

2025



Employee Benefits Guide



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Broward Health is proud to support our employees' overall well-being with a variety of benefit options. This guide offers details on our 2025 offerings for you and your family. For more information, please review this guide or visit [employee.BrowardHealth.org](https://employee.browardhealth.org) and select the Employee Benefits tab.

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In this Guide, we use the term company to refer to Broward Health. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used. For more information regarding our benefits plans, please visit: <https://employee.browardhealth.org/pages/employee-benefits>.

Letter From AVP, Total Rewards

Dear Benefits-Eligible Employees,

Broward Health is committed to delivering a comprehensive employee benefits package that meets the needs of our employees and their families. Our benefits package supports the physical, mental, and financial well-being of our employees. We have continued to evolve our offerings for the upcoming 2025 plan year.

- » Our goal is to provide competitive offerings so that you can select the plan that best meets your needs. Broward's employee medical costs for the HDHP, Best Choice and Select EPO continue to be competitive with neighboring Florida health systems, even with a slight increase in deductions. Employee rates for medical, dental, and vision plans can be found by visiting employee.BrowardHealth.org and selecting the Employee Benefits tab.
- » You will have the opportunity to maximize medical savings by utilizing Broward Health's providers and facilities. Services provided by Broward Health's employed or affiliated physicians and at the healthcare system's facilities will have lower member cost share compared to services provided using the Aetna network. For example, primary care and specialist office visits with employed physicians will now be covered with a \$0 copay on the Select & Best Choice plans.
- » Broward Health will be rolling out an enhanced process for exceptions under our medical plans, which will integrate clinical resources. This clinical expertise will bring improved efficiencies and invaluable knowledge when unforeseen circumstances arise.
- » **We have some more exciting news to share!** Starting January 1, Broward Health will be centralizing all CVS specialty medications at replace with our Outpatient Pharmacy. This move will provide convenient options for receiving medications, including mail orders, or pickup at Broward Health Medical Center's outpatient pharmacy or one of our retail pharmacies. Additionally, we'll be introducing one-on-one tele visits with a pharmacist to further enhance the level of care we provide.

Sincerely,

Lesly Luithle
AVP, Total Rewards

Genevieve Pickering
Director, Benefits

Here are some key elements to consider when selecting your benefits:

- 1. Health Benefits:** We offer comprehensive health insurance plans that cover medical, dental, and vision care. This includes telemedicine services and wellness programs. Please Note: Make sure that you utilize the Broward Health's physicians prior to going to the Aetna Network, as this will only increase your out-of-pocket expenses, in which case you may have to cover the entire expense.
- 2. Mental Health Support:** Broward Health provides access to mental health resources, including counseling services, stress management programs, and mental health days, via our internal Employee Assistance Program that is available to you free of charge. If you do not want to use the internal resources, Aetna offers external services too; refer to the last page of the Benefits Enrollment Guide for contacts.
- 3. Financial Wellness:** We offer retirement savings plans and financial planning services that address financial stress. Corebridge Financial offers our staff ongoing monthly classes that you sign up for and attend as well as one-on-one counseling; visit the Insights and Education page via www.corebridgefinancial.com.
- 4. Work-Life Balance:** We have policies to help employees manage their personal and professional lives. Visit Broward Health's intranet, MyPlace, and go to the Compliance page where you will find the PolicyStat link to review our current policies.
- 5. Wellness Programs:** Broward Health has created wellness initiatives, such as gym memberships at Broward Health Medical Center & Broward Health Coral Springs; you may join these gyms for minimal fee, which can be deducted from your paycheck each pay period. Aetna offers nutrition counseling, and at times, the system offers wellness challenges to encourage healthy lifestyles.
- 6. Professional Development:** Broward Health invests in free training and development opportunities, including workshops, courses, and career coaching, to support employee growth and satisfaction. We have our own BHLU University where leaders and staff can take courses to improve their overall well-being, Log in to MyPlace; HR; Department Learning and look for the BHLU for a list of courses.

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Eligibility and Enrollment

Broward Health's benefits are designed to support your unique needs.

Enrolling in Benefits

For all new hires, rehires, or employees transferring from per diem to full/part-time status, you have 30 days from the date of hire/rehire/transfer to enroll in benefits. You and your dependents are eligible for Broward Health benefits on the first of the month following your date of hire/rehire/transfer. Employees are responsible for reviewing their first paycheck to ensure that their benefits and deductions are correct.

