



MARINETTE COUNTY
2020 MEDICAL, DENTAL & PRESCRIPTION DRUG
INFORMATIONAL SHEET

** MEDICAL BENEFITS **		Plan B		
Networks		Blue Preferred Network Blue Priority WI Network		
Deductible				
	In Network	\$1000 individual : \$2000 family		
	Out of Network	\$1500 individual : \$3000 family		
Coinsurance				
	In Network	Employee Pays 10%		
	Out of Network	Employee Pays 30%		
Maximum Out of Pocket <i>Deductible, Coinsurance and Office Visit Copays</i>		(excluding Prescriptions)		
	In Network	\$2800 individual : \$5600 family		
	Out of Network	Unlimited		
		In Network <i>(Employee Pays)</i>	Out of Network <i>(Employee Pays)</i>	
	Hospitalization	Deductible/10%	Deductible/30%	
	Office Visit(s)	\$35 Copay	\$70 Copay/Deductible/30%	
	Specialist Office Visit(s)	\$35 Copay	\$70 Copay/Deductible/30%	
	# Preventative Care (Wellness Benefit)	Plan Covers 100%	Deductible/30%	
	Chiropractic Office Visits(s) **Maximum 25 visits per year	\$35 Copay	\$70 Copay/Deductible /30%	
	Physical, Occupational, Speech Therapy	\$35 Copay	\$70 Copay/Deductible/30%	
	Urgent Care	\$85 Copay	\$85 Copay/Deductible/30%	
	Emergency Room (waived if admitted)	\$300 Copay/10%	\$300 Copay/ 10%	
	All Other Medical Services	Deductible/10%	Deductible/30%	
	High Tech Imaging Coverage	\$100 Copay	\$100 Copay	
	# Vision Benefit Blue View Vision Network	Annual Exam Covered 100%. \$200/insured per calendar year toward hardware, glasses, lenses, contacts, etc.	\$42 towards annual exam. \$200/insured per calendar year toward hardware, glasses, lenses, contacts, etc.	
	Pediatric Vision Benefit	Eye Chart Exam	Eye Chart Exam	
Prescription Drugs		Retail 30 Days	Retail 90 Days	Mail Order 90 Days
	1a – low level generic/old \$0 drugs	\$5	\$15	\$10
	1b – higher level generic	\$10	\$30	\$20
	2 - Preferred Brand Name	\$30	\$90	\$60
	3 - Non Preferred	\$60	\$180	\$120
	4 - Specialty Brand	\$100		
	**Mandatory Generic Substitution	**\$0 drugs focus on preventative Rx (Asthma, Diabetes, high cholesterol, heart health, osteoporosis, stroke, birth control, smoking cessation, etc.)		
	**Specialty Drug Limited to 30-Day Supply			
Maximum Out of Pocket (Prescription Drug Only)		\$4000/\$8000		
Employee Share of Premiums			Blue Preferred	Blue Priority
15%	Blue Preferred Network	Single	\$60.51	\$37.11
10%	Blue Priority WI Network	Family	\$182.67	\$112.03
		Employee/Spouse	\$129.52	\$79.43
		Employee/Child(ren)	\$101.71	\$62.38
*Deducted from 1 st and 2 nd payrolls of each month.				

Anthem Networks Website: <https://www.anthem.com/health-insurance/providerreimagine-directory/searchcriteria?brand=ABCBS>
(participants with an out-of-WI address are not eligible to select the Blue Priority Network)

- See inclusions on next page

Dental Benefits & Premium/Benefit Levels



**** DENTAL BENEFITS ****

- \$1200 Plan Maximum per insured per calendar year.
- Preventative dental services covered at 100%. No deductible will apply.
- Periodontal Maintenance services covered at 80%. No deductible will apply.
- Basic & Major services covered at 80%. \$75 Individual and \$150 Family deductible will apply.
- Orthodontic services covered at 50%. No deductible will apply.
- Employee Share of Premium = 15%

Premium (Deducted 1st and 2nd Payroll of each Month)

Single \$3.32

Family \$8.59

**These are Full Time amounts. Please contact the Finance Department if electing dental as a part time employee.

NOTE: Dental benefits are not available to retirees.

Note:

- Employees' health and/or dental insurance is effective the first of the month after their first sixty days of employment or on the 90th day of employment, whichever is earlier.
 - Employees choosing to waive coverage must complete the 'Refusal of Coverage' section of the Enrollment/Change form.
 - Medical insurance is available to employees regularly working 30 or more hours per week.
 - Retiree benefit levels and premium contribution percentages dependent on benefits at date of retirement.
 - WPPA refer to union contract for premium and/or benefit levels.
 - Employees electing Marinette County health insurance shall automatically be enrolled in an Active Employee Health Reimbursement Arrangement account. The account shall be funded by Marinette County. The annual amount placed in each employee's account shall be determined by the County Board. Employees may use these funds towards deductibles and co-insurance only.
- # Wellness Benefit includes, but is not limited to, routine examinations, colonoscopies, pap smears, immunizations, mammograms, pediatric vision benefits and Well Baby Care.
- # Vision Benefit includes, but is not limited to, vision examinations, contact lenses, eyeglasses and corrective surgery discounts.