
Medical Insurance

PHYSICIAN OFFICE SERVICES

Office Visit:

Includes Office Surgery, Consultation , X-Rays and Lab

Primary Care Provider	\$20 Copayment
Specialist	\$30 Copayment

Preventive Care:

Routine Examinations, Well-Child Care, Immunizations, Pap Smears, Mammograms, Prostate Specific Antigen Tests (PSAs)

Primary Care	\$20 Copayment
Specialist	\$30 Copayment

Therapies

Short-term Rehabilitative Therapies (Maximums apply to Home, Office and Out-patient Settings):

Physical/Occupational: 20 visits per Calender Year

Speech Therapy: 20 visits per Calender Year

Primary Care Provider	\$20 Copayment
Specialist	\$30 Copayment

Urgent Care Centers and Emergency Room

Urgent Care Centers	\$30 Copayment
Emergency Room Visit (co-pay waived if admitted)	\$100 Copayment

Ambulatory Surgical Center

\$75 Copayment

Inpatient and Outpatient Hospital Services

Hospital and Hospital Based Services	90% after deductible
Professional Services	90% after deductible
Outpatient X-rays and Lab with surgery or other services (Hospital and Professional)	90% after deductible
Outpatient X-rays and Lab without surgery or other services (Hospital and Professional)	100%

Other Services

Skilled Nursing Facility (60 days per Calender Year)	90% after deductible
Home Health Care, Ambulance, Durable Medical Equipment and Hospice	90% after deductible

Maternity

Office Visits	90% after deductible
Hospital Services (Delivery)	90% after deductible
Professional Services (Delivery)	90% after deductible

Transplants

Hospital Services	90% after deductible
Professional Services	90% after deductible

Infertility and Sexual Dysfunction Services*Up to \$5,000 per Lifetime*

Primary Care Provider	\$20 Copayment
Specialist	\$30 Copayment
Hospital Services	90% after deductible
Inpatient and Outpatient Professional Services	90% after deductible

Vision Care

Comprehensive Eye Exam (Maximum \$150 benefit per Calendar Year)	\$30 Copayment
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Lifetime Maximum, Deductibles & Coinsurance Maximums*The following Deductibles and Coinsurance Maximums only apply to the services that precede this section:*

Lifetime Benefit Maximum	\$2,000,000
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Deductibles

Individual (per Calendar Year)	\$300
Family (per Calendar Year)	\$900

Coinsurance Maximum

Individual (per Calendar Year)	\$1,500
Family (per Calendar Year)	\$3,000

Prescription Drugs: Copayments. Infertility Drugs up to \$5,000 per Lifetime.

	Retail (30 day supply)	Mail Order (90 day supply)
Tier 1 (Generic)	\$10 Copayment	\$20 Copayment
Tier 2 (Preferred Brand)	\$25 Copayment	\$50 Copayment
Tier 3 (Brand)	\$40 Copayment	\$80 Copayment

Mental Health and Substance Abuse Service**Certification is required for inpatient services/treatment.***Mental Health Services**

Office (30 visits per Calendar Year)	\$30 Copayment
Inpatient /Outpatient (30 Days per Calendar Year)	90%

Substance Abuse Services

Office Visit	\$30 Copayment
Inpatient/outpatient	90%
Benefit Period Maximum	\$8,000
Lifetime Maximum	\$16,000

Chiropractic Services

20 Visits per Calender Year
(Maximum benefit payment of \$100 per visit)

\$30 Copayment

Note: Exclusive Provider Organization (EPO)

The City of Monroe has an Exclusive Provider Organization (EPO) that requires you to use network medical providers in order for a medical service to be considered eligible (with the exception of care provided as a result of an emergency) under the Plan. Any care provided by a non-network medical provider **is not covered** under the Plan, unless the network does not provide access to a provider practicing in a particular field of medicine or the closest network provider practicing in a particular field of medicine is thirty (30) miles away from the Plan Participant's home zip code. Out of Network services incurred when traveling or covered Dependent student living away form home will be payable at the In Network benefit level.

A list of MedCost Network Providers may be viewed at www.medcost.com or you may call 1-800-824-7406. Maximum reimbursement is received from the Plan when the Network Providers are utilized.

Participants do not need a Primary Care Physician (PCP) referral to utilize the services of a network specialist.

Important Note:

Ancillary and Physician services rendered in a Network facility (whether as in or outpatient) will be considered under the In Network benefit levels, regardless of whether or not the Provider performing the service is an In Network Provider. This provision will only apply if the selection of a Provider is out of the Plan Participant's control.

Please refer to your Medical Summary Plan Description Booklet for a full explanation of your benefits.

To promote healthier lifestyles for employees and their spouses, the City of Monroe promotes a wellness strategy known as the Health IQ Program. Those employees who choose to participate will receive a discounted rate on their medical premium. Participants will be given an annual health risk assessment, including blood labs and biometrics, which gives them a personal and confidential record to keep track of their health status.