



## Health Benefits and Insurance

Martin J. Walsh, Mayor

September 6, 2018

<Name>

<Address>

<City, State Zip Code>

Dear <Name>,

Our records indicate you are currently enrolled in the Blue Cross Blue Shield of Massachusetts (BCBSMA) Master Medicare Carve Out A & B plan through the City of Boston retiree health insurance options. As part of the City's continued efforts to provide comprehensive, affordable health insurance retiree options, **the current Master Medical Carve Out A&B plan will be replaced with BCBSMA Medex 2 plan with Blue MedicareRX prescription drug coverage effective January 1, 2019.** To assist you with this transition listed below are some questions and answers regarding changes to your coverage. **Please read this information thoroughly.**

### **Q1. How does this change impact my medical insurance coverage?**

**A1.** The Medex 2 plan provides coverage for Medicare Part A and B deductibles and coinsurance as well as most Medicare-covered services. Medical services such as office visits, physical therapy, and ambulance transportation will no longer be subject to an annual deductible and coinsurance – but will be covered in full after a copayment. It also allows you the freedom to see any provider throughout the country that accepts Medicare without referrals for specialty care; the same as your current plan. **Please see the enclosed benefit comparison.** You will also receive a packet of information directly from BCBSMA containing a detailed Medex 2 benefit summary in early October.

### **Q2. Will my coverage for prescription medications change too?**

**A2.** Yes, Blue MedicareRX prescription drug coverage is structured with a three-tiered copayment system for covered medications - \$10/\$20/\$35. Unlike the Master Medical CarveOut A&B plan, the Blue MedicareRX has a listing of covered medications – called a Formulary. The Formulary listing explains which copayment tier medications will cost when obtained at a retail pharmacy for a 30 day supply. **Medications that are not listed on the formulary will not be covered.** If you were prescribed a medication that is not on the listing, you will receive a notification from CVS/Caremark to contact your provider for alternative medication options that are on the Formulary. In mid-October you will also receive packets of information directly from CVS/Caremark with more detail containing the Blue MedicareRX prescription formulary listing and copayment tier information. Your prescription drug coverage also includes a \$1,500 annual copayment maximum\*; this is the most you will pay in total prescription copayments during a calendar year.

\*Subject to change at renewal

**Q3. Will this change affect the monthly premium I pay?**

**A3.** Yes – your monthly premium cost will be lower; offering retirees significant savings in monthly premium. The new monthly rate for the Medex 2 and Blue MedicareRX coverage is \$43.02. This represents a savings of approximately \$109 each month; equaling an annualized amount of more than \$1,300 for each covered retiree. Additional premium savings is also available using the Blue MedicareRX mail-order benefit. A 90 day supply of Tier 1 and Tier 2 medications are available for only 2 times the 30-day copay; offering savings of as much as \$80 per prescription per year.

**Q4. Is there any paperwork I need to complete?**

**A4.** No. Since you are an existing enrollee, new paperwork to change to the Medex 2 with Medicare Blue RX plan will not be required. *If you do nothing, you will be automatically enrolled in the Medex 2 with Blue MedicareRX plan.* You also have the opportunity to elect enrollment in one of the other Medicare plans offered by the City for January 1, 2019. The enclosed Comparison Chart reflects the monthly premium rate and benefits for the Medex 2 with Blue MedicareRX PDP along with other options effective until July 1, 2019. Enrollment materials for the other retiree options will be required should you wish to change to another plan on the comparison. You can contact the Health Benefits and Information Department at 617-635-4570 to have enrollment materials for other options sent to you.

**Q5. Where can I get more information and speak with someone for questions?**

**A5.** We have scheduled a number of informational sessions which will include a brief presentation by BCBSMA representatives outlining the benefit designs followed by a Q&A session. Staff will also be available to answer any questions you may have after the presentation. Enclosed you will find a complete listing of these sessions and a reservation form. I strongly encourage you to attend a session to learn about your health plan options. Please return the completed reservation form no later than October 1st to confirm your attendance.

**Q6. If I am unable to attend a meeting who can I contact with questions?**

**A6.** A BCBSMA Member Service team can assist you with any questions you may have regarding your medical benefits under Medex 2. You can reach BCBSMA at 1-888-277-2408 during the hours of 8 am to 6 pm, Monday through Friday EST. For questions regarding your prescription drug plan, please contact CVS Caremark at 1-866-832-9775 (after October 1<sup>st</sup>). CVS Caremark is available to answer questions 24 hours a day, 7 days a week. Please state that you are a **City of Boston retiree** when speaking with a representative.

