

## Medical Plans 2016 Benefit Highlights

Monroe County offers 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 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<br>HealthyBlue H S A<br>PPO               |                      | Excellus BCBS<br>Blue Point 2 Value<br>POS |   | Obamacare AMV<br>(Affordable Minimum Value)<br>PPO |                     |
|---|---|----------------------|--|---|--|---------------------|
|   | In Network  | Out of Network       | In Network                                 | Out of Network                          | In Network   | Out of Network      |
| <b>Office Visit Copay (PCP)</b>               | 20% after deductible                                    | 40% after deductible | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Specialist Office Visit</b>                | 20% after deductible                                    | 40% after deductible | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Deductible (Single/Family)</b>             | \$1300/\$2600   |                      | None                                       | \$750/\$2250                            | \$6000/\$12000                                     |                     |
| <b>Employee Coinsurance</b>                   | 20%   | 40%                  | None                                       | 20%                                     | 0%   |                     |
| <b>Out-of-Pocket Maximum (Single/Family)</b>  | \$3000/\$6000   |                      | \$4200/\$12600                             |   | \$6000/\$12000                                     |                     |
| <b>Referrals Required</b>                     | Not Required  |                      | Not Required                               |   | Not Required                                       |                     |
| <b>Benefit Maximum</b>                        | Unlimited   |                      | Unlimited                                  |   | Unlimited  |                     |
| <b>Dependent Age</b>                          | 26  |                      | 26   |   | 26   |                     |
| <b>Healthy Rewards Program</b>                | Earn up to \$1,000 a year in cash                       |                      | Not available                              |   | Not available                                      |                     |
| <b>PRESCRIPTION</b>                           |   |                      |  |   |  |                     |
| <b>Prescription Drug-Retail</b>               | After deductible, \$5/\$35/\$70, \$0 generics to age 19 | Not Covered          | \$10/\$25/\$40                             | Not Covered                             | 0% after deductible                                | Not Covered         |
| <b>Prescription Drug-Mail Order (90 day)</b>  | 2x copay  | Not Covered          | 3x copay                                   | Not Covered                             | 0% after deductible                                | Not Covered         |
| <b>HOSPITALIZATION</b>                        |   |                      |  |   |  |                     |
| <b>Inpatient Facility</b>                     | 20% after deductible                                    | 40% after deductible | \$100 copay                                | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Outpatient Facility</b>                    | 20% after deductible                                    | 40% after deductible | \$50 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Emergency Room (waived if admitted)</b>    | 20% after deductible                                    |                      | \$50 copay                                 |   | 0% after deductible                                |                     |
| <b>Urgent Care</b>                            | 20% after deductible                                    | 40% after deductible | \$25 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| <b>SURGERY</b>                                |   |                      |  |   |  |                     |
| <b>Inpatient</b>                              | 20% after deductible                                    | 40% after deductible | 20% or \$100 copay, whichever is less      | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Outpatient</b>                             | 20% after deductible                                    | 40% after deductible | 20% or \$100 copay, whichever is less      | 20% after deductible                    | 0% after deductible                                |                     |
| <b>PREVENTIVE CARE</b>                        |   |                      |  |   |  |                     |
| <b>Well Baby &amp; Child Care (to age 19)</b> | Covered in Full   |                      | Covered in Full                            |   | Covered in Full                                    |                     |
| <b>Adult Physical</b>                         | Covered in Full   | 40% after deductible | Covered in Full                            | Not Covered                             | Covered in Full                                    | 0% after deductible |
| <b>Mammogram</b>                              | Covered in Full   | 40% after deductible | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| <b>Pap Smear</b>                              | Covered in Full   | 40% after deductible | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| <b>Prostate Screening</b>                     | Covered in Full   | 40% after deductible | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| <b>OB/GYN</b>                                 | Covered in Full   | 40% after deductible | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| <b>OTHER SERVICES</b>                         |   |                      |  |   |  |                     |
| <b>Adult Immunizations</b>                    | Covered in Full   | 40% after deductible | Covered in Full                            | Not Covered                             | Covered in Full                                    | 0% after deductible |
| <b>Chemotherapy</b>                           | 20% after deductible                                    | 40% after deductible | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Diagnostic X-Ray</b>                       | 20% after deductible                                    | 40% after deductible | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Diagnostic Laboratory</b>                  | 20% after deductible                                    | 40% after deductible | Covered in Full                            | 20% after deductible                    | 0% after deductible                                |                     |
| <b>Durable Medical Equipment (DME)</b>        | 20% after deductible                                    | 40% after deductible | Covered at 80%                             | 50% after deductible, Diabetic DME Only | 0% after deductible                                |                     |
| <b>Ambulance</b>                              | 20% after deductible                                    |                      | \$50 copay                                 |   | 0% after deductible                                |                     |
| <b>Chiropractic Visit</b>                     | 20% after deductible                                    | 40% after deductible | \$20 copay                                 | 20% 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.