

Medical Plan 2016 Benefit Highlights

Monroe County offers HealthyBlue, a Preferred Provider Organization (PPO) plan administered through Excellus BlueCross BlueShield, in two options, a copay version as well as an HSA Health Plan. Both plans allow you to choose between going In- or Out-Of-Network for your services. You receive a higher benefit for in-network services. A third choice is Obamacare AMV (Affordable Minimum Value) an optional plan designed to meet the Federal employer mandate requirements.

| Type of plan | Excellus BCBS HealthyBlue \$25/\$40 Copay Option PPO | | Excellus BCBS HealthyBlue H S A PPO | | Obamacare AMV (Affordable Minimum Value) PPO | |
|--|--|----------------------|---|----------------------|--|---------------------|
| | In Network | Out of Network | In Network | Out of Network | In Network | Out of Network |
| Office Visit Copay (PCP) | \$25 copay, \$0 kids to age 19 | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Specialist Office Visit | \$40 copay | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Deductible (Single/Family) | None | \$500/\$1500 | \$1300/\$2600 | | \$6000/\$12000 | |
| Employee Coinsurance | 0% | 20% | 20% | 40% | 0% | |
| Out-of-Pocket Maximum (Single/Family) | \$4200/\$12600 | | \$3000/\$6000 | | \$6000/\$12000 | |
| Referrals Required | Not Required | | Not Required | | Not Required | |
| Benefit Maximum | Unlimited | | Unlimited | | Unlimited | |
| Dependent Age | 26 | | 26 | | 26 | |
| Healthy Rewards Program | Earn up to \$1,000 a year in cash | | Earn up to \$1,000 a year in cash | | Not available | |
| PRESCRIPTION | | | | | | |
| Prescription Drug-Retail | \$5/\$25/\$50, \$0 generics to age 19 | Not Covered | After deductible, \$5/\$35/\$70, \$0 generics to age 19 | Not Covered | 0% after deductible | Not Covered |
| Prescription Drug-Mail Order (90 day) | 2x copay | Not Covered | 2x copay | Not Covered | 0% after deductible | Not Covered |
| HOSPITALIZATION | | | | | | |
| Inpatient Facility | \$150 copay | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Outpatient Facility | \$75 copay | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Emergency Room (waived if admitted) | \$75 copay | | 20% after deductible | | 0% after deductible | |
| Urgent Care | \$40 copay | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| SURGERY | | | | | | |
| Inpatient | Covered in Full | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Outpatient | Covered in Full | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| PREVENTIVE CARE* | | | | | | |
| Well Baby & Child Care (to age 19) | Covered in full | | Covered in full | | Covered in full | |
| Adult Physical | Covered in Full | 20% after deductible | Covered in Full | 40% after deductible | Covered in Full | 0% after deductible |
| Mammogram | Covered in Full | 20% after deductible | Covered in Full | 40% after deductible | Covered in Full | 0% after deductible |
| Pap Smear | Covered in Full | 20% after deductible | Covered in Full | 40% after deductible | Covered in Full | 0% after deductible |
| Prostate Screenings | Covered in Full | 20% after deductible | Covered in Full | 40% after deductible | Covered in Full | 0% after deductible |
| OB/GYN | Covered in Full | 20% after deductible | Covered in Full | 40% after deductible | Covered in Full | 0% after deductible |
| OTHER SERVICES | | | | | | |
| Adult Immunizations | Covered in Full | 20% after deductible | Covered in Full | 40% after deductible | Covered in Full | 0% after deductible |
| Chemotherapy | \$25 IV / \$25 office visit copay | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Diagnostic X-Ray | \$40 copay | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Diagnostic Laboratory | Covered in Full | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Durable Medical Equipment (DME) | Covered at 80% | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |
| Ambulance | \$75 copay per emergency | | 20% after deductible | | 0% after deductible | |
| Chiropractic Visit | \$40 copay | 20% after deductible | 20% after deductible | 40% after deductible | 0% after deductible | |

* Covered in full according to national guidelines.

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.