

MEDICAL/DENTAL/VISION PLAN SUMMARIES

MEDICAL PLAN SUMMARY

Medical benefits for the Monroe County Board of County Commissioners, Clerk of the Circuit Court, Property Appraiser, Tax Collector, Supervisor of Elections and Sheriff's Department are administered by **Wells Fargo Third Party Administrator**.

LIFETIME MAXIMUM: \$1,000,000.00

INDIVIDUAL DEDUCTIBLE: \$300.00 per calendar year

FAMILY DEDUCTIBLE: \$600 per calendar year *(where you & your spouse or Domestic Partner are both employed by an Employer (Board of Commissioners; Clerk of Court; Sheriff's Department; Property Appraiser; Supervisor of Elections; Tax Collector; Court Administration), and one of you has elected family coverage, only the family deductible must be met for the calendar year for the Family Unit.*

OTHER DEDUCTIBLES: \$150.00 in-patient hospital per admission
\$75.00 emergency room per visit

CO-PAYMENT: In Network, the percentage payable will be 75% of all covered expenses up to \$30,000 and 100% thereafter per individual, per calendar year.
Out of Network claims penalized 30%!

OUT OF POCKET MAXIMUM: \$7,800.00 per individual, per calendar year, (including the \$300 deductible)

MENTAL AND NERVOUS: Out-patient 50% of covered expenses; In-patient 30 days per calendar year

DRUG AND ALCOHOL: \$25,000.00 per lifetime; one confinement per an individual's lifetime.

WELL ADULT CARE: Routine Well Care (age 18 and over)
Limited to a maximum payable of \$400 per year for Covered Services every 24 months under age 40; every 12 months age 40 and over.

WELL CHILD CARE: Should your dependent child incur any of the following routine health services, the deductible will be waived and the regular co-payment percentage of the Plan will be paid.

PRE-EXISTING CONDITION:

Expenses incurred for treatment of a Pre-Existing Condition shall be excluded from coverage under the Plan If medical advice, diagnosis, care or treatment was recommended or received with respect to a Pre-Existing Condition within the six (6) month period ending on the employee’s date of hire or the dependent’s effective date of coverage under the Plan.

***NOTE:** Any “creditable coverage” under a prior medical plan is applied against the pre-existing conditions waiting periods provided there is no gap in coverage longer than 63 days. Pre-existing conditions exclusions may not apply to pregnancies.

PRE-CERTIFICATION:

The Keys Physician-Hospital Alliance (KPHA) **MUST** be notified if you or your covered dependents are scheduled for a diagnostic procedure, are admitted or requires surgery. Call KPHA at least five (5) business days prior to your procedure, elective admission or surgery.

***For emergency admissions and/or surgeries, the KPHA must be notified within two (2) working days (48 hours).**

PENALTY FOR NON-PRE-CERTIFICATION:

Failure to obtain required pre-certifications will result in a **30% reduction in payment** for all covered services to that claim.

NETWORKS:

Our plan has three networks: Keys Physician-Hospital Alliance (KPHA), The Dimension Network and The Multiplan Network. The KPHA network is for providers in Monroe County; Dimension Network is for providers in Dade, Broward and Palm Beach Counties; Multiplan Network is a nation-wide network.

OUT OF NETWORK PENALTY:

Failure to use a network provider for non-emergencies will result in a **30%** penalty of all related charges.

PRESCRIPTION COVERAGE:

Our pharmacy benefit management is provided by **Walgreens Health Initiatives (WHI).**

	Retail (up to 30 day supply)	<i>Advantage 90</i> or Mail Order (up to 90 supply)
Generic drugs	\$10.00	\$25.00
Brand name drugs - preferred list	\$25.00	\$62.50
Brand name drugs - non-preferred list	\$70.00	\$175.00

***NOTE:** The *Advantage 90* program allows you to get a 90-day supply of your maintenance medications at selected pharmacies.

DENTAL PLAN SUMMARY

Delta Dental Insurance Company is the current dental carrier for Monroe County. The **Delta Dental PPO** program allows you the freedom to visit any licensed dentist, however, there are advantages to visiting a **Delta Dental PPO** network dentist instead of an out-of-network dentist.

MAXIMUMS: \$2,000.00 maximum paid per plan year, per person
\$1,500.00 Lifetime Ortho Maximum (Dependent children under age of 25 only)

DEDUCTIBLES: \$50 per person, \$150 per family, per plan year (**Deductible waived for diagnostic & preventative.**)

	In-PPO Network	Out-of-PPO Network
DIAGNOSTIC & PREVENTATIVE	100%	100%
BASIC BENEFITS (fillings, sealants, root canal)	90%	80%
MAJOR BENEFITS (crowns, bridges)	60%	50%
ORTHODONTIC BENEFITS	50%	50%

MISCELLANEOUS: No waiting periods. No missing tooth exclusion.
TMJ coverage is excluded.

VISION PLAN SUMMARY

EyeMed Vision Care is the current vision carrier for Monroe County.

VISION CARE SERVICES:

	In-Net work Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	\$40
Exam Options:		
Standard Contact Lens Fit	Up to \$40	N/A
Premium Contact Lens Fit	10% off Retail	N/A
	In-Network Member Cost	Out-of-Network Member Cost
Frames:	\$0 Copay; \$130 Allowance, 20% off balance over \$130	\$45
Standard Plastic Lenses:		
Single Vision	\$20 Copay	\$40
Bifocal	\$20 Copay	\$60

Trifocal	\$20 Copay	\$80
Contact Lenses:		
Conventional	\$105 allowance, 15% off balance over \$105	\$84
Disposable	\$105 allowance, plus balance over \$105	\$84
Medically Necessary	\$0 Copay, Paid-in-Full	\$200

FREQUENCY:

Examination	Once every 12 months
Frame	Once every 24 months
Lenses or Contact Lenses	Once every 12 months

****THESE PLAN SUMMARIES ARE JUST HIGHLIGHTS OF YOUR BENEFITS PACKAGE AND IN NO WAY REPLACES THE PLAN DOCUMENTS OF COVERAGE WHICH LEGALLY GOVERN THE OPERATION AND YOUR RIGHTS UNDER THESE PLANS.**