For Benefits Enrollment assistance, please contact the HR Business Center (HRBC) at 954-473-7090. Instructions are noted at the bottom of this page.

Employee rates for medical, dental, and vision plans can be found by visiting employee.BrowardHealth.org and selecting the Employee Benefits tab.



Dependent Eligibility

As a general rule, eligible dependents include your:

- » Spouse (Note: Domestic partners are not eligible dependents)
- » Children up to age 26 (up to the end of the year the dependent child turns 26)
- » Dependents of current dependents (up to 18 months of age)
- » Disabled child dependents of any age with supporting medical certification. Please contact your Corporate Benefits Department at 954-473-7371 or 954-473-7234 for more information.

Proper documentation must be provided to the Corporate Benefits Department before the end of the enrollment period for any dependents enrolled in the plans. This includes birth certificates, marriage certificates, and copies of Social Security cards. All documents must be scanned into one file (multiple files not allowed). Should you not be able to provide legal documentation for a dependent, you will need to remove that dependent from your plans. **Failure to provide this documentation will result in loss of coverage for the applicable dependents.**

Elections made upon hire will remain in effect until the next Open Enrollment period, unless you or one of your dependents experience a Qualifying Life Event.

If you experience a Qualifying Life Event, such as the birth or adoption of a child, marriage, divorce, and need to make a change to your benefits, you must contact the Corporate Benefits Department within 30 days of the life event at 954-473-7371 or send an email to benefits@browardhealth.org. You can also go to your local HR department for further assistance.

HOW TO ENROLL and Access Infor's Employee Space:

Visit MyPlace, select the Business tab, and look for this Infor PROD icon:



Please Note: To access Infor, you must be enrolled in Multi-Factor Authentication. Broward Health has implemented this extra layer of security to protect your information.

Note: If you experience any issues, have questions, need assistance with enrolling, or would like to provide feedback, please contact the Human Resources Business Center (HRBC) at HRBC@BrowardHealth.org or 954-473-7090.

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Out-of-Pocket Costs

Below are types of payments you're responsible for:

Copay

Employees who enroll in the Select EPO and Best Choice are subject to set copays, varying by service and where care is rendered. For example, on the Select EPO, inpatient hospital services are covered with a \$100 copay at Tier 1 Broward Health facilities versus 20% after the annual deductible has been met at a Tier 2 Aetna in-network facility.

Coinsurance

Your percentage of the cost of a covered service. Once you have met your annual deductible, coinsurance begins. Broward's HDHP features 20% coinsurance after deductible — meaning you pay 20% and the plan pays 80% until you have satisfied your out-of-pocket max.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance. Each of Broward's plans have varying deductibles. The Best Choice and Select EPO features \$500 individual deductible for Tier 1 Broward, as compared to \$1,650 individual deductible on the HDHP.

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount. Your out-of-pocket maximums are typically lower when you visit a Tier 1 Broward provider.

Employee rates for medical, dental, and vision plans can be found by visiting [employee.BrowardHealth.org](https://employee.browardhealth.org) and selecting the Employee benefits tab.

How to Pick a Plan

Which plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take. Please review the information below to help pick which plan works best for you.

2025 Medical Plans

Aetna Open Access Select “Best Choice” EPO (\$)

- » Broward Health's self-insured plan.
- » Offers **maximum savings** when utilizing Broward Health providers and/or Broward Health facilities and services.
- » Plan Restriction: All services are restricted to Broward Health facilities unless you have a pre-approved exception from the Broward Health Exception Committee prior to services being rendered or in the case of emergencies.
- » **No out-of-network benefits.**

Aetna Open Access Select EPO (\$\$\$)

- » Aetna nationwide network offering a broader selection of providers and healthcare facilities, but at a higher cost compared to Broward Health providers.
- » Services can be rendered at both Broward Health and non-Broward Health facilities (must be in Aetna's network).
- » **No out-of-network benefits.**

Aetna POS II — High Deductible Health Plan (\$\$\$\$)

- » Aetna nationwide network.
- » Offers both in- and out-of-network benefits, with low premiums but **higher out-of-pocket costs.**
- » Offers the saving benefits of a Health Savings Account (HSA) with employer contributions and incentives for wellness activities.

