Medical Plan 2027 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 AMV (Affordable Minimum Value) an optional plan designed to meet the Federal employer mandate requirements.

Type of plan	*SimplyBlue Copay* PPO		*SimplyBlue Employer funded H S A* PPO		*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	
Deductible (Single/Family)	None	$500/$1500	$1750/$3500		$6000/$12000	
Employee Coinsurance	0%	20%	20%	40%	0%	
Out-of-Pocket Maximum (Single/Family)	$4200/$12600 Out of Network: $4620/$13860		$3500/$7000 Out of Network: $3400/$6800		$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	
PRESCRIPTION						
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
HOSPITALIZATION						
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	
SURGERY						
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	
PREVENTIVE CARE*						
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
OTHER SERVICES						
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.