City of Somerville

Medical Scenario Out of Pocket Costs

Accident

One PCP visit

Twenty four specialist and/or physical therapy office visits

One inpatient copayment

Twelve brand retail prescription drug copayments

Four generic mail order prescription drug copayments

Cancer

One PCP visit

Thirty six specialist office visits

Two emergency room copayments

Three inpatient copayments

Twenty four brand retail prescription drug copayments

Twelve brand non formulary retail prescription drug copayments

Four brand mail order prescription drug copayments

Two brand non-formulary mail order prescription drug payments

Depression

One PCP visit

Eighteen specialist office visits

Twelve generic retail prescription drug copayments

Twenty four brand retail prescription drug copayments

Four brand mail order prescription drug copayments

Surgery - Inpatient

One PCP visit

Eight specialist/physical therapy office visits

One emergency room copayment

One inpatient copayment

Six generic retail prescription drug copayments

Six brand retail prescription drug copayments

City of Somerville										8/10/2011
Current BCBS Medex Subscriber Chooses Unicare Indemnity Plan										
Medicare Retirees - Calendar Year 2012 Projection	ons									
Note: Copays shown are for non preventive services; certain preventive services are no member cost sharing										·
under either the City or GIC Plans										
	BCBS Medex	Unicare Indemnity	Accident	Cancer	Depression	Surgery I/P	Accident Additional Costs	Cancer Additional Costs	Depression Additional Costs	Surgery Additional Costs
Office Visits	\$0	\$35 deductible	25	37	19	9	\$35	\$35	\$185	\$35
Emergency Room	\$0	\$25	0	2	0	1	\$0	\$50	\$0	\$25
Inpatient Hospitalization	\$0	\$50/One per Qtr	1	3	0	1	\$50	\$150	\$0	\$50
Retail Prescription Drugs (30-Day Supply)	\$50 deductible									
Generics	\$0	\$10	0	0	12	6	\$0	\$0	\$70	\$10
Brand-Name Non-Preferred	20% 20%	\$25 \$50	12 0	24 12	24 0	6 0	\$22 \$0	\$94 \$180	\$144 \$0	\$36 \$0
Generics	\$2	\$20	4	0	0	0	\$72	\$0	\$0	\$0
Brand-Name	\$15	\$50	0	4	4	0	\$0	\$140	\$140	\$0
Non-Preferred	\$15	\$110	0	2	0	0	\$0	\$190	\$0	\$0
Total Additional Out of Pocket Costs							\$179	\$839	\$539	\$156
Note: Mitigation dollars not included. Average Brand and Non Preferred Medex Copays \$	\$10 and \$35									
Medicare plans subject to Medicare payment/covers										