

## Medical Plan 2016 Benefit Highlights

Monroe County offers 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. 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>Blue Point 2 Select<br>POS    |   | 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      |
| Office Visit Copay (PCP)              | \$15 copay                                     | 20% after deductible                    | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| Specialist Office Visit               | \$15 copay                                     | 20% after deductible                    | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| Deductible (Single/Family)            | None   | \$500/\$1500                            | None                                       | \$750/\$2250                            | \$6000/\$12000                                     |                     |
| Employee Coinsurance                  | None   | 20%                                     | None                                       | 20%                                     | 0%   |                     |
| Out-of-Pocket Maximum (Single/Family) | \$4200/\$12600                                 |   | \$4200/\$12600                             |   | \$6000/\$12000                                     |                     |
| Referrals Required                    | Not Required                                   |   | Not Required                               |   | Not Required                                       |                     |
| Benefit Maximum                       | Unlimited                                      |   | Unlimited                                  |   | Unlimited  |                     |
| Dependent Age                         | 26   |   | 26   |   | 26   |                     |
| Healthy Rewards Program               | Not available                                  |   | Not available                              |   | Not available                                      |                     |
| <b>PRESCRIPTION</b>                   |  |   |  |   |  |                     |
| Prescription Drug-Retail              | \$5/\$20/\$35                                  | Not Covered                             | \$10/\$25/\$40                             | Not Covered                             | 0% after deductible                                | Not Covered         |
| Prescription Drug-Mail Order (90 day) | 3x copay                                       | Not Covered                             | 3x copay                                   | Not Covered                             | 0% after deductible                                | Not Covered         |
| <b>HOSPITALIZATION</b>                |  |   |  |   |  |                     |
| Inpatient Facility                    | Covered in Full                                | 20% after deductible                    | \$100 copay                                | 20% after deductible                    | 0% after deductible                                |                     |
| Outpatient Facility                   | Covered in Full                                | 20% after deductible                    | \$50 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| Emergency Room (waived if admitted)   | \$50 copay                                     |   | \$50 copay                                 |   | 0% after deductible                                |                     |
| Urgent Care                           | \$25 copay                                     | 20% after deductible                    | \$25 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| <b>SURGERY</b>                        |  |   |  |   |  |                     |
| Inpatient                             | Covered in Full                                | 20% after deductible                    | 20% or \$100 copay, whichever is less      | 20% after deductible                    | 0% after deductible                                |                     |
| Outpatient                            | Facility Covered in Full, Physician \$15 copay | 20% after deductible                    | 20% or \$100 copay, whichever is less      | 20% after deductible                    | 0% after deductible                                |                     |
| <b>PREVENTIVE CARE*</b>               |  |   |  |   |  |                     |
| Well Baby & Child Care (to age 19)    | Covered in Full                                | 20% after deductible                    | Covered in Full                            | 20% after deductible                    | Covered in Full                                    |                     |
| Adult Physical                        | Covered in Full                                | Not Covered                             | Covered in Full                            | Not Covered                             | Covered in Full                                    | 0% after deductible |
| Mammogram                             | Covered in Full                                | 20% after deductible                    | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| Pap Smear                             | Covered in Full                                | 20% after deductible                    | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| Prostate Screening                    | Covered in Full                                | 20% after deductible                    | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| OB/GYN                                | Covered in Full                                | 20% after deductible                    | Covered in Full                            | 20% after deductible                    | Covered in Full                                    | 0% after deductible |
| <b>OTHER SERVICES</b>                 |  |   |  |   |  |                     |
| Adult Immunizations                   | Covered in Full                                | Not Covered                             | Covered in Full                            | Not Covered                             | Covered in Full                                    | 0% after deductible |
| Chemotherapy                          | Covered in Full                                | 20% after deductible                    | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| Diagnostic X-Ray                      | \$15 copay                                     | 20% after deductible                    | \$20 copay                                 | 20% after deductible                    | 0% after deductible                                |                     |
| Diagnostic Laboratory                 | Covered in Full                                | 20% after deductible                    | Covered in Full                            | 20% after deductible                    | 0% after deductible                                |                     |
| Durable Medical Equipment (DME)       | Covered at 80%                                 | 50% after deductible, Diabetic DME Only | Covered at 80%                             | 50% after deductible, Diabetic DME Only | 0% after deductible                                |                     |
| Ambulance                             | \$25 copay                                     |   | \$50 copay                                 |   | 0% after deductible                                |                     |
| Chiropractic Visit                    | \$15 copay                                     | 20% 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.