ERS®
Employees Retirement System of Texas

MEDICARE HEALTH PLANS COMPARISON CHART
PLAN YEAR 2020

The plan year for HealthSelect℠ MA PPO and KelseyCare Advantage MA HMO is January 1 to December 31. The plan year for the other plans is September 1 to August 31.This chart is intended to provide a general comparison of GBP benefits and is subject to change.

Benefit	Original Medicare[4] (Medicare rates are subject to change)	HealthSelect MA PPO (No coordination with Medicare is necessary)	Medicare Primary, HealthSelect℠ Secondary (HealthSelect and Medicare coordinate benefits for you)	Medicare Primary, GBP HMO Secondary (GBP HMO plans coordinate benefits with Medicare for you) Community First, Scott and White	KelseyCare Advantage MA HMO (No coordination with Medicare is necessary)
Calendar year deductible	$185	None	$200 per individual $600 per family	None	None
Office visits in conjunction with an illness or injury	20%	$0	$0 copay / 30%[4,7] coinsurance	$0 copay / $25 or $40[6,7] copay	$0
Specialty physician office visit	20%	$0	$0 copay / 30%[4,7] coinsurance	$0 copay / $40[7] copay	$0
Diagnostic tests and x-rays, including allergy testing	20%	$0	$0 copay / 30%[4,7] coinsurance	$0 copay / 20%[7] coinsurance	$0
Diagnostic mammography	20%	$0	$0 copay / 30%[4,7] coinsurance	$0 copay / 20%[7] coinsurance	$0
Diagnostic lab services	$0	$0	$0 copay / 30%[4,7] coinsurance	$0 copay / 20%[7] coinsurance	$0
Preventive services* (such as screening mammogram, physical, well woman exam, prostate cancer screening, etc.)	$0[1,3] Does not cover lab tests	$0[1,3] Covers screening lab tests	$0*	$0[1]	$0[1,3]
Mental health and substance use disorder					
a. Outpatient physician or mental health provider office visits	20%	$0	$0 copay / 30%[4,7] coinsurance	$25[7]	$0
b. Hospital—Inpatient stay (semi-private room and days board, and intensive care unit)	$0[5] after the following amounts for each benefit period: $1,316 deductible for days 1-60 $329 copay per day (days 61-90) $658 copay per lifetime reserve day (days 91-150)	$0 per admission	$0[8] copay / 30%[4,7] insurance	$0[8] If provider doesn't accept Part A, then coverage is $150 copay/day up to $750 per admission and $2,250 per Calendar Year. 20%[7], after copay	$0
c. Outpatient facility care (partial hospitalization/ day treatment and extensive outpatient treatment)	20%	$0	$0 copay / 30%[4,7] coinsurance	$25 copay[7] Prior authorization required	$0
Office surgery and diagnostic procedures	20%	$0	$0 copay / 30%[4,7] coinsurance	20% coinsurance[7]	$0
Immunizations*	$0	$0	$0	$0	$0
High-tech radiology (CT scan, MRI, nuclear medicine)	20%	$0	$0 copay / 30%[4,7] insurance	$0 copay / $100 copay plus 20% coinsurance[7]	$0
Allergy injections and serum	20%	$0	$0 copay / 30%[4,7] coinsurance	$0 copay / 20%[7] coinsurance	$0

