CITY OF CAMBRIDGE
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PERSONNEL DEPARTMENT
MICHAEL P. GARDNER
Director

To: Robert W. Healy
City Manager

From: Michael P. Gardner
Personnel Director

Sheila M. Keady Rawson
Manager of Benefits & Training

Date: April 1, 1999

Re: Council Order #024, dated 3/29/99 RE: REPORT ON WHY RETIREES RECEIVE MEDEX BRONZE AND NOT MEDEX GOLD

In response to Council Order # 024 referenced above, please be advised that the City offers MEDEX III (not MEDEX Bronze) coverage to its Medicare eligible employees. Prescription drug benefits are available through MEDEX III. Attached is an explanation of those benefits.

Inpatient Care	Medicare Provides	Medex Provides
Hospital Care Semiprivate room and board Surgical services X-rays and laboratory tests Anesthesia Drugs and medications Intensive care services	• Coverage for days 1–60 per benefit period after $768 inpatient deductible • Coverage for days 61–90 after $192 daily co-insurance • Coverage for an additional 60 lifetime reserve days after $384 daily co-insurance	• Full coverage of Medicare deductible and co-insurance • Full coverage of lifetime reserve day co-insurance • Full coverage for days 91-365 per benefit period
Licensed mental hospital	Same as hospital coverage with limit of 190-day lifetime maximum	Same as hospital coverage, with limit of 120 days per benefit period, less days covered by Medicare or Medex
Physician or other professional provider	80% of approved services after $100 annual Part B deductible	Full coverage of Medicare deductible and co-insurance
Skilled nursing facility participating with Medicare	• Full coverage for days 1–20 • Coverage for days 21–100 after $96 daily co-insurance	• Full coverage of Medicare daily co-insurance for days 21–100 • $16 daily for days 101–365
Skilled nursing facility not participating with Medicare	No benefits	$16 daily for 365 days per benefit period

A combined maximum of 365 days per benefit period is available in a Medicare-participating and non-participating skilled nursing facility.

Outpatient Care	Medicare Provides	Medex Provides
Retail prescription drug program	Medicare does not provide coverage for prescription drugs used outside of the hospital See *Your Medicare Handbook* for benefits.	After a $35 calendar-quarter deductible: • Full coverage (generic drugs) • 80% coverage (brand-name drugs) Purchased at participating PAID pharmacies in Massachusetts or any pharmacy outside of Massachusetts.
Mail-service drug program	No benefits	Full coverage after a: • $2 co-payment (generic drugs) • $15 co-payment (brand-name-drugs) Up to a 90-day supply—generic or brand-name, when purchased from our mail-service pharmacy.
Blood glucose monitors and reagent strips and other supplies necessary for the function of the monitor Claims must be submitted to Medicare first.	80% of approved services after $100 annual Part B deductible for all diabetics	• Full coverage of Medicare deductible and co-insurance for Medicare approved supplies. • When not approved by Medicare supplies are covered to the same extent as brand-name prescription drugs.
Urine test strips Claims must be submitted on a Medex Subscriber Claim Form.	No benefits	Covered to the same extent as brand-name prescription drugs.

SENIOR HEALTH PLAN COMPARISON (FOR MEDICARE ELIGIBLE RETIREES)

COVERED SERVICES 10% retiree contribution telephone #	FIRST SENIORITY (Harvard Pilgrim) $5.20/mo. 1-800-238-6420	MANAGED BLUE FOR SENIORS (Blue Cross) $15.66/mo. 1-800-325-2583	MEDEX III (Blue Cross) $2.10/mo.(1%) 1-800-782-3675	SECURE HORIZONS (Tufts) $5.80/mo. 1-800-701-9000
Inpatient Care				
Semiprivate room & board, surgical and special services	100% coverage	100% coverage	100% coverage	100% coverage
Outpatient Care				
Office Visits	$5.00 copay	$10.00 copay	no benefits	$5.00 copay
Immunizations	100% coverage	$10.00 copay	100% coverage	100% coverage
Routine Exams	$5.00 copay	$10.00 copay	no benefits	$5.00 copay
Diagnostic X-ray & Laboratory Tests	100% coverage	100% coverage	100% coverage	100% coverage
Hearing & Vision Tests	$5.00 copay	$10.00 copay	no benefits	$5.00 copay
Additional Services				
Ambulance Service	100% coverage	$40.00 copay (one way)	up to $15.00	100% coverage
Home Health Care	100% coverage	100% coverage	Medicare pays 100%	100% coverage
Emergency Room	$25.00 copay	$50.00 copay	Medicare deductible & coinsurance *	$20.00 copay
Prescription Drugs				
up to 30 day supply**	$10.00 copay 90-day supply	25%/50% copay generic/brand	$35.00 quarterly deductible, then 0%/20% copay generic/brand	$5/$15 copay generic/brand

* Limited Benefits see brochure

** Mail-in Programs for prescriptions are available from most plans at reduced cost

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CITY OF CAMBRIDGE
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EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

RICHARD C. ROSSI
Deputy City Manager

April 5, 1999

To The Honorable, The City Council:

Please find attached a response to Awaiting Report Item No. 99-60, regarding a report on why retirees receive MEDEX Bronze (MEDEX 2) and not MEDEX Gold (MEDEX 3), received from Personnel Director Michael Gardner and Manager of Benefits & Training for the Personnel Department Sheila Keady Rawson.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
Attachment

Consent Agenda #18 23D5

Relative to AR #99-60, regarding a report on why retirees receive MEDEX Bronze and not MEDEX Gold.

In City Council April 5, 1999

PLACED ON FILE