



Comparison of benefits for Monroe Community College

2023

Type of care/plan features	PPO		Enhanced		Standard	
	In-Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network
<p>Plan features</p> <ul style="list-style-type: none"> Primary Care Physician (PCP) Referrals Out of network benefits Out of area benefits Student/Dependent coverage Domestic partner Coverage Period 	<ul style="list-style-type: none"> Not required Not required Covered Coverage provided worldwide through the BlueCard® program. Qualified dependents and students are covered to age 26. Covered January 1st - December 31st 	<ul style="list-style-type: none"> Required Not required Covered Coverage provided worldwide through the BlueCard program. Qualified dependents and students are covered to age 26. Covered 	<ul style="list-style-type: none"> Required Not required Covered Coverage provided worldwide through the BlueCard program. Qualified dependents and students are covered to age 26. Covered 			
<p>Plan cost-sharing highlights</p> <ul style="list-style-type: none"> Office visit copay (Primary Care Physician) Office visit copay (Specialist) Coinsurance Deductible Out of pocket maximum Lifetime maximum 	<ul style="list-style-type: none"> \$10 copay \$10 copay In-network: 10% Out-of-network: 30% Separate in and out of network: \$250 individual/\$750 family Separate In-network \$1,000 Ind./\$3,000 Family Out-of-Network: \$1,100 Ind./\$3,300 Family None 	<ul style="list-style-type: none"> \$15 copay \$15 copay In-network: None; Out-of-network: 20% In-Network: None; Out-of-Network: \$300 individual/\$750 family In-Network: \$6350 Ind./\$12,700 Family Out-of-Network: \$6,985 Ind./\$13,970 Family None 	<ul style="list-style-type: none"> \$20 copay \$20 copay In-Network: None; Out-of-Network: 25% In-Network: None; Out-of-Network: \$500 individual/\$1,250 family In-Network: \$6,350 Ind./\$12,700 Family Out-of-Network: \$6,985 Ind./\$13,970 Family None 			
<p>Wellness Incentive</p> <ul style="list-style-type: none"> Stay healthy with great programs and incentives! 	<ul style="list-style-type: none"> Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. 	<ul style="list-style-type: none"> Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. 	<ul style="list-style-type: none"> Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. 			
<p>Preventive Health Care Services</p> <ul style="list-style-type: none"> Well child visits 	<ul style="list-style-type: none"> Covered in full Covered in full 	<ul style="list-style-type: none"> Covered in full Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full Covered at 75%, subject to the deductible 			



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<ul style="list-style-type: none"> Adult routine physical exams Adult immunizations Mammography Pap smear Routine GYN exam Prostate cancer screening Routine vision Colonoscopy 	<ul style="list-style-type: none"> Covered in full for 1 exam per year according to national guidelines Covered in full Covered in full Covered in full Covered in full \$10 copay \$10 copay for one routine exam every 2 years; \$60 eyewear allowance available every 2 years (Adults) Preventive and diagnostic covered according to the surgical benefit 	<ul style="list-style-type: none"> Covered at 70%, subject to the deductible for one routine exam per year Not covered Covered at 70%, subject to the deductible Covered at 70%, subject to the deductible for one routine exam every 2 years. \$60 eyewear allowance available every 2 years Covered at 70%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full for 1 exam per year according to national guidelines Covered in full Covered in full Covered in full \$15 copay \$15 copay for one routine exam every 2 years; every year for children to age 19. \$60 eyewear allowance available every 12 months (Adults) Preventive covered in full 	<ul style="list-style-type: none"> Not covered Not covered Covered at 80%, subject to the deductible Routine eye exams are not covered. \$60 eyewear allowance per member in any 12-month period. Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full for 1 exam per year according to national guidelines Covered in full Covered in full Covered in full \$20 copay \$20 copay for one routine exam every 2 years; every year for children to age 19. \$60 eyewear allowance available every 12 months (Adults) Preventive covered in full 	<ul style="list-style-type: none"> Not covered Not covered Covered at 75%, subject to the deductible Routine eye exams are not covered. \$60 eyewear allowance per member in any 12-month period. Covered at 75%, subject to the deductible
Physician Office Services						
<ul style="list-style-type: none"> Diagnostic office visits Diagnostic x-rays Diagnostic laboratory and pathology 	<ul style="list-style-type: none"> \$10 copay per visit Covered at 90%, subject to the deductible. Precertification applies to MRI, PET and CAT scans. Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 70%, subject to the deductible Covered at 70%, subject to the deductible. Precertification applies to MRI, PET and CAT scans. Covered at 70%, subject to the deductible 	<ul style="list-style-type: none"> \$15 copay per visit \$15 copay per visit Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> \$20 copay per visit \$20 copay per visit Covered in full 	<ul style="list-style-type: none"> Covered at 75%, subject to the deductible Covered at 75%, subject to the deductible Covered at 75%, subject to the deductible



