Medical Plans 2027 Benefit Highlights

Monroe County offers Value2 a Preferred Provider Organization (PPO) administered through Excellus BlueCross BlueShield. You receive a higher benefit for in-network services. Another choice is Signature Deductible, a low cost alternative coupled with a Health Savings Account.

Type of plan	Value2 PPO		*Signature Deductible* PPO	
	In Network	Out of Network	In Network	Out of Network
Office Visit Copay (PCP)	$20 copay	20% after deductible	0% after deductible	
Specialist Office Visit	$20 copay	20% after deductible	0% after deductible	
Deductible (Single/Family)	None	$750/$2250	$2500/$5000 (out of network is 2X)	
Employee Coinsurance	None	20%	0%	
Out-of-Pocket Maximum (Single/Family)	$4200/$12600 Out of Network: $4620/$13860		$2500/$5000 (out of network is 2X)	
Referrals Required	Not Required		Not Required	
Benefit Maximum	Unlimited		Unlimited	
Dependent Age	26		26	
PRESCRIPTION				
Prescription Drug-Retail	$10/$30/$50	Not Covered	After deductible, Covered in full. No deductible for Preventative Rx	Not Covered
Prescription Drug-Mail Order (90 day)	3x copay	Not Covered	2x copay	Not Covered
HOSPITALIZATION				
Inpatient Facility	$100 copay	20% after deductible	0% after deductible	
Outpatient Facility	$50 copay	20% after deductible	0% after deductible	
Emergency Room (waived if admitted)	$50 copay		0% after deductible	
Urgent Care	$25 copay	20% after deductible	0% after deductible	
SURGERY				
Inpatient	20% or $100 copay, whichever is less	20% after deductible	0% after deductible	
Outpatient	20% or $100 copay, whichever is less	20% after deductible	0% after deductible	
PREVENTIVE CARE				
Well Baby & Child Care (to age 19)	Covered in Full	20% after deductible	Covered in Full	
Adult Physical	Covered in Full	Not Covered	Covered in Full	0% after deductible
Mammogram	Covered in Full	20% after deductible	Covered in Full	0% after deductible
Pap Smear	Covered in Full	20% after deductible	Covered in Full	0% after deductible
Prostate Screening	Covered in Full	20% after deductible	Covered in Full	0% after deductible
OB/GYN	Covered in Full	20% after deductible	Covered in Full	0% after deductible
OTHER SERVICES				
Adult Immunizations	Covered in Full	Not Covered	Covered in Full	0% after deductible
Chemotherapy	$20 copay	20% after deductible	0% after deductible	
Diagnostic X-Ray	$20 copay	20% after deductible	0% after deductible	
Diagnostic Laboratory	Covered in Full	20% after deductible	0% after deductible	
Durable Medical Equipment (DME)	Covered at 80%	Not Covered	0% after deductible	
Ambulance	$50 copay		0% after deductible	
Chiropractic Visit	$20 copay	20% 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.