

Retiree Health Plans Comparison Chart Office Visits and Tests

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
Calendar year deductible	\$140	None	\$200 per individual \$600 per family	None	None
Office visits in conjunction with an illness or injury	20% ²	\$0	\$0 ² – 30% ⁴	\$0-\$25	\$0
Specialty physician office visit	20% ²	\$0	\$0 ² – 30% ⁴	\$0-\$40	\$0
Diagnostic tests and x-rays, including allergy testing	20% ²	\$0	\$0 ² – 30% ⁴	\$0 – 20% ⁴	\$0
Diagnostic lab services	\$0	\$0	\$0 ²	\$0 – 20% ⁴	\$0
Physical	\$0 for one exam every 12 months Does not cover lab tests	\$0 ¹ Covers screening lab tests	\$0 ^{1,2}	\$0-\$25/\$40 ³	\$0 ¹
Office surgery and diagnostic procedures	20% ²	\$0	\$0 ²	\$0- 20% ⁴	\$0
Allergy injections and serum	20% ²	\$0	\$0 ² – 30% ⁴	\$0 – 20% ⁴	\$0
Chiropractic care	20% ² for Medicare-covered chiropractic services	\$0 for Medicare-covered chiropractic services	\$0 ² – 30% ⁴	Does not cover	\$0 for each Medicare-covered visit

¹ One per calendar year.

² 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.

³ Copayment amount depends on whether treatment is provided by a PCP or specialist.

⁴ 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.