

More Benefits to Consider

Flexible Spending Account

Monroe County is pleased to offer a Flexible Spending Account (FSA) program. A Flexible Spending Account is a benefit program that reimburses specified expenses incurred in a plan year from funds contributed by an employee on a pre-tax basis, which saves them approximately 25%. There are two types of accounts: Healthcare FSAs and Dependent Care FSAs.

Healthcare expenses eligible for reimbursement under the Healthcare FSA include medical, dental, vision and other expenses such as co-payments or coinsurance, eye glasses and most over the counter medicines (OTC). **Employees may contribute up to a maximum of \$3,000 per plan year.**

Dependent Care expenses are eligible for reimbursement if they enable an employee or employee's spouse to be gainfully employed. Expenses are limited to household services or the daily care of one or more qualified individuals. **Employees may contribute up to a maximum of \$5,000 per plan year.**

Note: This summary is an illustration only. It does not contain all of the details that are included in your summary plan descriptions as described by ERISA. If there is ever a question about one of these plans or policies, or if there is a conflict between the information in this guide and the formal plan document, the plan document governs. Please note that the benefits described in the guide may be changed at any time and do not represent a contractual obligation on the part of the County.

Revised 11/9/09

Employee Summary of Benefits for 2010



Maggie Brooks
County Executive

Inside you will find an overview of the following Benefit Plans:

- ✓ Medical Plans
- ✓ Prescription Drug Benefits
- ✓ Dental Plan
- ✓ Flexible Spending Account



Eligibility

You and your dependents are eligible for benefits if you are classified as an active full-time employee, subject to your union agreement and/or employment class.

You may cover your spouse and your unmarried dependent children who are younger than 19 years of age and any unmarried children up to age 23 if they are dependent on you for support and are full-time students. Proof of full-time student status required.

Have Questions?

Review detailed information on the County Intranet, including links to our insurance providers, call Human Resources at 753-1700 or e-mail debawood@monroecounty.gov

Select v Value

Medical Plan

Monroe County continues to offer a Point of Service (POS) plan 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 may choose physicians and hospitals within the network and receive a higher level of benefits. If you choose to go to a doctor or hospital that is not in the network, you still have coverage, however, you will receive benefits at a reduced level.

2010 benefit highlights are illustrated below

Type of Plan	BCBS Blue Point 2 Select POS		BCBS Blue Point 2 Value POS	
	In Network	Out of Network	In Network	Out of Network
	Office Visit Copay (PCP)	\$15 copay	Deductible/Coinsurance	\$20 copay
Specialist Office Visit	\$15 copay	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
Deductible (Single / Family)	None	\$500/\$1500	None	\$750/\$1500/\$2250
Employee Coinsurance	None	20%	None	20%
Out-of-Pocket Maximum (Single / Family)	None	\$1800/\$5400	None	\$2650/\$5300/\$7950
Referrals Required	Yes		Yes	Yes
Benefit Maximum	None	None	None	None
Dependent Age	19/23		19/23	
PRESCRIPTION				
Prescription Drug-Retail	\$5/\$20/\$35	Not Covered	\$10/\$25/\$40	Not Covered
Prescription Drug-Mail Order (90 day)	3x copay	Not Covered	3x copay	Not Covered
HOSPITALIZATION				
Inpatient Facility	Covered in Full	Deductible/Coinsurance	\$100 copay	Covered at 80% after deductible
Outpatient Facility	Covered in Full	Deductible/Coinsurance	\$50 copay	Covered at 80% after deductible
Emergency Room (waived if admitted)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Urgent Care	\$25 copay	Deductible/Coinsurance	\$25 copay	Covered at 80% after deductible
SURGERY				
Inpatient	Covered in Full	Deductible/Coinsurance	Covered at 80% or \$100, whichever is less	Covered at 80% after deductible
Outpatient	Facility covered in full, Physician \$15 copay	Deductible/Coinsurance	Physician covered at 80% or \$100, whichever is less	Covered at 80% after deductible
PREVENTIVE CARE				
Well Baby & Child Care (to age 19)	Covered in Full	Deductible/Coinsurance	Covered in Full	Covered at 80% after deductible
Adult Physical (Routine)	\$15 (1 per year)	Not Covered	\$20 (1 per year)	Not Covered
OB/GYN (Routine)	\$15 copay	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
OTHER SERVICES				
Adult Immunizations	\$15 copay	Not Covered	\$20 copay	Not Covered
Chemotherapy	Covered in Full	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
Diagnostic X-Ray	\$15 copay	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
Diagnostic Laboratory	Covered in Full	Deductible/Coinsurance	Covered in Full	Covered at 80% after deductible
Mammograms (Routine)	Covered in Full	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
PAP Smear (Routine)	Covered in Full	Deductible/Coinsurance	Covered in Full	Covered at 80% after deductible
Prostate Screening (Routine)	\$15 copay	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
Ambulance	\$25 copay	\$25 copay	\$50 copay	\$50 copay
Chiropractic Visit	\$15 copay	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible

Dental Plan

Dental protection is an important part of a complete benefits program. Your dental plan will be administered by Health Economics Group Inc. If charges for a course of treatment are expected to be \$300 or more, a pre-determination of benefits is recommended. Below is a snapshot of the dental plan:

Plan Features	Dental Plan
Class I Diagnostic & Preventative	Plan pays 100% of UCR*
- Examinations (twice per year)	
- Cleanings (twice per year)	
- X-Rays	Plan pays 85% of UCR*
- Flouride	
Class II Basic/Minor Restorative	
- Fillings	Plan pays 60% of UCR*
- Root Canal Therapy (Endodontics)	
- Extractions (Oral Surgery)	
- Gum Surgery (Periodontics)	\$1000 per covered person
- Denture Repair	
- Sealants	
Class III Major Restorative	19/23
- Crowns	
- Bridgework	
- Dentures	
- Annual benefit max for classes I,II,III	
Dependents age maximum	

*UCR is the usual, customary and reasonable charge for service in the area it was provided.

This plan design 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 carrier nor Brown & Brown will be held responsible for typographical or clerical errors.