

Medical Plan

Monroe County continues to offer a Preferred Provider Organization (PPO) plan administered through Excellus BlueCross BlueShield, 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.

2011 benefit highlights listed below

Type of plan	BCBS HealthyBlue \$25/\$40 Copay Option		BCBS HealthyBlue H S A	
	PPO		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	Deductible/Coinsurance	
Specialist Office Visit	\$40 copay	Covered at 80% after deductible	Deductible/Coinsurance	
Deductible (Single/Family)	None	\$500/\$1500	\$1300/\$2601	
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	
PRESCRIPTION				
Prescription Drug-Retail	\$5/\$25/\$50	NA	\$5/\$35/\$70	Not Covered
Prescription Drug-Mail Order (90 day)	2x copay	NA	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		Covered in full	
Adult Physical (Routine)	Covered in full (1 per yr.)	Covered at 80% after deductible	Covered in full (1 per yr.)	Deductible/Coinsurance
OB/GYN (Routine)	Covered in full	Covered at 80% after deductible	Covered in full	Deductible/Coinsurance
MATERNITY				
Physician - 1st Office Visit	Covered in Full	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Physician - Subsequent Visits	Covered in Full	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Hospital Admission	\$150 copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Delivery (physician charge)	Covered under Hospital Admission Copay	Covered at 80% after deductible	Covered at 80% after deductible	Covered at 60% 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 ov 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
Preventative Screenings	Covered in Full	Covered at 80% after deductible	Covered in Full	Covered at 60% after deductible
Durable Medical Equipment (DME)	Covered at 80% up to \$15,000	Covered at 80% up to \$15,000	Covered at 80% up to \$15,000	Covered at 60% after ded. Up to \$15,000
Ambulance	\$75 copay per emergency		Deductible/Coinsurance	
Chiropractic Visit	\$40 copay	Covered at 80% after deductible	Deductible/Coinsurance	

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