
September 5, 2023

Cynthia Nieves Ramos
Benefits Manager, Human Resources
1015 Cultural Park Blvd
Cape Coral, FL 33990

Re: 2024 Gehring Group Medicare Advantage Renewal Recommendation

Dear Ms. Ramos,

Currently, the City offers a Medicare Advantage plan with prescription coverage and a plan with prescription coverage only through Florida Blue to all Medicare eligible retirees. In order for a retiree to be eligible for this plan, they must be enrolled in Part A and B of Medicare. These plans provide comprehensive coverage at much lower rates than the City's core medical plans and also lower the City's overall costs and OPEB liability for each enrollee. There are currently 87 retirees enrolled in the plan with prescription coverage and 32 enrolled in the prescription only plan.

Every year around August-September, the City receives the Medicare renewal for the following calendar year which is calculated based on various items such as CMS funding and trends, medical inflation, and the carrier's overall claims experience. For 2024, Gehring Group's clients that hold these plans have experienced slight increases primarily due to changes in CMS funding.

Gehring Group was able to negotiate with Florida Blue to keep the Medicare rates at the current levels (no increase) leveraging the City's long-term partnership with Florida Blue and avoiding a request for proposal process. The plan design will also remain the same with the exception of the annual CMS increase in catastrophic prescription coverage limits. This will increase from \$7,400 to \$8,000 and the copay structure is enhanced to a \$0 copay associated with the catastrophic coverage.

It is Gehring Group's recommendation that the City renew the Medicare Advantage plans with Florida Blue at a 0% increase for the 2024 calendar year. This renewal includes a guarantee of services and rates for 12 months, expiring 12/31/2024.

Please do not hesitate to reach out with any additional questions.

Thank you,

Dustin Kuehn

Dustin Kuehn, Senior Benefits Consultant
Gehring Group, a Risk Strategies Company

City of Cape Coral
Medicare Advantage Renewal Evaluation
Effective: January 1, 2024

	Current (2023)		Renewal (2024)	
Summary of Benefits	Florida Blue		Florida Blue	
Plan Name	Florida Blue Medicare Advantage ¹ Blue Medicare Group Elite PPO		Florida Blue Medicare Advantage ¹ Blue Medicare Group Elite PPO	
Deductible	In Network	Out of Network	In Network	Out of Network
Individual	No Deductible	\$1,000	No Deductible	\$1,000
Out of Pocket Maximum				
Individual	\$1,000	\$3,000	\$1,000	\$3,000
Physician Services				
Diagnostic Procedures and Tests at Independent Diagnostic Testing Facility (IDTF)	\$10	20% after CYD	\$10	20% after CYD
Diagnostic Procedures and Tests at Outpatient Hospital	\$30	20% after CYD	\$30	20% after CYD
Physician Office Visit	\$10	20% after CYD	\$10	20% after CYD
Specialist Office Visit	\$25	20% after CYD	\$25	20% after CYD
Lab Services Independent Clinical Lab	\$0	20% after CYD	\$0	20% after CYD
X-Rays at Physician's Office or IDTF	\$25	20% after CYD	\$25	20% after CYD
Advanced Imaging at IDTF	\$75	20% after CYD	\$75	20% after CYD
Rehabilitation Services	\$25	20% after CYD	\$25	20% after CYD
Hospital Services				
Inpatient	\$200 per day (Days 1-5) \$0 per day (Days 6+)	20% after CYD	\$200 per day (Days 1-5) \$0 per day (Days 6+)	20% after CYD
Outpatient	\$200 per visit	20% after CYD	\$200 per visit	20% after CYD
Emergency Room	\$75	\$75	\$75	\$75
Urgent Care Center	\$25	\$25	\$25	\$25
M.H. / Alcohol & Sub. Abuse				
Inpatient	\$200 per day (Days 1-7) \$0 per day (Days 8-90)	20% after CYD	\$200 per day (Days 1-7) \$0 per day (Days 8-90)	20% after CYD
Outpatient	\$30	20% after CYD	\$30	20% after CYD
Prescription Drugs				
Prescription ONLY Deductible	No Deductible	Not Covered	No Deductible	Not Covered
\$0 to Catastrophic	Mail Order (90-day Supply)		Mail Order (90-day Supply)	
Tier 1 - Preferred Generic	Retail: \$0 Pref./\$8 STD Mail Order: \$0	Not covered	Retail: \$0 Pref./\$8 STD Mail Order: \$0	Not covered
Tier 2 - Non Preferred Generic	Retail: \$3 Pref./\$15 STD Mail Order: \$9	Not covered	Retail: \$3 Pref./\$15 STD Mail Order: \$9	Not covered
Tier 3 - Preferred Brand	Retail: \$30 Pref. /\$40 STD Mail Order: \$90	Not covered	Retail: \$30 Pref. /\$40 STD Mail Order: \$90	Not covered
Tier 4 - Non-Preferred Brand	Retail: \$60 Pref./\$70 STD Mail Order: \$120	Not covered	Retail: \$60 Pref./\$70 STD Mail Order: \$120	Not covered
Tier 5 - Specialty Drugs	Retail: 33% Pref./STD Mail Order: Not Covered	Not covered	Retail: 33% Pref./STD Mail Order: Not Covered	Not covered
Catastrophic	(Catastrophic >= \$7,400)		(Catastrophic >= \$8,000)	
Generic/Preferred Multi-Source Drug	\$4.15	Not covered	\$0	Not covered
Other Drugs	\$10.35	Not covered	\$0	Not covered
Monthly Premium				
Rate per Member per Month	87	\$307.10		\$307.10
\$ Increase/(Decrease)		N/A		\$0
% Increase/(Decrease)		N/A		0.0%