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Routine eye exam	Does not cover	$0[1]	30%[1,4] coinsurance	$40 copay[2]	$0[1]
Vision (Contact lens fitting exams are not covered)	Frames: You pay 100% for non-covered services 20% for one pair of eyeglasses after each cataract surgery with an intraocular lens.	$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.	Frames: Does not cover	Not covered	$150 plan coverage limit for eyewear, glasses, and/or contact lenses every two years unrelated to post-cataract surgery.[10] Allowance can only be used on date of service.
	Contacts: You pay 100% for non-covered services 20% for one set of contact lenses after each cataract surgery with an intraocular lens.	$0 for one pair of eyeglasses or contact lenses after each cataract surgery that includes insertion of an intraocular lens.	Contacts: Does not cover	Community First: You receive a $125 allowance every 2 years in lieu of glasses[9] Scott & White: Does not cover	
Routine hearing test	Does not cover	Does not cover	30%[4] coinsurance	Without office visit: 20% coinsurance, With office visit: $40 copay plus 20% coinsurance	$0 copay for up to one supplemental routine hearing exam every year[1,2]
Diagnostic speech and hearing testing	20%	$0	$0 copay / 30%[4,7] coinsurance	Without office visit: $0 copay / 20%[7] coinsurance With office visit: $0 copay / $40 copay plus 20% coinsurance[7]	$0 for Medicare-covered diagnostic hearing exams
Speech and hearing therapy	20%	$0	$0 copay / 30%[4,7] coinsurance	Without office visit: $0 copay / 20% coinsurance[7] With office visit: $0 copay / $40 copay plus 20% coinsurance[7]	$0
Hearing aids	Does not cover	$1,000 benefit allowance per ear every 3 years	$1,000 benefit allowance per ear every 3 years	$1,000 benefit allowance per ear every 3 years (Repairs not covered)	$1,500 plan coverage limit for hearing aids every 2 years (Does not include battery replacement) $0 copayment for up to one hearing aid fitting/ evaluation every year[2]
Chiropractic care	20% for Medicare-covered chiropractic services	30% for specialist office visit for routine services, up to a maximum of a $75 benefit per visit. Benefit is limited to 30 visits per plan year. $0 Medicare-covered chiropractic services.	$0 copay / 30%[4,7] coinsurance	Community First: $0 copay / $40 copay[7] Benefit is limited to 30 visits per plan year. Scott & White: Without office visit: 20%[7]; with office visit: $40 copay plus 20%[7]. Benefit is limited to 35 visits per calendar year; 5 per month	$0 for each Medicare-covered visit
Urgent care clinic	20%	$0	$0 copay / 30%[4,7] coinsurance	$0 copay / $50 copay plus 20% coinsurance[7]	$0
Emergency room care	20% Plus emergency room copay (waived if admitted to hospital within 3 days of emergency room visit)	In U.S.: $0 Outside U.S. and Puerto Rico: 20% after $100 deductible. Limited to $25,000 per plan year or 60 consecutive days, which ever is greater.	$0 copay/30%[4,7] coinsurance	$0 copay/ $150 copay plus 20% coinsurance[7]. In-area and out-of-area covered at copay listed.	In U.S.: $0 Outside U.S.: 20% after $250 deductible

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Inpatient hospital (semi-private room and days board, and intensive care unit)	$0 after the following amounts for each benefit period[5]: $1,316 deductible for days 1-60 $329 copay per day (days 61-90) $658 copay per lifetime reserve day (days 91-150)	$0	$0[8] copay / 30%[4,7] insurance	$0[8] If provider doesn't accept Part A, then coverage is $150 copay/day up to $750 per admission and $2,250 per Calendar Year. 20% after copay[7]	$0 No limit to the number of days covered by the plan each benefit period[5]
Outpatient surgery	20% Specified copay for outpatient hospital facility charges	$0	$0 copay / 30% [4,7] insurance	$0 copay / $100 copay plus 20% coinsurance[7]	$0
Skilled nursing facility	Days 1-20: $0 (3-day hospital stay required) Days 21-100: $164.50 coinsurance per day Per benefit period[5]	$0 up to 100 days per benefit period (no 3-day hospital stay is required) You pay 100% after 100 days	No deductible Plan pays 100%	$0 copay / 20%[7] coinsurance	Days 1-100: $0 copayment per day Plan covers up to 100 days each benefit period[5] No prior hospital stay is required
Home health care	$0	$0	$0 copay/30%[4,7] coinsurance for home infusion therapy Plan pays 100% for all other home health care services with a maximum of 100 visits per calendar year	$0 copay / 20%[7] coinsurance	$0
Hospice	5% of the Medicare-approved amount for inpatient respite care $5 copay for pain management drugs	Same benefits as under Original Medicare	$0 copay / 30%[4,7] coinsurance	$0 copay / 20%[7] coinsurance	Same benefits as under Original Medicare You must receive care from a Medicare-certified hospice
Ambulance	20%	$0	$0 copay/30%[4,7] coinsurance Emergency care only. Not applicable to non-emergent transportation services.	$0 copay / 20%[7] coinsurance	$0
Private duty nursing	Does not cover	30% Pays a maximum benefit of $8,000 per calendar year	30%[4] Unlimited hours	$0 copay / 20%[7] coinsurance	Does not cover

*Under the Affordable Care Act, certain preventive health and women's services are paid at 100% (at no cost to the participant) conditioned upon physician billing and diagnosis. In some cases, you may still be responsible for payment on some services. Some age requirements may apply.

