

Medical Plans 2015 Benefit Highlights

Monroe County continues to offer a BluePoint2 Value, a Point of Service (POS) plan administered through Excellus BlueCross BlueShield as well as, HealthyBlue an HSA eligible Preferred Provider Organization (PPO) health plan. Both plans allow you to choose between going In- or Out-Of-Network for your services. You may choose physicians and hospitals within the network and receive a higher level of benefits. If you choose to go to a doctor or hospital that is not in the network, you still have coverage, however, you will receive benefits at a reduced level.

Type of plan	Excellus BCBS HealthyBlue H S A PPO		Excellus BCBS Blue Point 2 Value POS	
	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible
Specialist Office Visit	Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible
Deductible (Single/Family)	\$1300/\$2600		None	\$750/\$2250
Employee Coinsurance	20%	40%	None	20%
Out-of-Pocket Maximum (Single/Family)	\$3000/\$6000		\$4200/\$12600	
Referrals Required	Not Required		Not Required	
Benefit Maximum	Unlimited		Unlimited	
Dependent Age	26		26	
Healthy Rewards Program	Earn up to \$1,000 a year in cash		Not available	
PRESCRIPTION				
Prescription Drug-Retail	After deductible, \$5/\$35/\$70 \$0 copay for generic to age 19	Not Covered	\$10/\$25/\$40	Not Covered
Prescription Drug-Mail Order (90 day)	2x copay	Not Covered	3x copay	Not Covered
HOSPITALIZATION				
Inpatient Facility	Covered at 80% after deductible	Covered at 60% after deductible	\$100 copay	Covered at 80% after deductible
Outpatient Facility	Covered at 80% after deductible	Covered at 60% after deductible	\$50 copay	Covered at 80% after deductible
Emergency Room (waived if admitted)	Covered at 80% after deductible		\$50 copay	
Urgent Care	Covered at 80% after deductible	Covered at 60% after deductible	\$25 copay	Covered at 80% after deductible
SURGERY				
Inpatient	Covered at 80% after deductible	Covered at 60% after deductible	20% coinsurance or \$100 copay, whichever is less	Covered at 80% after deductible
Outpatient	Covered at 80% after deductible	Covered at 60% after deductible	20% coinsurance or \$100 copay, whichever is less	Covered at 80% after deductible
PREVENTIVE CARE				
Well Baby & Child Care (to age 19)	Covered in full according to national guidelines		Covered in full according to national guidelines	Covered at 80% after deductible
Adult Physical	Covered in full according to national guidelines	Covered at 60% after deductible	Covered in full according to national guidelines	Not Covered
Mammogram	Covered in full according to national guidelines	Covered at 60% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
Pap Smear	Covered in full according to national guidelines	Covered at 60% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
Prostate Screening	Covered in full according to national guidelines	Covered at 60% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
OB/GYN	Covered in full according to national guidelines	Covered at 60% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
OTHER SERVICES				
Adult Immunizations	Covered in Full	Covered at 60% after deductible	Covered in full	Not Covered
Chemotherapy	Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic X-Ray	Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic Laboratory	Covered at 80% after deductible	Covered at 60% after deductible	Covered in Full	Covered at 80% after deductible
Durable Medical Equipment (DME)	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80%	Covered at 50% after deductible, Diabetic DME Only
Ambulance	Covered at 80% after deductible		\$50 copay	
Chiropractic Visit	Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible

This benefits highlight contains only a general description of the coverage and does not constitute a policy contract. For complete information including exclusions, limitations and conditions, refer to the policy document. Neither the County, the carrier nor Brown & Brown will be held responsible for typographical or clerical errors.