

Medical Plan 2024 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	\$1600/\$3200		\$6000/\$12000	
Employee Coinsurance	0%	20%	20%	40%	0%	
Out-of-Pocket Maximum (Single/Family)	\$4200/\$12600 Out of Network: \$4620/\$13860		\$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	
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.