an MA plan / two keep city plan (2 are 65+)	\$54.00	\$7.81	\$15.75	\$1,140.24
21 One elects an MA plan / two+ keep city plan (2 are 65+, 1 is less than 65)	\$54.00	\$7.81	\$15.75	\$440.72
<b>Retiree + Family (Only one has Medicare)</b>				
22 One elects an MA plan / two keep city plan (both are less than 65)	\$54.00	\$7.81	\$15.75	\$1,047.30
23 One elects an MA plan / two+ keep city plan (all are less than 65)	\$54.00	\$7.81	\$15.75	\$447.00
24 One elects an MA plan / two keep city plan (1 is 65+, 1 is less than 65)	\$54.00	\$7.81	\$15.75	\$1,178.10
25 One elects an MA plan / two+ keep city plan (1 is 65+, 2 are less than 65)	\$54.00	\$7.81	\$15.75	\$1,647.88

## Contribution chart for January 2008

Rates for Medicare Advantage plans are effective Jan. 1, 2008.

\* Rates displayed for the HMO and PPO are for participants who do not use tobacco products. If the participant or a family member uses tobacco products, the rate is \$25 higher per month. This additional amount does not apply to TexanPlus, Texas HealthSpring, or Aetna PFFS.

# PRESCRIPTION HIGHLIGHTS

Everyone talks about the importance of prescriptions, and their high cost. Some of your friends and family members hit the "donut hole." But not you! The city's five health plan choices provide seamless coverage over that gap. All five plans offer benefits much more generous than Medicare Part D.

You enjoy one of the richest prescription benefits around – fixed copayments for most covered prescriptions. Those benefits are costly. We expect to spend over \$39 million in prescriptions in 2008. That's about 22 percent of the total health plan cost. Over half that cost is for retiree prescriptions.

The chart on page 7 describes the prescription coverage from all 5 city health plans. Use this chart, the list of prescriptions on page 10, and the formulary list from each plan to determine which prescription benefits are best for you. Many of your fellow retirees say this is the most important factor when considering a new plan.

## What is Medicare Part D? – a brief overview

Part D is the prescription drug benefit for Medicare members. Medicare is contracting with many pharmacy vendors around the country to provide the benefit. Not all plans are offered in every area of the country. You are receiving many advertisements in the mail and on the phone that want you to enroll in a drug plan. There are many variations, but all plans offered have to be at least "equivalent" to the Medicare Part D benefit. That means some plans offer only the required benefit, and some plans offer additional benefits. These plans will cost different amounts, since the benefits are not the same.

We strongly suggest that you do not enroll in a Medicare Part D program if you intend to remain in a city-sponsored health plan. Medicare will not allow you to be enrolled in Part D and an MA plan at the same time. You will be dropped from the MA plan. You do not need to enroll in Part D to retain the prescription coverage offered by the city's health plans.

## What effect will Medicare Part D have on the city's health plans?

Part D will not affect the city's prescription benefits. Prescription coverage will be available without enrolling in a Part D plan. In fact, if you enroll in a stand-alone Part D plan and you are enrolled in one of the city sponsored MA plans, Medicare will cancel your medical coverage in the Medicare Advantage plan. The only coverage you will have is your Part D stand-alone prescription plan. Your city-sponsored retiree health plans provide equivalent or better prescription coverage than Medicare offers in 2008. In November of each year, you will receive a letter from the city informing you that the city's prescription benefits plans are (or are not) equivalent to Medicare Part D.

### Important Note

TexanPlus has discontinued the mail-order prescription drug benefit. Instead, you may purchase a 90-day supply of your medications for a 2-months copayment at a local in-network pharmacy. If you currently have a mail-order prescription, your doctor must write a new prescription for a 90-day supply to take to your local pharmacy.

### Mail-order pharmacy benefit

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 on-line and receive a three month supply of your medication for 2 months copayment. If you are using a non-preferred drug, the mail order plan will save you \$180 per year, per non-preferred prescription.

Plan	Aetna	Texas HealthSpring	BCBS HMO & PPO
Mail-order vendor	Aetna Rx Home Delivery	Walgreens	Prime Therapeutics

## Top ten retiree prescriptions

The chart below shows the top 10 medicines taken by retirees as of July 31, 2007, and their coverage tier under Aetna, TexanPlus, Texas HealthSpring and the HMO.

