

City of Somerville

Medical Scenario Out of Pocket Costs

Maternity

One PCP visit, then prenatal office visits are covered at 100% after deductible (15 OB/GYN visits)
One inpatient admission at a Tier 2 hospital
Three hi tech Imaging copayments
Nine generic retail prescription drug copayments
Three brand name retail prescription drug copayments

Maternity - Miscarriage

One PCP visit, then prenatal office visits are covered at 100% after deductible (15 OB/GYN visits)
One inpatient admission at a Tier 2 hospital
Three hi tech Imaging copayments
Nine generic retail prescription drug copayments
Three brand name retail prescription drug copayments

Accident

One PCP visit
Twenty four specialist and/or physical therapy office visits
One inpatient copayment at a Tier 2 hospital (assumed entered ER, but admitted)
One outpatient follow up surgery copayment
Six hi tech imaging copayments
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 at a Tier 2 hospital
One outpatient surgery copayment
Ten tech imaging copayments
Twenty four brand retail prescription drug copayments
Twelve brand non formulary retail prescription drug copayments
Three 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
Handicap Dependent

Surgery - Inpatient

One PCP visit
Eight specialist/physical therapy office visits
One emergency room copayment
One inpatient copayment at a Tier 2 hospital
Four tech imaging copayments
Six generic retail prescription drug copayments
Six brand retail prescription drug copayments

Epilepsy

One PCP visit
Six specialist office visits at Tier 2
Two scans per year (MRI)
Three bloodtests per year
Twelve Tier 1 RX per year
Twelve Tier 3 RX per year
Three Emergency Room visits

Diabetic - Type 2

One PCP Visit
9 specialist office visits at Tier 3
Annual Eye Exam
Two emergency room copayments
One MRI
Four bloodtests per year
Three general retail prescription drug copayments per month
Three brand retail prescription drug copayments per month

City of Somerville																8/10/2011
Current BCBS HMO Subscriber Chooses Harvard Pilgrim PPO																
Active and Non-Medicare Retirees - Calendar Year 2012 Projections																
Note: Copays shown are for non preventive services; certain preventive services are no member cost sharing under either the City or GIC Plans																
Plan Design Element	BCBS HMO Current Benefit	GIC Harvard Pilgrim Independence PPO	Maternity	Accident	Cancer	Depression	Surgery I/P	Epilepsy	Diabetic	Maternity Additional Costs	Accident Additional Costs	Cancer Additional Costs	Depression Additional Costs	Surgery Additional Costs	Epilepsy	Diabetic
Calendar Year Deductible	None	\$250	1	1	1	1	1	1	1	\$250	\$250	\$250	\$750	\$250	\$250	\$250
Physician Office Visits	\$5	\$20	16	1	1	1	1	1	1	\$15	\$15	\$15	\$15	\$15	\$20	\$20
Specialist Office Visits	\$5	\$20/\$35/\$45	0	24	36	18	8	6	10	\$0	\$720	\$1,080	\$540	\$240	\$210	\$450
Emergency Room Visits	\$25	\$100	0	0	2	0	1	3	2	\$0	\$0	\$150	\$0	\$75	\$300	\$200
I/P	\$0	\$250/\$500/\$750	1	1	3	0	1	0	0	\$500	\$500	\$1,500	\$0	\$500	\$0	\$0
O/P	\$0	\$150	0	1	1	0	0	1	0	\$0	\$150	\$150	\$0	\$0	\$150	\$0
Hi-Tech Imaging	\$0	\$100	3	6	10	0	4	2	1	\$300	\$600	\$1,000	\$0	\$400	\$200	\$100
Prescription Drugs-Retail																
Tier I	\$5	\$10	9	0	0	12	6	12	36	\$45	\$0	\$0	\$60	\$30	\$120	\$360
Tier II	\$10	\$25	3	12	24	24	6	12	24	\$45	\$180	\$360	\$360	\$90	\$300	\$600
Tier III	\$10	\$50	0	0	12	0	0	0	0	\$0	\$0	\$480	\$0	\$0	\$0	\$0
Prescription Drugs-Mail																
Tier I	\$5	\$20	0	4	0	0	0	0	0	\$0	\$60	\$0	\$0	\$0	\$0	\$0
Tier II	\$10	\$50	0	0	4	4	0	0	0	\$0	\$0	\$160	\$160	\$0	\$0	\$0
Tier III	\$10	\$110	0	0	2	0	0	0	0	\$0	\$0	\$200	\$0	\$0	\$0	\$0
Total Additional Out of Pocket Costs										\$1,155	\$2,475	\$5,345	\$1,885	\$1,600	\$1,550	\$1,600
<i>Note: Amounts don't include mitigation amounts; Tier 2 assumed when providers are tiered.</i>																