

## IBM Medicare Plan Options with Non-Medicare Eligible Dependent

<u>Plan Options</u>	<u>Coverage</u>
<b>Plans with IBM Supplemental (1,2,6)</b>	Medicare primary coverage for retiree (note 1) IBM Supplemental secondary for retiree IBM primary coverage for spouse
<b>1. Medicare Parts A &amp; B IBM Medical Supplement Stand-alone retiree drug plan</b>	Annual deductible \$1000/\$3000 Annual maximum \$5500/\$11000 20% copay after deductible No deductible for routine services
No spouse dependent drug coverage No In-Network services requirement	

**Drug Coverage:** Coverage according to the Stand-alone drug plan selected. 58 plans available.

**Monthly Cost:** Range \$12.20 - \$97.50 for Stand-alone drug plans + Medicare Part B.

**Comments:** Lowest cost. Option for very healthy individuals. Self-pay for spouse drug expense.

<b>2. Medicare Parts A &amp; B IBM Medical/Prescription Drug Supplement</b>	Annual deductible \$1000/\$3000 Annual maximum \$4000/\$8000 20% after deductible except routine No deductible for routine services
No In-Network service requirement	

**Drug Coverage:** Generic (see At-A-Glance for non - generic brands)  
35% discounted cost up to \$35, 30 day supply, participating pharmacy  
45% actual cost, 30 day supply. non-participating pharmacy  
35% discounted cost up to \$35, 90 day supply, mail order  
Annual drug maximum \$3500 per person

**Monthly Cost:** Retire before 1992 - \$271, after 1992 - \$361 + Medicare Part B.

**Comments:** Lowest cost option providing drug coverage for Non-Medicare eligible dependent.

<b>3. Aetna Golden Medicare Plan (HMO) Spouse covered by Aetna Open Choice PPO</b>	No annual deductible No annual maximum No cost for routine services \$25 PCP/\$35 SCP office visits \$30 copay lab services \$200/day hospital cost 1st 7 days, then free \$50 copay emergency room
In-Network services required	

**Drug Coverage:** Generic (see At-A-Glance for non-generic)  
\$15 copay per prescription, 30 days  
\$30 copay per prescription, 90 days, mail order  
No annual drug maximum

**Monthly Cost:** Retire before 1992 - \$465, after 1992 - \$471 + Medicare Part B.

**Comments:** Most comprehensive coverage. In - Network providers only. Higher cost than Plan 2 but probably worth it for individuals with significant health risk/cost issues.

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### **4. Medicare Parts A & B**

#### **IBM Prescription Drug Supplement**

No In-Network services requirement

Medicare coverage for retiree

No secondary coverage for retiree

No medical coverage for spouse

#### **Drug Coverage:** Generic (see At-A-Glance for non-generic)

20% of discounted cost up to \$25, 30 days, participating pharmacy

30% actual cost, 30 days, non-participating pharmacy

20% discounted cost, 90 days, mail order

No annual drug maximum

**Monthly Cost:** Retire before 1992 - \$423, after 1992 - \$474 + Medicare Part B.

**Comments:** Best drug coverage of the IBM Supplement Plans. Drug copay different than Aetna.

### **5. Aetna Medicare Open Plan (PFES)**

#### **Spouse covered by Aetna Open Choice PPO**

No In-Network services requirement

\$250 deductible per individual

\$4100 maximum per individual

No cost, no deductible for routine services

20% copay after deductible

\$50 copay emergency room

#### **Drug Coverage:** Generic (see At-A-Glance for non-generic)

\$15 copay per prescription, 30 days

\$30 copay per prescription, 90 days, mail order

No annual drug maximum

**Monthly Cost:** \$482 + Medicare Part B.

**Comments:** Better coverage than Plan 4 at minimal extra cost. Annual deductible/maximum not in Aetna Golden Plan. No In-Network provider requirement.

### **6. Medicare Parts A & B**

#### **IBM Medical/Prescription Drug Supp Plus**

No In-Network services requirement

Annual deductible \$750/\$2250

Annual maximum \$3500/\$7000

20% after deductible

No deductible for routine services

#### **Drug Coverage:** Generic (see At-A-Glance for non-generic)

35% discounted cost up to \$35, 30 days, participating pharmacy

45% actual cost, 30 days, non-participating pharmacy

35% discounted cost up to \$35, 90 days, mail order

No annual drug maximum.

**Monthly Cost:** Retire before 1992 - \$614, after 1992 - \$701 + Medicare Part B.

**Comments:** Highest cost option. Less coverage than Aetna Plans. Potential option for very significant health risk/cost issues and excluded from Aetna Plans.

#### **Notes:**

1. Medicare primary coverage for retirees with an IBM Supplemental Plan (Plans 1,2,4,6): Medicare Part A pays all covered costs for 1st 60 days after \$1024 deductible. Not covered by

Part A: \$256 for days 61-90, \$512 for days 91-150, all costs over 150 days. Also pays 1st 20 days skilled nursing facility and over \$128 for days 21- 100. Part B pays 80% after \$135 annual deductible.

2. Non-Medicare eligible retirees with a Medicare eligible dependent are covered by the IBM Non-Medicare-eligible Plan options.

3. The Aetna Medicare Open Access Plan(PFFS) and Aetna Golden Medicare Plan(HMO) are not available to retirees on Long Term Disability or the Medical Disability Income Plan.

4. Humana Medical Plan Florida(HMO) and UnjitedHealthcare of Florida(HMO) are not available to retirees with a Non-Medicare eligible dependent.

5. Individuals that retired prior to year end 1996 can recover 80% of their Medicare Part B premiums from SHAP up to a yearly maximum of \$900 (1-888-882-2775).

6. Refer to At-A-Glance charts for more detail plan coverage comparisons.

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