Medical Plan 2013 Benefit Highlights

Monroe County continues to offer HealthyBlue, a Preferred Provider Organization (PPO) plan administered through Excellus BlueCross BlueShield, in two options, a co-pay version as well as an HSA 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.

Type of plan	*Excellus BCBS HealthyBlue $25/$40 Copay Option* PPO		*Excellus BCBS HealthyBlue H S A* PPO	
	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	Adult $25 copay Children to Age 19 $0	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Specialist Office Visit	$40 copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Deductible (Single/Family)	None	$500/$1500	$1300/$2600	
Employee Coinsurance	0%	20%	20%	40%
Out-of-Pocket Maximum (Single/Family)	None	$1500/$4500	$3000/$6000	
Referrals Required	Not Required		Not Required	
Benefit Maximum	Unlimited		Unlimited	
Dependent Age	26		26	
Healthy Rewards Program	Earn up to $1,000 a year in cash		Earn up to $1,000 a year in cash	
PRESCRIPTION				
Prescription Drug-Retail	$5/$25/$50, $0 generics to age 19	Not Covered	$5/$35/$70, $0 generics to age 19 subject to deductible	Not Covered
Prescription Drug-Mail Order (90 day)	2x copay	Not Covered	2x copay	Not Covered
HOSPITALIZATION				
Inpatient Facility	$150 copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient Facility	Covered in Full	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Emergency Room (waived if admitted)	$75 copay		Covered at 80% after deductible	Covered at 60% after deductible
Urgent Care	$40 copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
SURGERY				
Inpatient	Covered in Full	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient	$75 copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
PREVENTIVE CARE				
Well Baby & Child Care (to age 19)	Covered in full according to national guidelines		Covered in full according to national guidelines	
Adult Physical (Routine)	Covered in full according to national guidelines	Covered at 80% after deductible	Covered in full according to national guidelines	Covered at 80% after deductible
OB/GYN (Routine)	Covered in full	Covered at 80% after deductible	Covered in full	Covered at 80% after deductible
OTHER SERVICES				
Adult Immunizations	Covered in Full	Covered at 80% after deductible	Covered in Full	Covered at 60% after deductible
Chemotherapy	$25 IV / $25 office visit copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diagnostic X-Ray	$40 copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Diagnostic Laboratory	Covered in Full	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Mammogram (Routine)	Covered in Full	Covered at 80% after deductible	Covered in Full	Covered at 60% after deductible
Pap Smear (Routine)	Covered in Full	Covered at 80% after deductible	Covered in Full	Covered at 60% after deductible
Prostate Screenings (Routine)	Covered in Full	Covered at 80% after deductible	Covered in Full	Covered at 60% after deductible
Durable Medical Equipment (DME)	Covered at 80%	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Ambulance	$75 copay per emergency		Covered at 80% after deductible	
Chiropractic Visit	$40 copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible

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.