2025 Network Tier Levels

Tier 1 (Broward Health Employed & Affiliated Physicians and Facilities) (\$)

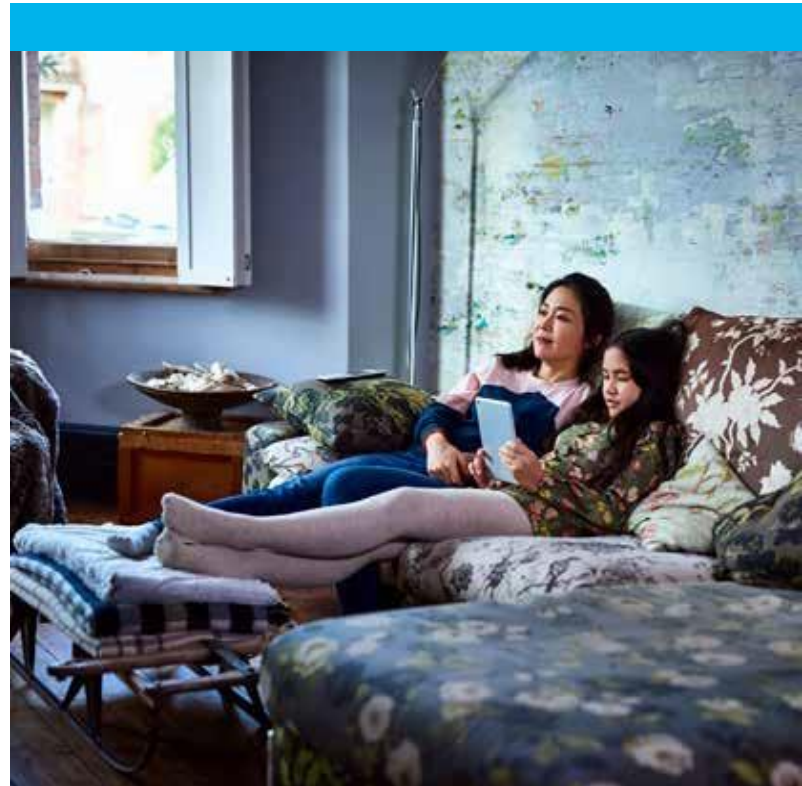
- » Services rendered by a Broward Health employed or affiliated (Broward Health credentialed) physician/providers at Broward Health facilities only.
- » These services provide **Maximum Savings.**

Tier 2 (Aetna Network) (\$\$\$)

- » All other Aetna Network physicians, facilities, or services.
- » These services provide **Standard Savings.**

Tier 3 (Out-of-Network) (\$\$\$\$)

- » Offers out-of-network physicians, facilities, or services.
- » Offered on the Aetna High Deductible Health Plan (HDHP) only.



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Medical Plans

The **Aetna Open Access Select Best Choice Plan** is a Broward Health self-insured plan, which offers in-network benefits, providing employees maximum savings when utilizing Broward Health facilities and providers. The Best Choice EPO plan does not offer out-of-network benefits. Services provided by Broward Health employed or affiliated physicians and at Broward Health facilities will have lower member cost share compared to services provided using the Aetna network. **Note: Services will be limited to Broward Health employed or affiliated physicians and Broward Health facilities only, except emergencies. IMPORTANT: Any service outside of Tier 1 must go through the Clinical Exception Committee. The Exception Form must be completed by the employee and the treating physician then forwarded to the Benefits Department for review. The Exception Form must be submitted prior to scheduling the procedure or service. The Exception Form can be located on the Employee Benefits Intranet page.**

