

Medical Plan

Monroe County continues to offer a Preferred Provider Organization (PPO) plan administered through Excellus BlueCross BlueShield, as well as a Point of Service (POS) Plan and an HSA eligible Health Plan. Both plans allow you to choose between 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.

2011 Benefit highlights are illustrated below

Type of plan	BCBS HealthyBlue H S A PPO		BCBS Blue Point 2 Value POS	
	In Network	Out of Network	In Network	Out of Network
	Office Visit Copay (PCP)	Deductible/Coinsurance		\$20 copay
Specialist Office Visit	Deductible/Coinsurance		\$20 copay	Covered at 80% after deductible
Deductible (Single/Family)	\$1300/\$2600		None	\$750/\$1500/\$2250
Employee Coinsurance	20%	40%	None	20%
Out-of-Pocket Maximum (Single/Family)	\$3000/\$6000		None	\$2650/\$5300/\$7950
Referrals Required	Not Required		Yes	Yes
Benefit Maximum	Unlimited		None	None
Dependent Age	26		26	
PRESCRIPTION				
Prescription Drug-Retail	\$5/\$35/\$70	Not Covered	\$10/\$25/\$40	Not Covered
Prescription Drug-Mail Order (90 day)	2x copay	Not Covered	3x copay	Not Covered
HOSPITALIZATION				
Inpatient Facility	Covered at 80% after deductible	Covered at 60% after deductible	\$100 copay	Covered at 80% after deductible
Outpatient Facility	Covered at 80% after deductible	Covered at 60% after deductible	\$50 copay	Covered at 80% after deductible
Emergency Room (waived if admitted)	Covered at 80% after deductible	Covered at 60% after deductible	\$50 copay	\$50 copay
Urgent Care	Covered at 80% after deductible	Covered at 60% after deductible	\$25 copay	Covered at 80% after deductible
SURGERY				
Inpatient	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% or \$100, whichever is less	Covered at 80% after deductible
Outpatient	Covered at 80% after deductible	Covered at 60% after deductible	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		Covered in Full	Covered at 80% after deductible
Adult Physical (Routine)	Covered in full (1 per yr.)	Deductible/Coinsurance	\$20 (1 per year)	Not Covered
OB/GYN (Routine)	Covered in full	Deductible/Coinsurance	\$20 copay	Covered at 80% after deductible
MATERNITY				
Physician - 1st Office Visit	Covered at 80% after deductible	Covered at 60% after deductible	\$5 copay	Covered at 80% after deductible
Physician - Subsequent Visits	Covered at 80% after deductible	Covered at 60% after deductible	\$5 first 10 visits then covered in full	Covered at 80% after deductible
Hospital Admission	Covered at 80% after deductible	Covered at 60% after deductible	\$100 copay	Covered at 80% after deductible
Delivery (physician charge)	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 80% or \$100, whichever is less	Covered at 80% after deductible
OTHER SERVICES				
Adult Immunizations	Covered in Full	Covered at 60% after deductible	\$20 copay	Not Covered
Chemotherapy	Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic X-Ray	Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible
Diagnostic Laboratory	Covered at 80% after deductible	Covered at 60% after deductible	Covered in Full	Covered at 80% after deductible
Preventative Screenings	Covered in full	Covered at 60% after deductible	\$20 copay	Covered at 80% after deductible
Durable Medical Equipment (DME)	Covered at 80% up to \$15,000	Covered at 60% after ded. Up to \$15,000	Covered at 80%	Covered at 50% after deductible
Ambulance	Deductible/Coinsurance		\$50 copay	\$50 copay
Chiropractic Visit	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.