

Medical Plan 2017 Benefit Highlights

Monroe County offers BluePoint2 Value, Value2 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 receive a higher benefit for in-network services. Another choice is Obamacare AMV (Affordable Minimum Value) an optional plan designed to meet the Federal employer mandate requirements.

Type of plan	Excellus BCBS Blue Point 2 Select POS		Excellus BCBS Blue Point 2 Value/Value 2 POS		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)	\$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	
PRESCRIPTION						
Prescription Drug-Retail	\$5/\$20/\$35	Not Covered	\$10/\$25/\$40 Value \$10/\$30/\$50 Value2	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
HOSPITALIZATION						
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	
SURGERY						
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	
PREVENTIVE CARE*						
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
OTHER SERVICES						
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.