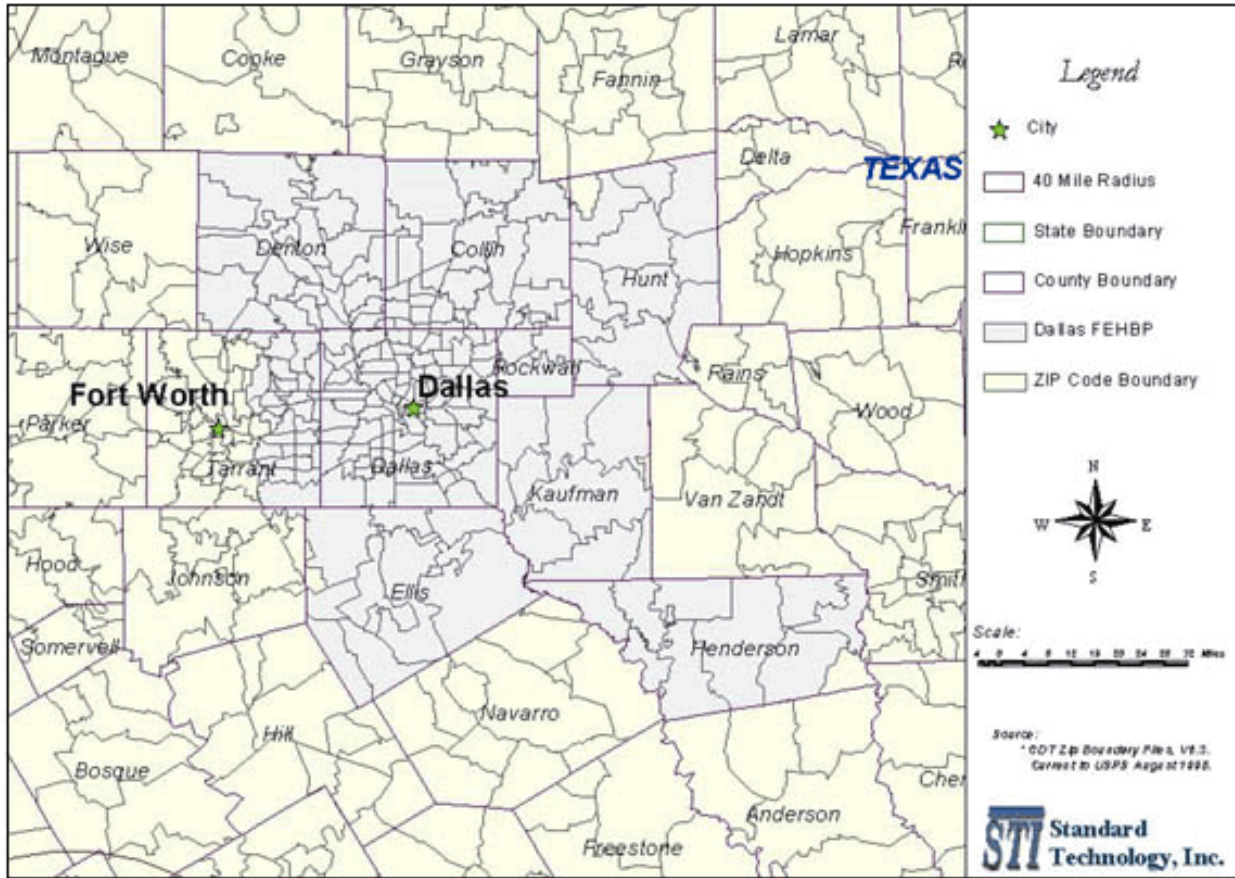


APPENDIX E

DALLAS, TEXAS

- 1) Map of Demonstration Area**
- 2) Summary of Local FEHBP Options**
- 3) Summary of Medicare+Choice Options**

FEBHP Demonstration: Dallas, Texas



Dallas FEHBP Options

Medical/Surgical Benefits Plans	Type of plan	Service Area	In Network You Pay				Monthly	
			Primary care doctor	Hospital room copay/ insurance	Prescription drugs, generic	Prescription drugs, brand	Self only	Self & family
Aetna U.S. Helathcare	HMO	Dallas/Ft. Worth	\$10	0	\$5	\$10	342.28	684.55
Humana Health Plan of Texas -	HMO	Dallas/Ft. Worth and Austin areas	\$10	0	\$5	\$10	235.12	572.57
NYLCare Health Plan SW	HMO	Dallas/Ft. Worth/East and West Texas	\$10	0	\$5	\$10	176.49	353.00
Pacificare of Texas	HMO	San Antonio/Houston/Glveston/Dallas/Ft. Worth/Glf Coast	\$10	0	\$5	\$10	256.92	667.95
Texas Health Choice	HMO	Dallas/Ft. Worth	\$10	0	\$6	\$12	278.53	557.05