¹ Members are required to enroll in Part A & B of Medicare in order to be eligible for Medicare Advantage Plans.

City of Cape Coral
Medicare Advantage Renewal Evaluation (Rx Only)
Effective Date: January 1, 2024



Summary of Benefits	Current (2023)		Renewal (2024)	
	Florida Blue		Florida Blue	
	In Network	Out of Network	In Network	Out of Network
Plan Name	Blue Medicare Group Elite Rx Only		Blue Medicare Group Elite Rx Only	
Prescription Drugs (\$0 to Catastrophic)	Mail Order (90-day Supply)		Mail Order (90-day Supply)	
Tier 1 - Preferred Generic	Retail: \$0 Pref./\$8 STD Mail Order: \$0	Not covered	Retail: \$0 Pref./\$8 STD Mail Order: \$0	Not covered
Tier 2 - Non Preferred Generic	Retail: \$3 Pref./\$15 STD Mail Order: \$9	Not covered	Retail: \$3 Pref./\$15 STD Mail Order: \$9	Not covered
Tier 3 - Preferred Brand	Retail: \$30 Pref. /\$40 STD Mail Order: \$90	Not covered	Retail: \$30 Pref. /\$40 STD Mail Order: \$90	Not covered
Tier 4 - Non-Preferred Brand	Retail: \$60 Pref./\$70 STD Mail Order: \$120	Not covered	Retail: \$60 Pref./\$70 STD Mail Order: \$120	Not covered
Tier 5 - Specialty Drugs	Retail: 33% Pref./STD Mail Order: Not Covered	Not covered	Retail: 33% Pref./STD Mail Order: Not Covered	Not covered
Catastrophic	(Catastrophic >= \$7,400)		(Catastrophic >= \$8,000)	
Generic/Preferred Multi-Source Drug	Greater of \$4.15 or 5% of the cost	Not covered	\$0	Not covered
Other Drugs	Greater of \$10.35 or 5% of the cost	Not covered	\$0	Not covered
Monthly Premium				
Rate per Member per Month	32	\$180.69		\$180.69
\$ Increase/(Decrease)		N/A		\$0
% Increase/(Decrease)		N/A		0.0%

Signature: 
Cynthia Nieves Ramos (Sep 25, 2023 09:42 EDT)
Email: cnievesramos@capecoral.gov

Signature: 
Email: mmason@capecoral.gov