

## Medical Plan 2020 Benefit Highlights

Monroe County offers SimplyBlue, a Preferred Provider Organization (PPO) plan administered through Excellus BlueCross BlueShield, in two options, a copay version as well as an HSA Health Plan. Both plans allow you to choose between going In- or Out-Of-Network for your services. You receive a higher benefit for in-network services. A third choice is Obamacare AMV (Affordable Minimum Value) an optional plan designed to meet the Federal employer mandate requirements.

Type of plan	SimplyBlue Copay PPO		SimplyBlue Employer funded HSA PPO		Obamacare AMV PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	\$25 copay, \$0 kids to age 19	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Specialist Office Visit	\$40 copay	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Health Savings Account	None		\$900 single / \$2500 family employer funded		None	
Deductible (Single/Family)	None	\$500/\$1500	\$1400/\$2800		\$6000/\$12000	
Employee Coinsurance	0%	20%	20%	40%	0%	
Out-of-Pocket Maximum (Single/Family)	\$4200/\$12600		\$3000/\$6000 Out of Network: \$3300/\$6600		\$6000/\$12000 Out of Network: \$6600/\$13200	
Referrals Required	Not Required		Not Required		Not Required	
Benefit Maximum	Unlimited		Unlimited		Unlimited	
Dependent Age	26		26		26	
<b>PRESCRIPTION</b>						
Prescription Drug-Retail	\$5/\$25/\$50, \$0 generics to age 19	Not Covered	After deductible, \$5/\$35/\$70, No deductible Preventative Rx \$0 generics to age 19	Not Covered	0% after deductible	Not Covered
Prescription Drug-Mail Order (90 day)	2x copay	Not Covered	2x copay	Not Covered	0% after deductible	Not Covered
<b>HOSPITALIZATION</b>						
Inpatient Facility	\$150 copay	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Outpatient Facility	\$75 copay	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Emergency Room (waived if admitted)	\$75 copay		20% after deductible		0% after deductible	
Urgent Care	\$40 copay	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
<b>SURGERY</b>						
Inpatient	Covered in Full	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Outpatient	Covered in Full	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
<b>PREVENTIVE CARE*</b>						
Well Baby & Child Care (to age 19)	Covered in full		Covered in full		Covered in full	
Adult Physical	Covered in Full	20% after deductible	Covered in Full	40% after deductible	Covered in Full	0% after deductible
Mammogram	Covered in Full	20% after deductible	Covered in Full	40% after deductible	Covered in Full	0% after deductible
Pap Smear	Covered in Full	20% after deductible	Covered in Full	40% after deductible	Covered in Full	0% after deductible
Prostate Screenings	Covered in Full	20% after deductible	Covered in Full	40% after deductible	Covered in Full	0% after deductible
OB/GYN	Covered in Full	20% after deductible	Covered in Full	40% after deductible	Covered in Full	0% after deductible
<b>OTHER SERVICES</b>						
Adult Immunizations	Covered in Full	20% after deductible	Covered in Full	40% after deductible	Covered in Full	0% after deductible
Chemotherapy	\$25 IV / \$25 office visit copay	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Diagnostic X-Ray	\$40 copay	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Diagnostic Laboratory	Covered in Full	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Durable Medical Equipment (DME)	Covered at 80%	20% after deductible	20% after deductible	40% after deductible	0% after deductible	
Ambulance	\$75 copay per emergency		20% after deductible		0% after deductible	
Chiropractic Visit	\$40 copay	20% after deductible	20% after deductible	40% after deductible	0% after deductible	

\* Covered in full according to national guidelines.

This benefits highlight contains only a general description of the coverage and does not constitute a policy contract. For complete information including exclusions, limitations and conditions, refer to the policy document. Neither the County, the carrier nor Brown & Brown will be held responsible for typographical or clerical errors.