POS										
APWU Health Plan – Eastern and Central Texas										
Your share of premium	In Network You Pay			Out of Network You Pay			R/Brand/Local			
	Primary care doctor	Hospital room copay/ insurance	Prescription drugs, generic	Prescription drugs, brand	Primary care doctor office copay	Hospital inpatient R&B charges	Prescription drugs, generic	Out of Network You Pay	40%	40%
129.65	\$10	0	20%	20%	30%	30%	40%	30%	40%	40%
278.07	\$10	0	20%	20%	30%	30%	40%	30%	40%	40%

FEHBP Quality Ratings

Plan Name	Satisfaction Indicators							
	Overall plan satisfaction	Getting needed care	Getting care quickly	How well doctors communicate	Courteous and helpful office staff	Customer service	Claims processing	Child survey Overall satisfaction
Aetna U.S. Helathcare	3	3	3	2	2	3	3	3
Humana Health Plan of Texas -	3	3	2	2	2	3	3	
NYLCare Health Plan SW	3	3	3	3	3	2	2	2
Pacificare of Texas	2	3	2	2	2	2	3	2
Texas Health Choice	2	3	2	3	2	3	2	3
APWU Health Plan	3	3	2	2	3	3	3	3

DALLAS, TX MEDICARE HEALTH PLAN COMPARISONS

	<p>Harris Methodist Health Plan</p> <p>The Senior Health Plan (H4559 - 003)</p> <p>You pay nothing if you have Medicare Parts A and B.</p> <p>You pay \$7 for each visit with your personal physician.</p> <p>You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.</p> <p>You need a referral to see a specialist some of the time. Contact plan for details.</p>	<p>NYLCare, an Aetna U.S. Healthcare Company</p> <p>Medicare 10 (H4507 - 001)</p> <p>Greater Dallas/Ft. Worth</p> <p>You pay nothing if you have Medicare Parts A and B.</p> <p>You pay \$10 for each visit with your personal physician.</p> <p>You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.</p> <p>You need a referral to see a specialist some of the time. Contact plan for details.</p>	<p>NYLCare, an Aetna U.S. Healthcare Company</p> <p>Medicare 5 (H4507 - 002)</p> <p>Gulf Coast Area A</p> <p>You pay nothing if you have Medicare Parts A and B.</p> <p>You pay \$5 for each visit with your personal physician.</p> <p>You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.</p> <p>You need a referral to see a specialist some of the time. Contact plan for details.</p>	<p>NYLCare, an Aetna U.S. Healthcare Company</p> <p>Medicare Premier (H4507 - 003)</p> <p>Greater Dallas/Ft. Worth</p> <p>You pay \$27 a month if you have Medicare Parts A and B.</p> <p>You pay \$5 for each visit with your personal physician.</p> <p>You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.</p> <p>You need a referral to see a specialist some of the time. Contact plan for details.</p>
Premium (Part B - \$45.50/month in 2000)				
Physician Visits				
Inpatient Hospital				
Doctor Choice				