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<ul style="list-style-type: none"> Allergy tests Allergy injections Chemotherapy Radiation therapy 	<ul style="list-style-type: none"> \$10 copay per visit Covered in full Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 70%, subject to the deductible 	<ul style="list-style-type: none"> \$15 copay per visit \$15 copay per visit Covered in full Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> \$20 copay per visit \$20 copay per visit \$20 copay per visit \$20 copay per visit 	<ul style="list-style-type: none"> Covered at 75%, subject to the deductible
Maternity Services						
<ul style="list-style-type: none"> Prenatal Care Hospital care for mom (including delivery) Newborn nursery care 	<ul style="list-style-type: none"> Covered in full Covered at 90%, subject to the deductible Covered at 90% 	<ul style="list-style-type: none"> Covered at 70%, subject to the deductible Covered at 70%, subject to the deductible Covered at 70%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full Covered in full Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full Hospital-Subject to \$100 copay per admission; Delivery-Covered in full Covered in full 	<ul style="list-style-type: none"> Covered at 75%, subject to the deductible Covered at 75%, subject to the deductible Covered at 75%, subject to the deductible
Prescription Drug						
<ul style="list-style-type: none"> Short-term and maintenance drugs Short-term and maintenance drugs 	<ul style="list-style-type: none"> \$10/\$25/\$40 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> \$5/\$20/\$35 	<ul style="list-style-type: none"> Not covered 	<ul style="list-style-type: none"> \$10/\$25/\$40 	<ul style="list-style-type: none"> Not covered
Inpatient Hospital Benefits						
<ul style="list-style-type: none"> Hospital benefits Physician visits in the hospital 	<ul style="list-style-type: none"> Covered at 90%, subject to the deductible. Precertification applies. Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 70%, subject to the deductible. Precertification applies. Covered at 70%, subject to the deductible 	<ul style="list-style-type: none"> Covered in full for unlimited days Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Precertification applies. Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> Subject to \$100 copay per admission for unlimited days Covered in full 	<ul style="list-style-type: none"> Covered at 75%, subject to the deductible Covered at 75%, subject to the deductible