Drug, Therapy Class	Aetna	TexanPlus+	Texas HealthSpring+	HMO Blue Texas	Retail cost
					(30-day Supply)
Lipitor Cholesterol 20 mg tab	2	2	2	3	\$121.99
Nexium GERD 40 mg capsule	2 <sup>ΔΔ</sup>	2	not covered	2 <sup>Δ</sup>	\$161.99
Enbrel Arthritis 50 mg/ml injection	3 <sup>**</sup>	3 <sup>**</sup>	2 <sup>**</sup>	2 <sup>*</sup>	\$1,529.99
Actos Diabetes 30 mg tab	2	2	2	2	\$196.99
Tracleer Primary pulmonary hypertension	2 <sup>**</sup>	3	3 <sup>**</sup>	2	\$4,120.44
Prevacid GERD 15 mg capsule	2 <sup>ΔΔ</sup>	2	2	3	\$164.99
Diovan High blood pressure; 80 mg tablet	2	2	2	2 <sup>*</sup>	\$70.09
Coreg High blood pressure; 25 mg tablet	2	2	2	2	\$139.99
Protonix GERD; 40 mg tablet	2 <sup>ΔΔ</sup>	3	2	2 <sup>Δ</sup>	\$128.99
Fentanyl (generic) pain; 50 MCG patch	1	1	1	1	\$243.99

- + Indicates closed formulary.
- \* Included in step therapy program.
- \*\* Requires prior authorization.
- Δ Dispensing limits.
- ΔΔ Prior authorization and quantity limits.

### 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 2008 serves as the model for Medicare Advantage formularies. View the 2008 formularies at these three Web sites:

Aetna PFFS  
[www.aetnamedicare.com](http://www.aetnamedicare.com)

TexanPlus  
[www.sctexas.com](http://www.sctexas.com)

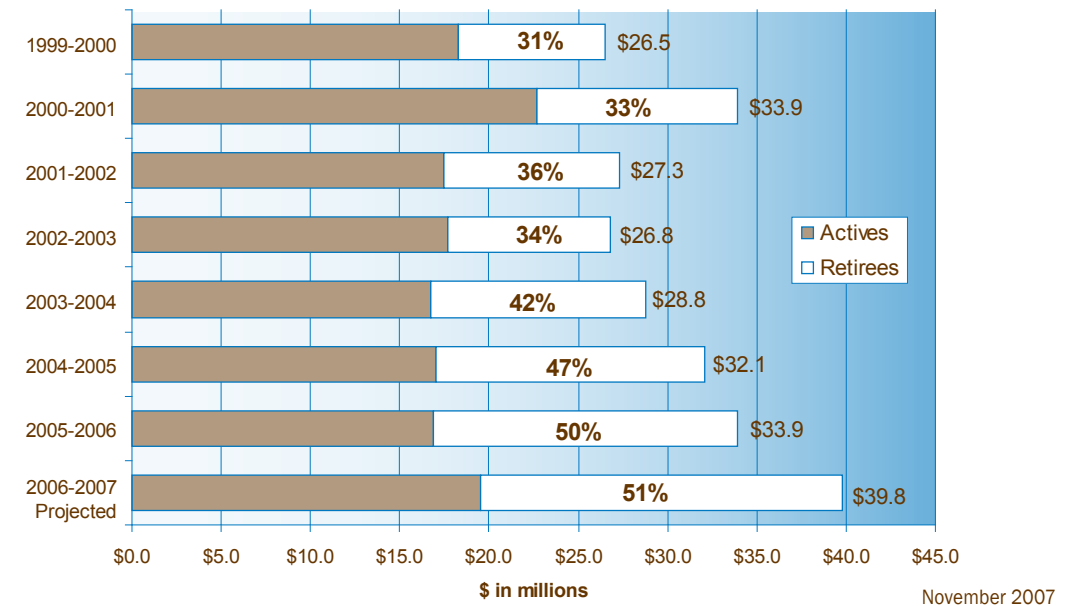
Texas HealthSpring  
[www.texashealthspring.com](http://www.texashealthspring.com)

HMO Blue Texas  
[www.bcbstx.com](http://www.bcbstx.com)

Formularies may change each Jan. and May.

## Retiree prescriptions as a percent of total prescriptions

In this plan year, the city expects to spend more than \$39 million on prescriptions for all plan members. Retiree prescriptions are projected to be 51 percent of that amount, over \$20 million.



Note: Beginning with 2006 - 2007, BCBSTX data is reflective of the 5/1 - 4/30 plan year, and Medicare Advantage data is reflective of the calendar year, 1/1 - 12/31.

### Winning Tip

To find a participating pharmacy, go to one of the Web sites listed in the box above and click on the 2008 pharmacy or provider finder option.

### Medicare Advantage

TexanPlus and Texas HealthSpring will provide semi-annual statements of your prescription utilization while enrolled in their plan. Aetna will provide monthly statements if you have claims.