

## Retiree Health Plans Comparison Chart

### Hearing, Vision, and Speech Services

Benefit	You pay with Original Medicare	You pay with Humana Medicare Advantage (effective January 1, 2012)	You pay with HealthSelect Secondary and Medicare (HealthSelect and Medicare coordinate benefits for you)	You pay with a GBP HMO and Medicare (Both Community First and Scott & White coordinate benefits with Medicare for you)		You pay with KelseyCare Medicare Advantage HMO
<b>Calendar year deductible</b>	\$162	None	\$200 per individual \$600 per family	None		None
<b>Routine eye exam</b>	Does not cover	\$0 <sup>1</sup>	30%* <sup>1,3</sup>	<ul style="list-style-type: none"> <li>Without office visit: 20%*<sup>2,4</sup></li> <li>With office visit: \$40 copay plus 20%*<sup>2,4</sup></li> </ul>		\$0 <sup>1</sup>
<b>Vision coverage</b>	Eye exam: Does not cover	Eye exam: \$5 off retail price <sup>5</sup>	Eye exam: 15% or \$5 off the retail price <sup>5</sup>	Community First: \$40	Scott & White: Does not cover	You receive a \$150 allowance toward the purchase of eyewear every 2 years
	Frames: Does not cover	Frames: 40% off retail price <sup>5</sup>	Frames: <ul style="list-style-type: none"> <li>\$40 for frames up to \$70<sup>5</sup></li> <li>\$40 + 10% off the amount over \$70<sup>5</sup></li> </ul>	Community First: You receive a \$125 allowance every 2 years in lieu of contacts	Scott & White: Does not cover	
	Contacts: Does not cover	Contacts: 15% less off retail price <sup>5</sup>	Contacts: 20% less for contacts <sup>5</sup>	Community First: You receive a \$125 allowance every 2 years in lieu of glasses	Scott & White: Does not cover	
<b>Routine hearing test</b>	Does not cover	Does not cover	30% <sup>3</sup>	Community First: <ul style="list-style-type: none"> <li>Without office visit: 20%<sup>4</sup></li> <li>With office visit: \$40 copay plus 20%<sup>4</sup></li> </ul>	Scott & White: \$0 <sup>4</sup>	\$0
<b>Diagnostic speech and hearing testing</b>	20% <sup>3</sup>	\$0	\$0 <sup>3</sup> – 30% <sup>4</sup>	<ul style="list-style-type: none"> <li>Without office visit: \$0 – 20%<sup>4</sup></li> <li>With office visit: \$0-\$40 + 20%<sup>4</sup></li> </ul>		\$0 <sup>1</sup>
<b>Hearing Aids</b>	Does not cover	\$500 benefit allowance per ear every 3 years	\$500 benefit allowance per ear every 3 years	\$500 benefit allowance per year every 3 years		\$0 copayment for up to 2 hearing aids every 2 years
<b>Speech and hearing therapy</b>	20% <sup>3</sup>	\$0	\$0 <sup>3</sup> – 30% <sup>4</sup>	<ul style="list-style-type: none"> <li>Without office visit: \$0 – 20%<sup>4</sup></li> <li>With office visit \$0-\$40 + 20%<sup>4</sup></li> </ul>		\$0

Under the Affordable Care Act, certain preventive health services are paid at 100% (i.e. at no cost to the member) conditioned upon physician billing and diagnosis. In some cases, you will still be responsible for payment on some services.

<sup>1</sup> One per calendar year.

<sup>2</sup> One per plan year.

<sup>3</sup> After payment of deductible. HealthSelect note: Medicare and HealthSelect deductibles run concurrently. Member may be responsible for some charges when the provider does not accept Medicare assignment, or does not have a Par Plan contract with BCBSTX.

<sup>4</sup> Payment amount is dependent upon the coordination of benefits (COB) between your carrier (HealthSelect, Community First, Scott & White, KelseyCare MA HMO) and Original Medicare. Sometimes this means your expense is \$0, but charges will vary depending upon COB. Please reference your Summary of Benefits for more information.

<sup>5</sup> 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.