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<ul style="list-style-type: none"> Inpatient physical rehabilitation Surgery Anesthesia 	<ul style="list-style-type: none"> Covered at 100% for up to 60 days per year Covered at 90%, subject to the deductible Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 70%, subject to the deductible for up to 60 days per year. Precertification applies. Covered at 70%, subject to the deductible Covered at 70%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 100% for up to 60 days per year Covered in full Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible for up to 60 days per year. Precertification applies. Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> Subject to \$100 copay per admission for 60 days per year Covered in full Covered in full 	<ul style="list-style-type: none"> Covered at 75%, subject to the deductible for up to 60 days per year. Precertification applies. Covered at 75%, subject to the deductible Covered at 75%, subject to the deductible
Emergency Care						
<ul style="list-style-type: none"> Emergency room care Freestanding urgent care center Ambulance 	<ul style="list-style-type: none"> \$50 copay per visit, unless admitted within 24 hours \$25 copay per visit \$50 copay 	<ul style="list-style-type: none"> \$50 copay per visit, unless admitted within 24 hours Covered at 70%, subject to the deductible \$50 copay 	<ul style="list-style-type: none"> \$75 copay per visit, unless admitted within 24 hours \$25 copay per visit Covered in full 	<ul style="list-style-type: none"> \$75 copay per visit, unless admitted within 24 hours Covered at 80%, subject to the deductible Covered in full 	<ul style="list-style-type: none"> \$100 copay per visit, unless admitted within 24 hours \$25 copay per visit \$20 copay 	<ul style="list-style-type: none"> \$100 copay per visit, unless admitted within 24 hours Covered at 75%, subject to the deductible \$20 copay
Outpatient Hospital Benefits						
<ul style="list-style-type: none"> Diagnostic x-rays Diagnostic laboratory and pathology Surgical care Chemotherapy Radiation therapy 	<ul style="list-style-type: none"> Covered at 90%, subject to the deductible. Precertification applies to MRI, PET and CAT scans Covered at 90%, subject to the deductible 	<ul style="list-style-type: none"> Covered at 70%, subject to the deductible. Precertification applies to MRI, PET and CAT scans Covered at 70%, subject to the deductible 	<ul style="list-style-type: none"> \$15 copay per visit Covered in full Facility: Covered in full; Physician: \$15 copay Covered in full Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible 	<ul style="list-style-type: none"> \$20 copay per visit Covered in full Facility: \$50 copay; Physician: \$20 copay \$20 copay for IV/injectable chemotherapy, in addition to a \$20 copay for the office visit \$20 copay per visit 	<ul style="list-style-type: none"> Covered at 75%, subject to the deductible



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Mental Health and Chemical Dependence						
• Inpatient mental health care	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible. Precertification applies.	• Subject to \$100 copay per admission for unlimited days	• Covered at 75%, subject to the deductible
• Outpatient mental health care	• \$10 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 70%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.	• \$15 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 80%, subject to the deductible	• \$20 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 75%, subject to the deductible
• Inpatient chemical dependence	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible. Precertification applies.	• Subject to \$100 copay per admission for unlimited days	• Covered at 75%, subject to the deductible
• Outpatient chemical dependence	• \$10 copay	• Covered at 70%, subject to the deductible	• \$15 copay per visit	• Covered at 80%, subject to the deductible	• \$20 copay per visit	• Covered at 75%, subject to the deductible
Other Services						
• Diabetic insulin and supplies	• \$10 copay for up to a 30 day supply	• Covered at 70%, subject to the deductible for up to a 30 day supply	• \$15 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply	• \$20 copay for up to a 30 day supply	• Covered at 75%, subject to the deductible for up to a 30 day supply
• Skilled nursing facility	• Covered at 90%, subject to the deductible for up to 120 days per year. Precertification applies.	• Covered at 70%, subject to the deductible for up to 120 days per year. Precertification applies.	• Covered in full for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year. Precertification applies.	• Covered in full for up to 45 days per year	• Covered at 75%, subject to the deductible for up to 45 days per year. Precertification applies.
• Home care	• Covered at 90%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.	• Covered at 75%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.	• Covered in full for unlimited visits	• Covered at 80%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.	• Covered in full for unlimited visits	• Covered at 75%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.
• Hospice	• Covered at 90% for unlimited visits per year.	• Covered at 70% for unlimited visits per year.	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible for unlimited visits per year



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	In-Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network
• Outpatient therapy	• Covered at 90%, subject to the deductible for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 70%, subject to the deductible for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• \$15 copay for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy	• \$20 copay per visit for up to a combined 45 visits for physical, speech and occupational therapy	• Covered at 75%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy
• Durable medical equipment	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible
• External prosthetics	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible
• Chiropractic	• \$10 copay per visit	• Covered at 70%, subject to the deductible	• \$15 copay per visit	• Covered at 80%, subject to the deductible	• \$20 copay per visit	• Covered at 75%, subject to the deductible
• Acupuncture	• Not covered	• Not covered	• Covered at 50% for up to 10 visits per year	• Covered at 50%, subject to the deductible, for up to 10 visits per year	• Covered at 50% for up to 10 visits per year	• Covered at 50%, subject to the deductible, for up to 10 visits per year
• Dental	• Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 70%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• \$15 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• \$20 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 75%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
• Hearing	• Routine exams not covered	• Routine exams not covered	• \$15 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Routine exams not covered	• \$20 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Routine exams not covered