Medicare
Retirees Guide

FORT WORTH®

Open Enrollment Starts October 1, 2016 and Ends October 17, 2016.

2017 Plan Highlights

The Benefits Office encourages you to review your benefit options carefully. If you are making plan changes, you will need to submit an enrollment form. Enrollment forms mailed in must be **POSTMARKED by October 17, 2016.**

- Introduction of a new pharmacy tier for specialty medications; after the deductible a 20% coinsurance to a maximum of $200 /script will apply.
- A premium increase of 5%
- Free membership in Silver Sneakers.
- $200 reimbursement for eyewear every 24 months, call Vision Discount Program at 800-793-8616
- $2,000 Hearing Aid reimbursement once every 36 months. Call 888-432-7464 for assistance.
- Centers for Medicare and Medicaid Services (CMS) requires Aetna to send communications to MAPD members, however a large portion of those communications only apply to individual plan coverage - not your group plan coverage. For example, only the totals shown for the amount of your prescription cost that would make you eligible for the “donut hole” you should keep; ignore any reference to you paying an amount other than the copay when you do enter the donut hole. You pay prescription copays for the full year unless you reach the catastrophic level, then you pay $0 for prescriptions the remainder of the year.

If you do not want to make medical or dental plan changes, you do not need to do anything, your coverage will continue in 2017.

Medical Benefits at a Glance (Your cost)

Medicare Advantage with Prescription Drug Plan (MAPD)	Medicare 100 ESA PPO In-Network and Out of Network
Annual Deductible Individual/Family	None
Annual Out-of-Pocket-maximum (Excluding Deductible) Individual/Family **Your coinsurance**	None None
Physician Services Office Visits PCP Office Visits Specialist Independent Diagnostic Lab & X-Ray Services **Preventive Office Visits** Annual Visits: OB-GYN, well child care, mammogram, PSA	 $0 Copay $0 Copay $0 Copay $0 Copay
Colonoscopy - Initial Screening 1 screening every 12 months for individual age 50 & over	$0 Copay
Hospital Services Inpatient hospitalization Outpatient Facility	 $0 Copay $0 Copay
Emergency Services Emergency Room Urgent Care	 $0 Copay $0 Copay
Mental Health Inpatient hospitalization Outpatient Facility (per visit)	 $0 Copay $0 Copay
Durable Medical Equipment (DME)	$0 Copay
Prescriptions Annual Deductible Individual/Family Select Care Generic/Generic/Preferred/ Non-Preferred Retail (30 day supply) Mail Order (90 day supply) Specialty Pharmacy	 $50 per person $1.00/$10/$30/$50 $2.50/$25/$75/$125 20% to max $200

If you choose to drop your medical coverage you cannot re-enroll in medical through the City again.

Dental Benefits at a Glance

	DeltaCare (DHMO)		Dental PPO (DPPO)	
	DHMO - Low Option	DHMO - High Option	DDPO - Low Option	DPPO - High Option
Deductible	None	None	$50 per person $150 per family	$50 per person $150 per family
Annual Maximum	None	None	$1,000 per person	$1,500 per person
Provider	Member must use participating provider	Member must use participating provider	Unlimited - PPO Network available	Unlimited - PPO Network available
Preventive & Diagnostic Care	You pay fixed copayments according to the plan's schedule of benefits	You pay fixed copayments according to the plan's schedule of benefits	Plan pays 100% with no deductible	Plan pays 100% with no deductible
Basic Restorative Care	You pay fixed copayments according to the plan's schedule of benefits - **Specialist referral is required under this plan.**	You pay fixed copayments according to the plan's schedule of benefits - **Specialist referral is required under this plan.**	Plan pays 50%	Plan pays 80%
Major Restorative Care	You pay fixed copayments according to the plan's schedule of benefits - **Specialist referral is required under this plan.**	You pay fixed copayments according to the plan's schedule of benefits - **Specialist referral is required under this plan.**	Plan pays 50%	Plan pays 50%
Orthodontia **Lifetime Maximum**	You pay fixed copayments according to the plan's schedule of benefits None	You pay fixed copayments according to the plan's schedule of benefits. None	NA NA	Plan pays 50% $1,000 Dependent Children to age 26 and Adults
Implants	Not Covered	Not Covered	Plan pays 50%	Plan pays 50%
Additional Information	When referable services are provided by a contract specialist including an oral surgeon, endodontist, periodontist or pediatric dentist, the enrollee pays 75% of that dentist's "filed fees."		You may be balanced billed for going to a non-Delta Dental PPO network dentist. You will be billed the difference between the PPO fee and the Delta Dental Premier dentist fee or Out-of-Network dentist fee.	You may be balance billed for going to a non-Delta Dental network dentist.

Dependent Eligibility

Retiree's spouse, common law spouse, a natural child, foster child, stepchild, grandchild, legally adopted child or child under the retiree's legal guardianship or custodianship.

Dependent Certification

In order to add your dependents to the dental plan, you need to supply Benefits with the required forms of proof of relationship status. For children this is typically their birth certificate. For spouse this would be a marriage certificate and last year's tax return. For additional acceptable documentation please go to http://fortworthtexas.gov/benefits/medicare/.

Contacts

City of Fort Worth Benefits Office
Phone: 817-392-8644
Fax: 817-392-2624
http://fortworthtexas.gov/benefits/medicare/
Benefits_Retirees@fortworthtexas.gov

Aetna
Aetna Medicare Member Services 888-267-2637
Vision Discount Program: 800-793-8616
HearPO: 888-432-7464
GlobalFit: 800-298-7800

Aetna Navigator
www.aetna.com

- Check claims
- Find doctors
- Access your health records
- Cost calculator
- Discount programs

Aetna Mobile
With Aetna Mobile, you can download an application to your smart phone that allows you to:

- Pull up your medical ID card information
- Get estimated costs of prescriptions
- Locate doctors and specialists in your area
- Search claims
- Check benefits and coverage information

Delta Dental
DPPO 800-521-2651
www.deltadentalins.com

DHMO 800-422-4234
www.deltadentalins.com

Nearsite Clinic USMD
817-566-7466
www.usmd.com/caretoday-fort-worth.html

457 Plan TIAA
800-842-2252
www.tiaa.org/fortworth

Retirement Programs
Fort Worth Employees Retirement Fund
817-632-8900
www.fwretirement.org

About this document

This document describes the benefit plans available to you as a retiree of the City of Fort Worth. The details of these plans are contained in the official plan documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD).

If there is ever a question about one of the plans, or if there is a conflict between the information in this guide and the formal language of the plan documents, the formal wording in the plan document will govern.

Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of the City of Fort Worth.