CITY OF CAMBRIDGE
BLUE CROSS/BLUE SHIELD MASTER HEALTH PLUS
COMPARISON OF BENEFITS

BENEFIT	EXISTING MASTER MEDICAL	MASTER HEALTH PLUS
Hospitalization General Hospital	Full coverage, unlimited days semi-private room	Full Coverage, unlimited days semi-private room
Skilled nursing facility	$18.00/day maximum, subject to extended benefits	Full coverage unlimited days
Inpatient physician services	Full coverage, except initial pediatrician examination of newborn	Full coverage
Inpatient - Physicians Well Baby Care	No coverage available	Full coverage for: a. complete physical, including height, weight and head circumference; and apgar rotation provided during the first 24 hours of delivery and a follow-up visit including counseling to the child's parents prior to discharge b. circumcisions-full
For Physician - well child, Care Routine uninalysis - 7 visits the first year - 3 visits the second year - 1 visit per year for 3-11 years	No coverage available	$5 copayment, per member per visit

BENEFIT	EXISTING MASTER MEDICAL	MASTER HEALTH PLUS
For Physician:	No coverage available	$5 copayment, per member per visit
Immunization by injection or oral for: - measles -mumps - rubella -tetanus - polio -pertussis - diptheria		
Includes flu and pneumonia for adults	No coverage available	$5 copayment, per member per visit
Allergy testing and injection	Covered under Extended Benefits - 80% reimbursement after deductible	$5 copayment, per person per visit
Routine Pap Smears	No coverage	Paid in full once every 12 months
Prescription Drugs	Under Extended Benefits 80% reimbursement after deductible	Full coverage provided after $3 copayment for each generic drug and $4 for non-generic (includes insulin and syringes) must be participating pharmacy
Durable Medical Equipment	Covered under Extended Benefits 80% reimbursement after deductible	80% of charges - no deductible
Office visits for medical care	Covered under Extended Beneftis - 80% reimbursement after deductible	$5 copayment, per member per visit
For outpatient service of medical care	For outpatient services of medical care, services covered in full in OPD. In doctors office reimbursed annual after $50 individual deductible, $100 family member then 80%. For follow-up care related to an accident, Blue Shield paid in full, two post-operative services covered under Blue Shield within 60 days.	In outpatient department or emergency room, $25 copayment; if rendered in independent community health center, or doctor's office, $5 copayment

BENEFIT	EXISTING MASTER MEDICAL	MASTER HEALTH PLUS
Visiting Nurse Assoc.	Covered under Extended Benefits - 80% reimbursement after deductible	Full coverage when medically necessary for part-time nursing care and/or physical therapy when approved by the Nurse Reviewer
Coordinated Home Health Care Agency	Covered under Extended Benefits - 80 % reimbursement after deductible	Full coverage when approved by Nurse Reviewer
Ambulance Service To/From Hospital	Covered under Extended Benefits - 80% reimbursement after deductible	Ambulance service of an ambulance service having a payment agreement with Blue Cross to or from a hospital when conditions require such transportation, 80% of charges.
Physical Therapy	In Outpatient full coverage when rendered in OPD, SNF or Chronic disease hospital, at home-covered under Extended Benfits.	Same level of benefit, at home-services full coverage when provided by VNA or Home Health Care Agency, when approval by Nurse Reviewer.
Private Duty Nursing	If ordered by attending doctor and determined by Blue Cross/Blue Shield to be medically necessary, 80% of charges for inpatient for RN or LPN. Up to $1000 for each illness or injury.	No coverage available.
Inpatient Mental & Nervous Cooperating Mental Hospital Massachusetts Detoxification Facility	Full coverage is available for the hospital, physician and psychologist services. Coverage is limited to a combined maximum of 120 days in each benefit period. Benefits are subject to overall $250,000 EB maximum.	Full coverage available for hospital, physician and psychologist services covered for 60 days per calendar year plus full coverage for special services. (No E.B. limitation of $250,000 no maximum.)

BENEFIT	EXISTING MASTER MEDICAL	MASTER HEALTH PLUS
Shock Therapy	Full coverage	$5 copayment, per member per visit including Mental Health Clinics and Neighborhood Health Centers, $25 copayment per person per visit in outpatient department. Subject to a $500 calendar maximum per member
Outpatient Mental & Nervous	Full coverage up to $500 aggregate maximum for services in: - Outpatient department, Participating Hospital or Cooperating Mental Hospital - Mental health clinic/ center - Physician/Psychologist - Detoxification Facility - Day or night care center	Full coverage up to $500 aggregate for services rendered in: After $25 copayment per member per visit: - Participating Hospital - Chronic disease - Cooperating member hospital after $5 copayment per member per visit. - Participating mental health - Massachusetts Detoxification center - Participating physician, psychologist, LICSW
FAMILY MEMBERSHIP	MASTER HEALTH PLUS	
Student Coverage	Unmarried dependent children who are covered under a family membership to age 19	Unmarried children who are full-time students are covered under family membership to age 25.

CITY OF CAMBRIDGE

CAMBRIDGE, MASSACHUSETTS 02139
Tel. 498-9011

EXECUTIVE DEPARTMENT
ROBERT W. HEALY
City Manager

May 13, 1985

To the Honorable, the City Council:

With reference to City Council Order No. 4, May 6, 1985, I transmit herewith comparison chart prepared by the Personnel Director outlining insurance and health care policies and their coverage.

Very truly yours,

Robert W. Healy
City Manager

RWH/b

Agenda Item No. 4

F-186

Re: comparison chart prepared outlining insurance & health care policies & their coverage.

In City Council,

May 13, 1985

5/13/85 - REFERRED TO THE FINANCE COMMITTEE

Copy sent to Bill Duchay, Chairman, Finance Committee 5/17/85 mlk