AETNA OPEN ACCESS SELECT BEST CHOICE

	TIER 1 (BROWARD HEALTH EMPLOYED & AFFILIATED PHYSICIANS AND FACILITIES)	TIER 2 (AETNA OPEN ACCESS NETWORK) ²	TIER 3 (OUT-OF-NETWORK)
CALENDAR YEAR DEDUCTIBLE (CYD)¹			
INDIVIDUAL	\$500	\$3,000	Not covered
FAMILY	\$1,000	\$6,000	Not covered
MAXIMUM OUT-OF-POCKET (MOOP)¹			
INDIVIDUAL	\$2,500	\$6,000	Not covered
FAMILY	\$5,000	\$12,000	Not covered
PHYSICIAN SERVICES			
PREVENTIVE CARE	No charge		Not covered
PRIMARY CARE	Broward: \$0 copay Affiliated: \$20 copay	20%*	Not covered
SPECIALIST	Broward: \$0 copay Affiliated: \$35 copay	20%*	Not covered
DIAGNOSTIC SERVICES			
LAB	\$5 copay	\$5 copay	Not covered
X-RAY/ADVANCED IMAGING	\$10 copay	20%*	Not covered
OUTPATIENT SURGERY			
FACILITY	\$50 copay	20%*	Not covered
PHYSICIAN SERVICES	No charge	20%*	Not covered
EMERGENCY SERVICES			
EMERGENCY ROOM	\$300 copay (waived if admitted)		
AMBULANCE	\$300 copay (waived if admitted)		
URGENT CARE	\$20 copay	\$20 copay	Not covered
INPATIENT HOSPITAL			
FACILITY	\$100 copay	20%*	Not covered
PHYSICIAN SERVICES	No charge	20%*	Not covered
OTHER SERVICES			
ALLERGY TREATMENT/ TESTING	10%*	20%*	Not covered
SPINAL MANIPULATION	\$25 copay	\$45 copay	Not covered
HOME HEALTH CARE	No charge	No charge	Not covered
REHABILITATION	\$5 copay	\$10 copay	Not covered
HABILITATION SERVICES	No charge	No charge	Not covered
SKILLED NURSING CARE	\$100 copay	\$100 copay	Not covered
DURABLE MEDICAL EQUIPMENT	\$25 copay	\$25 copay	Not covered
HOSPICE SERVICES	No charge	10%*	Not covered

¹Employee pays after calendar year deductible is met.

²Tier 1 CYD and MOOP will cross apply with Tier 2, but Tier 2 will not cross apply with Tier 1.

*Services will be limited to Broward Health employed or affiliated physicians and Broward Health facilities only, except emergencies.

The **Aetna Open Access Select EPO Plan** offers only in-network benefits. Out-of-network benefits are not available under this plan. The Select EPO plan offers employees the flexibility of a large/nationwide network of facilities and providers. If an employee utilizes a provider/facility out of this network, the employee will be responsible for 100% of all charges incurred.

AETNA OPEN ACCESS SELECT (EPO)

	TIER 1 (BROWARD HEALTH EMPLOYED & AFFILIATED PHYSICIANS AND FACILITIES)	TIER 2 (AETNA)	TIER 3 (OUT-OF-NETWORK)
CALENDAR YEAR DEDUCTIBLE (CYD)¹			
INDIVIDUAL	\$500	\$3,000	Not covered
FAMILY	\$1,000	\$6,000	Not covered
MAXIMUM OUT-OF-POCKET (MOOP)¹			
INDIVIDUAL	\$2,500	\$6,000	Not covered
FAMILY	\$5,000	\$12,000	Not covered
PHYSICIAN SERVICES			
PREVENTIVE CARE	No charge		Not covered
PRIMARY CARE	Broward: \$0 copay Affiliated: \$20 copay	20%*	Not covered
SPECIALIST	Broward: \$0 copay Affiliated: \$35 copay	20%*	Not covered
DIAGNOSTIC SERVICES			
LAB	\$5 copay	\$5 copay	Not covered
X-RAY/ADVANCED IMAGING	\$10 copay	20%*	Not covered
OUTPATIENT SURGERY			
FACILITY	\$50 copay	20%*	Not covered
PHYSICIAN SERVICES	No charge	20%*	Not covered
EMERGENCY SERVICES			
EMERGENCY ROOM	\$300 copay (waived if admitted)		
AMBULANCE	\$300 copay (waived if admitted)		
URGENT CARE	\$20 copay	\$20 copay	Not covered
INPATIENT HOSPITAL			
FACILITY	\$100 copay	20%*	Not covered
PHYSICIAN SERVICES	No charge	20%*	Not covered
OTHER SERVICES			
ALLERGY TREATMENT/ TESTING	10%*	20%*	Not covered
SPINAL MANIPULATION	\$25 copay	\$45 copay	Not covered
HOME HEALTH CARE	No charge	No charge	Not covered
REHABILITATION	\$5 copay	\$10 copay	Not covered
HABILITATION SERVICES	No charge	No charge	Not covered
SKILLED NURSING CARE	\$100 copay	\$100 copay	Not covered
DURABLE MEDICAL EQUIPMENT	\$25 copay	\$25 copay	Not covered
HOSPICE SERVICES	No charge	10%*	Not covered

*Employee pays after calendar year deductible is met.

¹Tier 1 CYD and MOOP will cross apply with Tier 2, but Tier 2 will not cross apply with Tier 1.

