Medical Plan 2027 Benefit Highlights

Value 2 is the core health plan for County employees. Additional choices are Signature Deductible, which comes with an employer funded HSA, and AMV, designed to meet the minimum required Federal plan standards. Certain categories of grandfathered employees can buy-up to Select. Consult your collective bargaining agreement for eligibility.

Type of plan	*Value 2* PPO		*AMV* PPO		*Signature Deductible* PPO		*Select*** PPO	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	$20 copay	20% after deductible	0% after deductible		0% after deductible		$15 copay	20% after deductible
Specialist Office Visit	$20 copay	20% after deductible	0% after deductible		0% after deductible		$15 copay	20% after deductible
Deductible (Single/Family)	None	$750/$2250	$6000/$12000		$2500/$5000 (out of network is 2X)		None	$500/$1500
Employee Coinsurance	None	20%	0%		0%		None	20%
Out-of-Pocket Maximum (Single/Family)	$4200/$12600 Out of Network: $4620/$13860		$6000/$12000 Out of Network: $6600/$13200		$2500/$5000 (out of network is 2X)		$4200/$12600 Out of Network: $4620/$13860	
Referrals Required	Not Required		Not Required		Not Required		Not Required	
Benefit Maximum	Unlimited		Unlimited		Unlimited		Unlimited	
Dependent Age	26		26		26		26	
PRESCRIPTION								
Prescription Drug-Retail	$10/$30/$50	Not Covered	0% after deductible	Not Covered	0% after deductible. No deductible for Preventative Rx.	Not Covered	$5/$20/$35	Not Covered
Prescription Drug-Mail Order (90 day)	3x copay	Not Covered	0% after deductible	Not Covered	2x copay	Not Covered	3x copay	Not Covered
HOSPITALIZATION								
Inpatient Facility	$100 copay	20% after deductible	0% after deductible		0% after deductible		Covered in Full	20% after deductible
Outpatient Facility	$50 copay	20% after deductible	0% after deductible		0% after deductible		Covered in Full	20% after deductible
Emergency Room (waived if admitted)	$50 copay		0% after deductible		0% after deductible		$50 copay	
Urgent Care	$25 copay	20% after deductible	0% after deductible		0% after deductible		$25 copay	20% after deductible

Type of plan	*Value 2* PPO		*AMV* PPO		*Signature Deductible* PPO		*Select*** PPO	
SURGERY	**In Network**	**Out of Network**	**In Network**	**Out of Network**	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Inpatient	20% or $100 copay, whichever is less	20% after deductible	0% after deductible		0% after deductible		Covered in Full	20% after deductible
Outpatient	20% or $100 copay, whichever is less	20% after deductible	0% after deductible		0% after deductible		Facility Covered in Full, Physician $15 copay	20% after deductible
PREVENTIVE CARE*								
Well Baby & Child Care (to age 19)	Covered in Full	20% after deductible	Covered in Full		Covered in Full		Covered in Full	20% after deductible
Adult Physical	Covered in Full	Not Covered	Covered in Full	0% after deductible	Covered in Full	0% after deductible	Covered in Full	Not Covered
Mammogram	Covered in Full	20% after deductible	Covered in Full	0% after deductible	Covered in Full	0% after deductible	Covered in Full	20% after deductible
Pap Smear	Covered in Full	20% after deductible	Covered in Full	0% after deductible	Covered in Full	0% after deductible	Covered in Full	20% after deductible
Prostate Screening	Covered in Full	20% after deductible	Covered in Full	0% after deductible	Covered in Full	0% after deductible	Covered in Full	20% after deductible
OB/GYN	Covered in Full	20% after deductible	Covered in Full	0% after deductible	Covered in Full	0% after deductible	Covered in Full	20% after deductible
OTHER SERVICES								
Adult Immunizations	Covered in Full	Not Covered	Covered in Full	0% after deductible	Covered in Full	0% after deductible	Covered in Full	Not Covered
Chemotherapy	$20 copay	20% after deductible	0% after deductible		0% after deductible		Covered in Full	20% after deductible
Diagnostic X-Ray	$20 copay	20% after deductible	0% after deductible		0% after deductible		$15 copay	20% after deductible
Diagnostic Laboratory	Covered in Full	20% after deductible	0% after deductible		0% after deductible		Covered in Full	20% after deductible
Durable Medical Equipment (DME)	Covered at 80%	Not Covered	0% after deductible		0% after deductible		Covered at 80%	Not Covered
Ambulance	$50 copay		0% after deductible		0% after deductible		$25 copay	
Chiropractic Visit	$20 copay	20% after deductible	0% after deductible		0% after deductible		$15 copay	20% after deductible

* Covered in full according to national guidelines.

** Select is a grandfathered plan. Enrollment is limited to certain employee CATS. Consult your collective bargaining agreement.

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.