	Harris Methodist Health Plan The Senior Health Plan (H4559 - 003)	NYLCare, an Aetna U.S. Healthcare Company Medicare 10 (H4507 - 001) Greater Dallas/Ft. Worth	NYLCare, an Aetna U.S. Healthcare Company Medicare 5 (H4507 - 002) Gulf Coast Area A	NYLCare, an Aetna U.S. Healthcare Company Medicare Premier (H4507 - 003) Greater Dallas/Ft. Worth
Prescription Drugs	Prescription drugs are covered with limits. You pay \$5 per generic prescription. You pay \$20 per brand name prescription. You have an unlimited generic drug benefit. Your brand name prescription drugs are covered up to \$1,000 per year. You must use plan-approved prescription drugs.	Prescription drugs are covered with limits. You pay \$15 per generic prescription. You pay \$15 per brand name prescription. Your generic and brand name prescription drugs are covered up to \$500 per year. You must use plan-approved prescription drugs. There are other limits on prescription drugs. Contact plan for details.	Prescription drugs are covered with limits. You pay \$10 per generic prescription. You pay \$20 per brand name prescription. You have an unlimited generic drug benefit. Your brand name prescription drugs are covered up to \$1,000 per year. If you do not use plan-approved drugs, your costs may be different. There are other limits on prescription drugs. Contact plan for details.	Prescription drugs are covered with limits. You pay \$10 per generic prescription. You pay \$20 per brand name prescription. You have an unlimited generic drug benefit. Your brand name prescription drugs are covered up to \$1,500 per year. If you do not use plan-approved drugs, your costs may be different. There are other limits on prescription drugs. Contact plan for details.
Physical Exams	You pay \$7 for a physical exam. You are covered for 1 physical exam(s) per year.	You pay \$10 for a physical exam. You are covered for 1 physical exam(s) per year.	You pay \$5 for a physical exam. You are covered for 1 physical exam(s) per year.	You pay \$5 for a physical exam. You are covered for 1 physical exam(s) per year.
Vision Services	You have some coverage for glasses, contacts and routine eye exams. Contact plan for details.	You have some coverage for glasses, contacts and routine eye exams. Contact plan for details.	You have some coverage for glasses, contacts and routine eye exams. Contact plan for details.	You have some coverage for glasses, contacts and routine eye exams. Contact plan for details.

	Harris Methodist Health Plan The Senior Health Plan (H4559 - 003) You are covered for some other dental care beyond the basic Medicare benefit. Contact plan for details.	NYLCare, an Aetna U.S. Healthcare Company Medicare 10 (H4507 - 001) Greater Dallas/Ft. Worth You are covered for some other dental care beyond the basic Medicare benefit. Contact plan for details.	NYLCare, an Aetna U.S. Healthcare Company Medicare 5 (H4507 - 002) Gulf Coast Area A You are covered for some other dental care beyond the basic Medicare benefit. Contact plan for details.	NYLCare, an Aetna U.S. Healthcare Company Medicare Premier (H4507 - 003) Greater Dallas/Ft. Worth You are covered for some other dental care beyond the basic Medicare benefit. Contact plan for details.
Dental				

DALLAS, TX MEDICARE HEALTH PLAN COMPARISONS (cont.)

	Pacificare of Texas, Inc. Secure Horizons – Plan Area B – Dallas (H4590-011) Dallas, TX You pay nothing if you have Medicare Parts A and B.	Scott and White Health Plan Scott and White Health Plan (H4564-001) Central Texas You pay \$79 a month if you have Medicare Parts A and B.	Scott and White Health Plan Scott and White Health Plan (H4564-002) Central Texas You pay \$49 a month if you have Medicare Parts A and B.	Scott and White Health Plan Scott and White Health Plan (H4564-003) Central Texas You pay nothing if you have Medicare Parts A and B.
Premium (Part B - \$45.50/month in 2000)				
Physician Visits	You pay \$6 for each visit with your personal physician.	You pay nothing to see your personal physician.	You pay nothing to see your personal physician.	You pay \$10 for each visit with your personal physician.
Inpatient Hospital	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.	You pay \$300 for each admission to a plan hospital.

	<p>Pacificare of Texas, Inc. Secure Horizons – Plan Area B – Dallas (H4590-011) Dallas, TX</p>	<p>Scott and White Health Plan Scott and White Health Plan (H4564-001) Central Texas</p>	<p>Scott and White Health Plan Scott and White Health Plan (H4564-002) Central Texas</p>	<p>Scott and White Health Plan Scott and White Health Plan (H4564-003) Central Texas</p>
Doctor Choice	<p>You need a referral to see a specialist, except for your annual GYN visit.</p>	<p>You need a referral to see a specialist some of the time. Contact plan for details.</p>	<p>You need a referral to see a specialist some of the time. Contact plan for details.</p>	<p>You need a referral to see a specialist some of the time. Contact plan for details.</p>
Prescription Drugs	<p>Prescription drugs are covered with limits. You pay \$5 per generic prescription. You pay \$25 per brand name prescription. Your generic and brand name prescription drugs are covered up to \$1,000 per year. You must use plan-approved prescription drugs. There are other limits on prescription drugs. Contact plan for details.</p>	<p>Prescription drugs are covered with limits. You pay \$6 per generic prescription. You pay \$15 per brand name prescription. Your prescription drugs are covered up to \$600 per year. Contact plan for details on how this limit applies. If you do not use plan-approved drugs, your costs may be different. There is a quarterly limit for prescription drugs. Contact the plan for details.</p>	<p>You pay 100% for most prescription drugs.</p>	<p>You pay 100% for most prescription drugs.</p>
Physical Exams	<p>You pay \$6 for a physical exam. You are covered for 1 physical exam(s) per year.</p>	<p>You pay nothing for a physical exam. You are covered an unlimited number of physical exams per year.</p>	<p>You pay nothing for a physical exam. You are covered an unlimited number of physical exams per year.</p>	<p>You pay 100% for routine physical exams.</p>

