

# 2025 Plan Year, Broward Health

| Aetna Select EPO Plan<br>Tier 3 Out-of-Network: Not Covered |   |   |
|---|---|---|
|   | Tier 1<br>(Broward Health & Affiliates)   | Tier 2<br>(Aetna)   |
| <b>Deductible<sup>1</sup></b>                               |   |   |
| Individual  | \$500 <sup>1</sup>  | \$3,000   |
| Family  | \$1,000 <sup>1</sup>  | \$6,000   |
| <b>Out of Pocket<sup>1</sup></b>                            |   |   |
| Individual  | \$2,500 <sup>1</sup>  | \$6,000   |
| Family  | \$5,000 <sup>1</sup>  | \$12,000  |
| <b>Physician Services</b>                                   |   |   |
| Preventive Care   | No Charge   | No charge   |
| Primary Care  | Broward \$0 copay and<br>Affiliated \$20 copay  | 20%*  |
| Specialist  | Broward \$0 copay and Affiliated<br>\$35 copay  | 20%*  |
| <b>Diagnostic Services</b>                                  |   |   |
| Lab   | \$5 copay   | 20%*  |
| X-Rays  | \$10 copay  | 20%*  |
| Advanced Imaging  | \$10 copay  | 20%*  |
| <b>Outpatient Surgery</b>                                   |   |   |
| Facility  | \$50 copay  | 20%*  |
| Physician Services  | No charge   | 20%*  |
| <b>Emergency Services</b>                                   |   |   |
| Emergency Room  | \$300 copay (waived if admitted)  |   |
| Ambulance   | \$300 copay (waived if admitted)  |   |
| Urgent Care   | \$20 copay  | \$20 copay  |
| <b>Inpatient Hospital</b>                                   |   |   |
| Facility  | \$100 copay   | 20%*  |
| Physician Services  | No charge   | 20%*  |
| <b>Pharmacy</b>   |   |   |
| Generic   | \$10 copay  | \$25 copay  |
| Preferred Brand   | \$30 copay  | \$75 copay  |
| Non-Preferred Brand   | \$50 copay  | \$125 copay   |
| Specialty   | BH Pharmacy = \$20 copay<br>PrudentRx = \$0<br>Not Enrolled in Prudent =<br>30% coinsurance | Other Pharmacy = \$200<br>copay PrudentRx = \$0<br>Not Enrolled in Prudent =<br>30% coinsurance |

| Aetna Best Choice Plan<br>Tier 3 Out-of-Network: Not Covered |   |   |
|--|---|---|
|  | Tier 1<br>(Broward Health & Affiliates)   | Tier 2<br>(Aetna)<br><i>No access without HR/Corp Benefits<br/>Approval or in Emergencies</i>   |
|  |   |   |
|  | \$500 <sup>1</sup>  | \$3,000   |
|  | \$1,000 <sup>1</sup>  | \$6,000   |
|  |   |   |
|  | \$2,500 <sup>1</sup>  | \$6,000   |
|  | \$5,000 <sup>1</sup>  | \$12,000  |
|  |   |   |
|  | No Charge   | No Charge   |
|  | Broward \$0 copay and Affiliated<br>\$20 copay  | 20%*  |
|  | Broward \$0 copay and Affiliated<br>\$35 copay  | 20%*  |
|  |   |   |
|  | \$5 copay   | 20%*  |
|  | \$10 copay  | 20%*  |
|  | \$10 copay  | 20%*  |
|  |   |   |
|  | \$50 copay  | 20%*  |
|  | No charge   | 20%*  |
|  |   |   |
|  | \$300 copay (waived if admitted)  |   |
|  | \$300 copay (waived if admitted)  |   |
|  | \$20 copay  | \$20 copay  |
|  |   |   |
|  | \$100 copay   | 20%*  |
|  | No charge   | 20%*  |
|  |   |   |
|  | \$10 copay  | \$25 copay  |
|  | \$30 copay  | \$75 copay  |
|  | \$50 copay  | \$125 copay   |
|  | BH Pharmacy = \$20 copay<br>PrudentRx = \$0<br>Not Enrolled in Prudent = 30%<br>coinsurance | Other Pharmacy = \$200 copay<br>PrudentRx = \$0<br>Not Enrolled in Prudent =<br>30% coinsurance |

| Aetna HDHP Plan                         |                   |                            |
|---|-------------------|----------------------------|
| Tier 1<br>(Broward Health & Affiliates) | Tier 2<br>(Aetna) | Tier 3<br>(Out-of-Network) |
|   |                   |                            |
| \$1,650                                 | \$3,000           | \$5,000                    |
| \$3,300                                 | \$6,000           | \$10,000                   |
|   |                   |                            |
| \$4,000                                 |                   | \$10,000                   |
| \$7,000                                 |                   | \$20,000                   |
|   |                   |                            |
| No charge                               |                   | 40%*                       |
| 20%*                                    |                   | 40%*                       |
| 20%*                                    |                   | 40%*                       |
|   |                   |                            |
| 20%*                                    |                   | 40%*                       |
| 20%*                                    |                   | 40%*                       |
| 20%*                                    |                   | 40%*                       |
|   |                   |                            |
| 20%*                                    |                   | 40%*                       |
| 20%*                                    |                   | 40%*                       |
|   |                   |                            |
| 20%*                                    |                   | 40%*                       |
| 20%*                                    |                   | 40%*                       |
|   |                   |                            |
| 20%*                                    |                   | 40%*                       |
| 20%*                                    |                   | 40%*                       |
|   |                   |                            |
| 20%*                                    |                   | 40%*                       |

<sup>1</sup>Plan pays after deductible

<sup>1</sup>Tier 1 Deductible and OOP will cross apply with Tier 2, but Tier 2 **will not** cross apply to Tier 1