



City of Cambridge

18.

IN CITY COUNCIL

November 9, 1992

COUNCILLOR WALSH
COUNCILLOR DUEHAY

WHEREAS: On October 21, 1992, the enclosed letter was sent by Mr. and Mrs. Vinnie Mili outlining their problem with the proposed elimination of Blue Cross/Blue Shield Master Health coverage; and

WHEREAS: Situations like this continue to arise as I outlines in another communication from Alan Beggelman (a copy of his letter of October 17, 1992 is also attached); and

WHEREAS: Individual needs of employees must be addressed in order to avoid potential disasters in their lives; now therefore be it

RESOLVED: That the City Manager, or his designated representative, be and hereby is requested to personally meet with Mr. and Mrs. Mili and Mr. Beggelman to see if any additional plan can be developed to resolve situations as outlined in these two letters.

In City Council November 9, 1992.

Adopted by the affirmative vote of nine members.

Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:- *D. Margaret Drury*

D. Margaret Drury
City Clerk

October 21, 1992

2200 Massachusetts Avenue
Cambridge, MA 02140

Councilor William H. Walsh
City Council Office
795 Massachusetts Avenue
Room 202
Cambridge, MA 02139

Dear Councilor Walsh,

This letter is being sent to you because of the situation regarding our Blue Cross Blue Shield Master Health Plus coverage. We live in Cambridge and we both teach in the Cambridge School System. Our son is a student at one of the elementary schools in Cambridge and our daughter will soon be a student in the Cambridge school system.

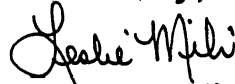
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respect their choice, but it makes us wonder just why they are not electing to be part of the plan. Do they see something that we do not see? We think so.

No one knows when he or she might need the options that a plan such as Master Health Plus provides. It is not a pleasant thought, but it is indeed a realistic one. We want to bring our children to the doctors of our choice - not to doctors that are being chosen for us. We have developed wonderful trust-relationships with all of our physicians - our children's asthma specialist at a Boston hospital, our family doctor at a Cambridge hospital, etc. We cannot afford to lose them. We need some kind of assurance that our greatest fear will not come to pass.

In closing, we would like to express our sincere hopes that you will really listen to - as well as hear - our concerns. Please know that our situation is just one of many throughout the city. Our son's defect is correctable. Not all defects are. Not all medical situations can be 'fixed' but it is nice to know that all that can be done - by the best there is - is going to be done. We live in such close proximity to the best hospitals in the country. People from all over the world travel to these hospitals for treatment and care. We are across the River - a stone's throw away. We want to be able to choose the best physicians for our own particular needs. What is 'best' in one person's eye is not 'best' in another person's eye. We want the chance to use our own eyes to see what is best for our children. We hope that you will see that it is really our right (not an option) to be able to choose our own doctors and not to be penalized when we do.

Sincerely,



Leslie and Vinnie Mili

October 17, 1992

About myself:

My name is Alan Beggelman and I live at 825 Concord Turnpike Arlington. I have been a Cambridge Firefighter for over fourteen years.

I lived in Cambridge for most of my life. I attended the Cambridge School system, graduating from The Longfellow School and The Rindge Technical High School.

This letter I have written to you is on the subject of health care.

I would like to be more involved with the City in it's health care discussions.

Please read this letter as it is very important.

Cordially,


Alan Beggelman

Mr. Mayor, City Councillors and the City Manager,

After my own investigation into Health Flex-Blue health insurance. I find that the city manager and city council should take more time to look at the down side of Health Flex-Blue.

You have not addressed the question of people who have been under care for several years.

In my case my wife has been seeing doctors at the Mass. General and the MEEI over a period of five years.

At 39 she was diagnosed with throat cancer, terminal! When the Dana Farber Cancer Institute couldn't help her she joined an "experimental program only provided" at MGH. This program of radiation therapy, chemotherapy ultimately saved her life. She is seen regularly at MGH and MEEI.

Both of these hospitals are not on the list of hospital providers nor do her doctors work any where else. I have spoken to these hospitals and they haven't even been asked to join Cambridges plan. I have spoken to BC\BS and they have told me that they only do what the city wants. I have asked for a list of doctors names and Blue Cross hasn't received anything from the city.

The thought that some-one can't continue with doctors and hospitals that have saved their life is frightening.

For people that have chronic illnesses or life threatening illnesses and are under doctors and hospitals care some provisions should be made for them to continue on

comfortable with.

I realize that Health Insurance costs have risen dramatically but there must be a solution to the dilemma that I have described.

I fully can't believe the City of Cambridge is saying, yes we provided you with insurance that saved your life but now we are taking it away because it costs too much.

The Cambridge City Council has more class than that?

I fully know the City Managers answers, I have read them and seen him speak during the Councils meetings.

