

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.

	BCBS		BCBS	
	Blue Point 2 Select		Blue Point 2 Value	
Type of plan	POS		POS	
	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	\$15 copay	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
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	Yes
Benefit Maximum	None	None	None	None
Dependent Age	26		26	
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
Mammogram (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

This plan summary contains only a general description and does not constitute a policy contract. For complete information including exclusions, limitations and conditions, refer to the policy document. The carrier, the County or Brown & Brown will not be held responsible for typographical or clerical errors.