	<p>Pacificare of Texas, Inc. Secure Horizons – Plan Area B – Dallas (H4590-011) Dallas, TX</p>	<p>Scott and White Health Plan Scott and White Health Plan (H4564-001) Central Texas</p>	<p>Scott and White Health Plan Scott and White Health Plan (H4564-002) Central Texas</p>	<p>Scott and White Health Plan Scott and White Health Plan (H4564-003) Central Texas</p>
Vision Services	<p>You have some coverage for glasses, contacts, and routine eye exams. Contact the plan for details.</p>	<p>You have some coverage for glasses, contacts, and routine eye exams. Contact the plan for details.</p>	<p>You have some coverage for glasses, contacts, and routine eye exams. Contact the plan for details.</p>	<p>Routine eye exams and glasses are not covered. You are covered for diagnostic and therapeutic services for the eye.</p>
Dental	<p>In general, you pay 100% for dental services.</p>	<p>You are covered for 2 preventive dental exam(s) every 1 year(s). You pay nothing per preventive dental exam. You are covered for some other dental care beyond the basic Medicare benefit. Contact plan for details.</p>	<p>In general, you pay 100% for dental services.</p>	<p>In general, you pay 100% for dental services.</p>

DALLAS, TX MEDICARE HEALTH PLAN COMPARISONS (cont.)

	Texas Health Choice	TRICARE Senior Prime (Military Retirees)
	Golden Choice (H4578 - 001), Dallas/Ft. Worth	TRICARE Senior Prime (H4586 - 001), Southwest
Premium (Part B - \$45.50/month in 2000)	You pay nothing if you have Medicare Parts A and B.	You pay nothing if you have Medicare Parts A and B.
Physician Visits	You pay \$5 for each visit with your personal physician.	You pay nothing to see your personal physician.
Inpatient Hospital	You pay nothing for your hospital stay.	You pay nothing for your hospital stay. You are covered for additional days in the hospital. Contact plan for details.
Doctor Choice	You need a referral to see a specialist, except for your annual GYN visit.	You need a referral to see a specialist some of the time. Contact plan for details.
Prescription Drugs	Prescription drugs are covered with limits. You pay \$5 per generic prescription. You pay \$15 per brand name prescription. You have an unlimited generic drug benefit. Your brand name prescription drugs are covered up to \$1,500 per year. If you do not use plan-approved drugs, your costs may be different. There are other limits on prescription drugs. Contact plan for details.	Prescription drugs are covered with limits. You pay nothing per generic prescription. You pay nothing per brand name prescription. You have an unlimited prescription drug benefit. If you do not use plan-approved drugs, your costs may be different.
Physical Exams	You pay \$5 for a physical exam. You are covered for 1 physical exam(s) per year.	You pay nothing for a physical exam.
Vision Services	You have some coverage for glasses, contacts and routine eye exams. Contact plan for details.	You have some coverage for routine eye exams. Contact plan for details.
Dental	You are covered for unlimited preventive dental exams per year. You pay \$20 per preventive dental exam. You are covered for some other dental care beyond the basic Medicare benefit. Contact plan for details.	In general, you pay 100% for dental services.

DALLAS, TEXAS MEDICARE QUALITY RATINGS

Satisfaction Indicators					
Plan Name	Overall Rating of Managed Care Plan	Overall Rating of Health Care Patients Received	Doctors Who Communicate Well	Ease of Getting Referrals to a Specialist	
Harris Methodist Health Plan	57%	58%	78%	86%	
NYLCare, an Aetna U.S. Healthcare Company	53%	51%	71%	81%	
NYLCare, an Aetna U.S. Healthcare Company	61%	59%	73%	87%	
PacificCare of Texas, Inc. (Dallas)	51%	56%	73%	80%	
Scott and White Health Plan	69%	65%	79%	88%	
Texas Health Choice	Data not available	Data not available	Data not available	Data not available	
TRICARE Senior Prime (Military Retirees)	Data not available	Data not available	Data not available	Data not available	