After reading Mr. Healy's article on Health Care changes I have to make a rebuttal to some of his statements:

1) Employees are not being "asked" to pay modest increases in their health plan. Pressure is being applied to employees with other bargaining threats during contract negotiations.

1a) Personally I do not object to the 10% employee co-payment for the same plan I have now!

2) The creation of a network of certain hospitals (and physicians) where employees can receive services encourages participating medical providers to give a discount in return for the potential for more volume.

2a) Obviously this means to me that we are not talking "quality" Health Care but really we are talking low cost "quantity" Health Care.

3) Mr. Healy speaks of dropping first dollar indemnity coverage.

3a) What he is really saying is we must stop first dollar indemnity coverage for people who still want to see the same Doctor they have always seen. People who go through the stress of changing Doctors they have had for a long period of time will be rewarded with an acute case of stress and lack of confidence in someone different.

4) Blue Cross Blue Shield has contracted with about 40 percent of the hospitals in the state for a new network of care.

4a) Blue Cross Blue Shield has told me that the City of Cambridge has contracted with the hospitals and BC\BS only manages the plan for the city. I am talking about contracting with the best hospitals in the world, MGH and MEEI.

5) More than 70 percent of our hospital admissions last year went to hospitals that will be in the network.

5a) What percentage of these hospital admissions were for emergency care? In these cases the patient doesn't always have time for choice and must be taken to the nearest hospital. If these people had time to think about their care, would they go to some other hospital perhaps not on the city's list of contracted providers?

5) But the fear of change and increased costs have been major obstacles.

5a) Of course cost increase and change are major obstacles.

For some, like me that cost increase will be the maximum

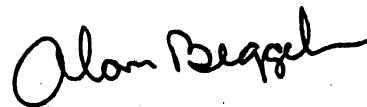
\$5000.00 and the anxiety of change will be my family's cross to bear.

To even send a louder cry for help, my son has been seeing a doctor for six and one half years at MGH at the cost of \$85.00 per week. Even the plan we have now is inadequate. BC\BS limits its payment to \$500.00 per year, figure out the cost to me.

The argument that I have isn't with the increase of the employee contribution from 1% to 10%. My objection is a 10% increase for less health care.

Let's try to keep BC\BS Master Health Plus with the 10% employee contribution.

Good Health To You All,

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Alan Beggelman

October 17, 1992

Q1) WHAT IS THE TOTAL PROJECTED SAVINGS THE CITY EXPECTS TO SEE FROM BC\BS HEALTH FLEX-BLUE THE FIRST YEAR?

Q2) WHAT HAPPENS IF YOUR PRIMARY CARE DOCTOR DECIDES TO SEND A PATIENT TO AN OUT OF SYSTEM DOCTOR FOR SPECIALIZED HELP OR A SPECIALIED PROGRAM?

Q3) MOST BC\BS HMO's DO NOT ALLOW SUBSCRIBERS TO SEEK MEDICAL ATTENTION OUT OF CERTAIN GEOLOGICAL AREAS. WILL HEALTH FLEX-BLUE ALLOW MEDICAL TREATMENT IN ANY GEOLOGICAL AREA AT FIRST DOLLAR INDEMNITY COVERAGE.

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Q5) WHAT WAS THE CITY'S PRESCRIPTION COSTS LAST YEAR UNDER MASTER HEALTH PLUS?

Q6) THE CITY HAS ALREADY RAISED PRESCRIPTION COSTS TO EMPLOYEES. WHAT IS THE PROJECTED SAVINGS THE CITY EXPECTS TO SEE FROM PRESCRIPTION COSTS?

Q7) PROVIDED EMPLOYEES PAID 10 % OF MASTER HEALTH PLUS, HOW MUCH MONEY WOULD THE CITY SAVE?

Q8) HOW DOES THAT SAVINGS COMPARE TO THE SAVINGS OF CHANGING TO HEALTH FLEX-BLUE?

Q9) LAST YEAR HOW MANY EMPLOYEES USED (NOT INCLUDING PRESCRIPTIONS)

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Q10) LAST YEAR HOW MANY EMPLOYEES USED PRESCRIPTION

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November 4, 1992

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RESOLVED, that the City Manager or his designated representative personally meet with Mr. and Mrs. Mili and Mr. Beggelman to see if an additional plan can be developed to resolve situations as outlined in these two letters.

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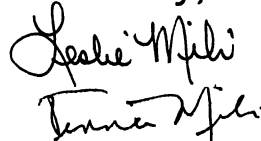
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Alan Beggelman

October 17, 1992

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Walsh

NON-CONSENT ORDER #18

F- 494

Councillor Walsh re: Blue Cross/Blue
Shield coverage.

In City Council,

November 9, 1992

Order Adopted