Sincerely,



Karrie Soltys  
Manager, Retiree Benefits

# City of Boston - Medicare Plan Comparison Chart (Effective January 1, 2019)

Covered Services	Harvard Pilgrim Medicare Enhance	Tufts Medicare Preferred Supplement/PDP	Managed Blue for Seniors	Tufts Medicare Preferred HMO	Medicare HMO Blue	Medex 2 with Blue MedicareRX PDP
<b>Monthly Rate</b>	\$52.21	\$47.16	\$49.37	\$37.44	\$44.51	\$43.02
<b>Residence Eligibility</b>	Reside anywhere in the United States or one of its territories	Reside anywhere in the United States or one of its territories	Reside in Plan Service area	Reside in Plan Service area	Reside in Plan Service area	Reside anywhere in the United States or one of its territories
<b>Office Visits</b>	\$15 copay per visit \$0 for annual physical	\$15 copay per visit \$0 for annual physical	\$15 copay per visit	PCP: \$15 copay Specialist: \$15 copay \$0 for annual physical	PCP: \$15 Specialist: \$35 \$0 for annual physical	\$15 copay per visit \$0 for annual physical
<b>Prescription Drugs Purchased at Participating Pharmacies</b>	Copays for up to a 30-day supply:  Generic: \$10 Select brand: \$20 Non-select brand: \$35	Copays for up to a 30-day supply:  Tier 1: \$5 Tier 2: \$10 Tier 3: \$25	Coinsurance for up to a 60-day supply:  Generic: 25% Brand name: 50% Non-formulary: 75%	Copays for up to a 30-day supply:  Tier 1: \$10 Tier 2: \$25 Tier 3: \$50	Copays for up to a 30-day supply:  Generic: \$10 Preferred: \$25 Non-preferred: \$45	Copays for up to a 30-day supply:  Generic: \$10 Select brand: \$20 Non-select brand: \$35
<b>Prescription Drugs Purchased by Mail Order</b>	Copays for up to a 90-day supply:  Generic: \$20 Select brand: \$40 Non-select brand: \$105	Copays for up to a 90-day supply:  Tier 1: \$10 Tier 2: \$20 Tier 3: \$75	Copays for up to a 90-day supply:  Generic: \$5 Brand name: \$30 Non-formulary: \$50	Copays for up to a 90-day* supply:  Tier 1: \$20 Tier 2: \$50 Tier 3: \$100  *Copays are less for a 30 or 60 day supply	Copays for up to a 90-day supply:  Generic: \$20 Preferred: \$50 Non-preferred: \$90	Copays for up to a 90-day supply:  Generic: \$20 Select brand: \$40 Non-select brand: \$105
<b>Inpatient Care in an Acute Care Hospital</b>	Covered in full After \$50 copay per admission, max of 1 copay per person per quarter (Copay does not apply to behavioral health)	Covered in full after \$50 copay per admission, max of \$200 per person per year (Copay does not apply to behavioral health)	Covered in full after \$50 copay per admission, max of 1 copay per person per quarter (Copay does not apply to behavioral health)	Covered in full after one time annual deductible of \$300	Member pays \$150 per day for days 1 – 5 (up to \$750 per admission), then covered in full	Covered in full After \$50 copay per admission, max of 1 copay per person per quarter
<b>Inpatient Care in Skilled Nursing Facility Care (SNF)</b>	Covered in full for up to 100 days per benefit period <sup>1</sup>	Covered in full for 100 days per benefit period <sup>1</sup> after 3-day inpatient hospital stay	Covered in full for up to 100 days per benefit period <sup>1</sup> . You must have been hospitalized three or more days in a row and transferred to the SNF within 30 days of the hospital discharge.	Covered in full for up to 100 days per benefit period <sup>1</sup>	Member pays \$40 per day for days 1 – 20; \$100 per day for days 21 – 44; \$0 per day for days 45 – 100. Coverage for up to 100 days per benefit period <sup>1</sup>	Covered in full for days 1-100 per benefit period <sup>1</sup>