[1] One per calendar year.

[2] One per plan year.

[3] No copayment for a pap smear once every 24 months; once every 12 months for those at high risk.

[4] After payment of deductible. HealthSelect note: Medicare and HealthSelect deductibles run concurrently. Participant may be responsible for some charges when the provider does not accept Medicare assignment.

[5] A "benefit period" starts the day you go into the hospital. It ends after 60 days in a row without returning to hospital care. If you go into the hospital after one benefit period has ended, a new benefit period will begin. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you may have.

[6] Copayment amount depends on whether treatment is provided by a PCP or specialist.

[7] Payment amount is dependent upon the coordination of benefits (COB) between your carrier (HealthSelect, Community First, Scott and White) and Original Medicare. Sometimes this means your expense is $0, but charges will vary depending upon COB. Please reference your Master Benefit Plan Document (MBPD) for more information.

[8] In the event that the provider/facility does not accept Medicare assignment (so the charges are not covered by Medicare and therefore not subject to COB); you may be responsible for copay(s) and/or a coinsurance. Please see your Master Benefit Plan Document (MBPD) for more information.

[9] ERS cannot and does not guarantee the length of time that a specific type of "Value-Added" product shall be offered. Any questions or concerns about these products should be directed to your carrier.

[10] Does not count toward out-of-pocket maximum.

How much does it cost?

Premiums for ERS Medicare Advantage plans are much lower than what you're paying now to cover a Medicare-eligible dependent. You must continue paying Medicare Part B premiums with all health plans.

Plan Year 2020 (January 1 – December 31, 2020)

Coverage level	HealthSelect MA PPO Premium	HealthSelect of Texas® Premium	Your savings with HealthSelect MA PPO	KelseyCare Advantage MA HMO Premium	Your savings with KelseyCare Advantage MA HMO
Retiree only	$0.00	$0.00	$0.00	$0.00	$0.00
Retiree & spouse	$151.70	$358.00	$206.30	$127.12	$230.88
Retiree & children	$151.70	$239.70	$88.00	$127.12	$112.58
Retiree & family	$303.40	$597.70	$294.30	$254.24	$343.46
Surviving spouse only	$303.40	$716.00	$412.60	$254.24	$461.76
Surviving children only	$303.40	$479.40	$176.00	$254.24	$225.16
Surviving spouse & children	$606.80	$1,195.40	$588.60	$508.48	$686.92

Plan Name	Plan Administrator	Prescription Drug	Description
HealthSelect MA PPO	Humana (855) 377-0001	HealthSelect℠ Medicare Rx through UnitedHealthcare	Humana administers your Medicare; doctors and other providers file one claim with Humana.
HealthSelect of Texas HealthSelect Secondary	Blue Cross and Blue Shield of Texas (800) 252 - 8039	HealthSelect Medicare Rx through UnitedHealthcare	Medicare pays primary and HealthSelect pays secondary.
KelseyCare Advantage MA HMO	KelseyCare Advantage (Houston area) (877) 853-9075	HealthSelect Medicare Rx through UnitedHealthcare	KelseyCare Advantage administers your Medicare; doctors and other providers file one claim with KelseyCare Advantage. (available only to members in the Houston area)
Scott and White Health Plan (HMO)	Scott and White (Central Texas) (800) 321-7947	Optum Rx	Medicare pays primary and HMO pays secondary. (available only to members in the Central Texas area)
Community First Health Plans (HMO)	Community First (San Antonio area) (877) 698-7032	Navitus Health Solutions	Medicare pays primary and HMO pays secondary. (available only to members in the San Antonio area)