

Medical Plan 2015 Benefit Highlights

Monroe County continues to offer BluePoint2 Value and Select, Point of Service (POS) plans administered through Excellus Blue Cross Blue Shield. A POS plan allows you the choice of 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 Blue Point 2 Select POS		Excellus BCBS Blue Point 2 Value POS	
	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Specialist Office Visit	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Deductible (Single/Family)	None	\$500/\$1500	None	\$750/\$2250
Employee Coinsurance	None	20%	None	20%
Out-of-Pocket Maximum (Single/Family)	\$4200/\$12600		\$4200/\$12600	
Referrals Required	Not Required		Not Required	
Benefit Maximum	Unlimited		Unlimited	
Dependent Age	26		26	
Healthy Rewards Program	Not available		Not available	
PRESCRIPTION				
Prescription Drug-Retail	\$5/\$20/\$35	Not Covered	\$10/\$25/\$40	Not Covered
Prescription Drug-Mail Order (90 day)	3x copay	Not Covered	3x copay	Not Covered
HOSPITALIZATION				
Inpatient Facility	Covered in full	Covered at 80% after deductible	\$100 copay	Covered at 80% after deductible
Outpatient Facility	Covered in full	Covered at 80% after deductible	\$50 copay	Covered at 80% after deductible
Emergency Room (waived if admitted)	\$50 copay		\$50 copay	
Urgent Care	\$25 copay	Covered at 80% after deductible	\$25 copay	Covered at 80% after deductible
SURGERY				
Inpatient	Covered in full	Covered at 80% after deductible	20% coinsurance or \$100 copay, whichever is less	Covered at 80% after deductible
Outpatient	Facility covered in full, Physician \$15 copay	Covered at 80% 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 at 80% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
Adult Physical	Covered in full according to national guidelines	Not Covered	Covered in full according to national guidelines	Not Covered
Mammogram	Covered in full according to national guidelines	Covered at 80% 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 80% 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 80% 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 80% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
OTHER SERVICES				
Adult Immunizations	Covered in full	Not Covered	Covered in full	Not Covered
Chemotherapy	Covered in full	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic X-Ray	\$15 copay	Covered at 80% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic Laboratory	Covered in full	Covered at 80% after deductible	Covered in full	Covered at 80% after deductible
Durable Medical Equipment (DME)	Covered at 80%	Covered at 50% after deductible, Diabetic DME Only	Covered at 80%	Covered at 50% after deductible, Diabetic DME Only
Ambulance	\$25 copay		\$50 copay	
Chiropractic Visit	\$15 copay	Covered at 80% 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.