

## Retiree Health Plans Comparison Chart

### Hospital and Urgent Care

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>	\$140	None	\$200 per individual \$600 per family	None	None
<b>High-tech Radiology (CT Scan, MRI, Nuclear Medicine)</b>	20% <sup>1</sup>	\$0	\$0 <sup>1</sup> – 30% <sup>3</sup>	\$0- 20% <sup>3</sup>	\$0
<b>Urgent care clinic</b>	20% <sup>1</sup>	\$0	\$0 <sup>1</sup> – 30% <sup>3</sup>	\$0-\$50 + 20% <sup>3</sup>	\$0
<b>Emergency room care</b>	20% <sup>1</sup> Plus emergency room copayment (waived if admitted to hospital within 3 days of emergency room visit)	In U.S.: \$0 Outside U.S.: 20% after \$100 deductible	\$0 <sup>1</sup> – 30% <sup>3</sup>	\$0-\$150 + 20% <sup>3</sup>	In U.S.: \$0 Outside U.S.: 20% after \$250 deductible
<b>Inpatient hospital (semi-private room and days board, and intensive care unit)</b>	\$0 after the following amounts for each benefit period <sup>2</sup> <ul style="list-style-type: none"> <li>\$1,132 deductible for days 1-60;</li> <li>\$283 copayment per day (days 61-90);</li> <li>\$566 copayment per lifetime reserve day (days 91-150)</li> </ul>	\$0	\$0 <sup>3,4</sup>	\$0 <sup>3,4</sup>	<ul style="list-style-type: none"> <li>No limit to the number of days covered by the plan each benefit period<sup>2</sup></li> <li>\$0 for each Medicare-covered hospital stay</li> <li>\$0 for additional hospital days</li> </ul>
<b>Outpatient surgery</b>	20% <sup>1</sup> Specified copayment for outpatient hospital facility charges.	\$0	\$0 - \$100 <sup>1</sup> + 30% <sup>3</sup>	\$0-\$100 + 20% <sup>3</sup>	<ul style="list-style-type: none"> <li>\$0 for each Medicare-covered ambulatory surgical center visit</li> <li>\$0 for each Medicare-covered outpatient hospital facility visit</li> </ul>
<b>Ambulance</b>	20% <sup>1</sup>	\$0	\$0 <sup>1</sup> – 30% <sup>3</sup>	\$0 – 20% <sup>3</sup>	\$0

<sup>1</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>2</sup> 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.

<sup>3</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>4</sup> 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 copayment(s) and/or a coinsurance. Please see your Summary of Benefits for more information.