

## Medical Plans 2017 Benefit Highlights

Monroe County offers BluePoint2 Value and Value2, Point of Service (POS) plans administered through Excellus BlueCross BlueShield as well as, HealthyBlue an HSA eligible Preferred Provider Organization (PPO) health plan. The plans allow you to choose between 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 HealthyBlue H S A PPO		Excellus BCBS Blue Point 2 Value Value2 POS		Obamacare AMV (Affordable Minimum Value) 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 per year		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 Value \$10/\$30/\$50 Value2	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.