Covered Services	Harvard Pilgrim Medicare Enhance	Tufts Medicare Preferred Supplement/PDP	Managed Blue for Seniors	Tufts Medicare Preferred HMO	Medicare HMO Blue	Medex 2 with Blue MedicareRX PDP
<b>Emergency Care at a Hospital Emergency Room</b>	\$50 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital	\$75 copay, waived if admitted to hospital	\$50 copay, waived if admitted to hospital
<b>Ambulance Services</b>	Medicare approved ambulance services covered at 100%	Medicare approved ambulance services covered at 100%	Full coverage for emergency transport. \$40 copay for non-emergency transport.	Medicare approved ambulance services covered with a \$50 copay per day	\$100 copay, waived if admitted within 24 hours of trip. Covered in full for trips between hospital and Skilled Nursing Facility.	Medicare approved ambulance services covered at 100%.
<b>Dental Care</b>	No coverage for routine dental care	No coverage for routine dental care	No coverage for routine dental care	No coverage for routine dental care	After you pay a \$35 copay per visit, you are covered every six months for: 1 cleaning; 1 oral exam, including one set of bitewing X-rays	No coverage for routine dental care
<b>Chiropractic Services</b>	Covered for Medicare-approved services with a \$15 copay	Covered for Medicare approved services with a \$15 copay	\$15 copay per visit including spinal manipulation services furnished by a Chiropractor	Covered for Medicare approved services with a \$15 copay	\$20 copay per visit including spinal manipulation services furnished by a Chiropractor	Covered for Medicare-approved services with a \$15 copay
<b>Eyeglasses</b>	One pair of eyeglasses or contact lenses after each cataract surgery	\$150 per year towards eyewear or contact lenses, but not both. This benefit is a reimbursement from the plan with receipt of purchase.	Discounts from participating providers	\$150 allowance per year towards eyewear or contact lenses, but not both at contracting Eyemed providers.	Up to \$150 once every 24 months for eyewear including fittings and evaluations	Discounts from participating providers
<b>Hearing Aids</b>	Not Covered	Members reimbursed for first \$500 (covered in full); then for 80% of next \$1,500, up to a total of \$1,700 every 2 years from any provider.	Not Covered	Covered up to \$500 for the purchase or repair of hearing aids every three years at contracting providers.	Covered up to \$400 every 36 months	Not Covered

<sup>1</sup> Benefit Period: The time period defined by Medicare to determine when coverage in a hospital or Skilled Nursing Facility starts and ends. A benefit period starts on the first day a beneficiary receives care in a hospital or Skilled Nursing Facility and ends when the beneficiary has not received care in a hospital or Skilled Nursing Facility for 60 days in a row.

# Informational Sessions

Informational Sessions will be held on the following dates at the noted location.

Blue Cross/Blue Shield representatives will provide a brief presentation to review the BC/BS plan options followed by a Q&A.

<u>Date</u>	<u>Times</u>	<u>Location</u>
Tuesday, October 16 <sup>th</sup>	10 a.m. 2 p.m.	Boston City Hall Piedmonte Room 1 City Hall Square, Boston
Thursday, October 18 <sup>th</sup>	10 a.m. 2 p.m.	Rosebrook Event Center 50 Rosebrook Place, Wareham
Monday, October 22 <sup>nd</sup>	10 a.m. 2 p.m.	Boston Teacher's Union 180 Mt Vernon Street, Boston
Thursday, October 25 <sup>th</sup>	10 a.m. 2 p.m.	Florian Hall 55 Hallett St, Dorchester
Wednesday, October 31 <sup>st</sup>	10 a.m. 2 p.m.	The Executive Court Banquet Facility 1199 South Mammoth Road Manchester, NH
Friday, November 2 <sup>nd</sup>	10 a.m. 2 p.m.	Courtyard Boston Woburn North 700 Unicorn Park Drive, Woburn
Thursday, November 8 <sup>th</sup>	10 a.m. 2 p.m.	Florian Hall 55 Hallett St, Dorchester

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To learn more about the new plan and prescription benefits, please RSVP for attendance **no later than October 1<sup>st</sup>** by completing the bottom portion of this form and returning to:

City of Boston  
Health Benefits & Insurance, Room 807  
One City Hall Square  
Boston, MA 02201

Name \_\_\_\_\_

Location: \_\_\_\_\_

Session Time: \_\_\_\_\_

# Attendees: \_\_\_\_\_