

## Medical Plans 2022 Benefit Highlights

Monroe County offers Value2 a Preferred Provider Organization (PPO) administered through Excellus BlueCross BlueShield. You receive a higher benefit for in-network services. Another choice is Signature Deductible, a low cost alternative coupled with a Health Savings Account.

| Type of plan                          | Value2 PPO                            |   | Signature Deductible PPO  |                     |
|---------------------------------------|---------------------------------------|---|---|---------------------|
|                                       | In Network                            | Out of Network                          | In Network  | Out of Network      |
| Office Visit Copay (PCP)              | \$20 copay                            | 20% after deductible                    | 0% after deductible   |                     |
| Specialist Office Visit               | \$20 copay                            | 20% after deductible                    | 0% after deductible   |                     |
| Deductible (Single/Family)            | None                                  | \$750/\$2250                            | \$2500/\$5000<br>(out of network is 2X)                                 |                     |
| Employee Coinsurance                  | None                                  | 20%                                     | 0%  |                     |
| Out-of-Pocket Maximum (Single/Family) | \$4200/\$12600                        |   | \$2500/\$5000<br>(out of network is 2X)                                 |                     |
| Referrals Required                    | Not Required                          |   | Not Required  |                     |
| Benefit Maximum                       | Unlimited                             |   | Unlimited   |                     |
| Dependent Age                         | 26                                    |   | 26  |                     |
| <b>PRESCRIPTION</b>                   |                                       |   |   |                     |
| Prescription Drug-Retail              | \$10/\$30/\$50                        | Not Covered                             | After deductible,<br>Covered in full. No deductible for Preventative Rx | Not Covered         |
| Prescription Drug-Mail Order (90 day) | 3x copay                              | Not Covered                             | 2x copay  | Not Covered         |
| <b>HOSPITALIZATION</b>                |                                       |   |   |                     |
| Inpatient Facility                    | \$100 copay                           | 20% after deductible                    | 0% after deductible   |                     |
| Outpatient Facility                   | \$50 copay                            | 20% after deductible                    | 0% after deductible   |                     |
| Emergency Room (waived if admitted)   | \$50 copay                            |   | 0% after deductible   |                     |
| Urgent Care                           | \$25 copay                            | 20% after deductible                    | 0% after deductible   |                     |
| <b>SURGERY</b>                        |                                       |   |   |                     |
| Inpatient                             | 20% or \$100 copay, whichever is less | 20% after deductible                    | 0% after deductible   |                     |
| Outpatient                            | 20% or \$100 copay, whichever is less | 20% after deductible                    | 0% after deductible   |                     |
| <b>PREVENTIVE CARE</b>                |                                       |   |   |                     |
| Well Baby & Child Care (to age 19)    | Covered in Full                       |   | Covered in Full   |                     |
| Adult Physical                        | Covered in Full                       | Not Covered                             | Covered in Full   | 0% after deductible |
| Mammogram                             | Covered in Full                       | 20% after deductible                    | Covered in Full   | 0% after deductible |
| Pap Smear                             | Covered in Full                       | 20% after deductible                    | Covered in Full   | 0% after deductible |
| Prostate Screening                    | Covered in Full                       | 20% after deductible                    | Covered in Full   | 0% after deductible |
| OB/GYN                                | Covered in Full                       | 20% after deductible                    | Covered in Full   | 0% after deductible |
| <b>OTHER SERVICES</b>                 |                                       |   |   |                     |
| Adult Immunizations                   | Covered in Full                       | Not Covered                             | Covered in Full   | 0% after deductible |
| Chemotherapy                          | \$20 copay                            | 20% after deductible                    | 0% after deductible   |                     |
| Diagnostic X-Ray                      | \$20 copay                            | 20% after deductible                    | 0% after deductible   |                     |
| Diagnostic Laboratory                 | Covered in Full                       | 20% after deductible                    | 0% after deductible   |                     |
| Durable Medical Equipment (DME)       | Covered at 80%                        | 20% after deductible, Diabetic DME Only | 0% after deductible   |                     |
| Ambulance                             | \$50 copay                            |   | 0% after deductible   |                     |
| Chiropractic Visit                    | \$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.