This chart summarizes the 2025 medical coverage provided by Aetna. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations. The **Aetna Choice POS II High Deductible Health Plan (HDHP)** below offers in- and out-of-network benefits, with low premiums but higher out-of-pocket costs. For employees who are newly enrolled in the HDHP, Broward Health will contribute up to \$900 for Employee Only or Employee & Child coverage and up to \$1,800 for Employee & Spouse or Family coverage annually into an existing/new Health Savings Account (HSA) to assist with eligible out-of-pocket medical costs. Employees who do not spend all of their HSA funds in 2025 will be able to roll these funds over to the following year. For more information, see page 19 under Health Savings Account.

AETNA CHOICE POS II — HDHP

	TIER 1 (BROWARD HEALTH EMPLOYED & AFFILIATED PHYSICIANS AND FACILITIES)	TIER 2 (AETNA OPEN ACCESS NETWORK)	TIER 3 (OUT-OF-NETWORK)
CALENDAR YEAR DEDUCTIBLE (CYD)			
INDIVIDUAL	\$1,650	\$3,000	\$5,000
FAMILY	\$3,300	\$6,000	\$10,000
MAXIMUM OUT-OF-POCKET (MOOP)			
INDIVIDUAL	\$4,000		\$10,000
FAMILY	\$7,000		\$20,000
PHYSICIAN SERVICES			
PREVENTIVE CARE	No charge		40%*
PRIMARY CARE	20%*		40%*
SPECIALIST	20%*		40%*
DIAGNOSTIC SERVICES			
LAB/X-RAY/ADVANCED IMAGING	20%*		40%*
OUTPATIENT SURGERY			
FACILITY	20%*		40%*
PHYSICIAN SERVICES	20%*		40%*
EMERGENCY SERVICES			
EMERGENCY ROOM	20%*		
AMBULANCE	20%*		
URGENT CARE	20%*		40%*
INPATIENT HOSPITAL			
FACILITY	20%*		40%*
PHYSICIAN SERVICES	20%*		40%*
OTHER SERVICES			
ALLERGY TREATMENT/TESTING	20%*		40%*
SPINAL MANIPULATION	20%*		40%*
HOME HEALTH CARE	20%*		40%*
REHABILITATION	20%*		40%*
HABILITATION SERVICES	20%*		40%*
SKILLED NURSING CARE	20%*		40%*
DURABLE MEDICAL EQUIPMENT	20%*		40%*
HOSPICE SERVICES	20%*		40%*
	20%*		40%*

*Employee pays after calendar year deductible is met.

11 Broward Health Urgent Care Center

We're Here When You Need Us

You don't have to drive and wait hours at a hospital to get medical attention. The Broward Health Urgent Care team is standing by ready to assist you and your family when you need immediate attention. Located in Weston, our pediatric and adult urgent care center provides fast, convenient care for minor injuries and illnesses.

We are open daily from 8 a.m. until 8 p.m.

- » Backed by Broward Health hospitals
- » Open 7 days a week
- » Board-certified physicians and nurse practitioners
- » X-ray capabilities
- » Urgent care pricing, NOT hospital pricing
- » Seamless transition to Broward Health ERs if needed
- » No appointment needed

For more information, visit
[BrowardHealth.org/Urgent Care](https://BrowardHealth.org/UrgentCare)
Hours M-F: 8 a.m. - 8 p.m.
Saturdays: 8 a.m. - 4:30 p.m.

Broward Health Weston
2300 N. Commerce Parkway, Weston, FL 33326
954-217-3200

In essence, an urgent care center is considered a middle ground between a traditional hospital's emergency room and a doctor's office. See below to help when you're not sure whether to seek treatment at an urgent care center or at a hospital's emergency room. For a life-threatening emergency, call 911 or go to the nearest emergency room.



Urgent Care Center (\$)

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- » Strains, sprains
- » Minor broken bones (e.g., finger)
- » Minor infections
- » Minor burns

Costs and Time Considerations**

- » Copay and/or coinsurance usually higher than an office visit
- » Walk-in patients welcome, but urgency determines order seen and wait time
- » All urgent care centers are covered as a Tier 1 benefit



Emergency Room (\$\$\$)

When to Use

You need immediate treatment for a serious, life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- » Heavy bleeding
- » Chest pain
- » Major burns
- » Severe head injury

Costs and Time Considerations**

- » Often requires a much higher copay and/or coinsurance
- » Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- » Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

12 Virtual Care

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. CVS Virtual Care is a convenient and easy way to connect with a U.S. board-certified doctor on your time.

[CVS.com/virtual-care](https://www.cvs.com/virtual-care)

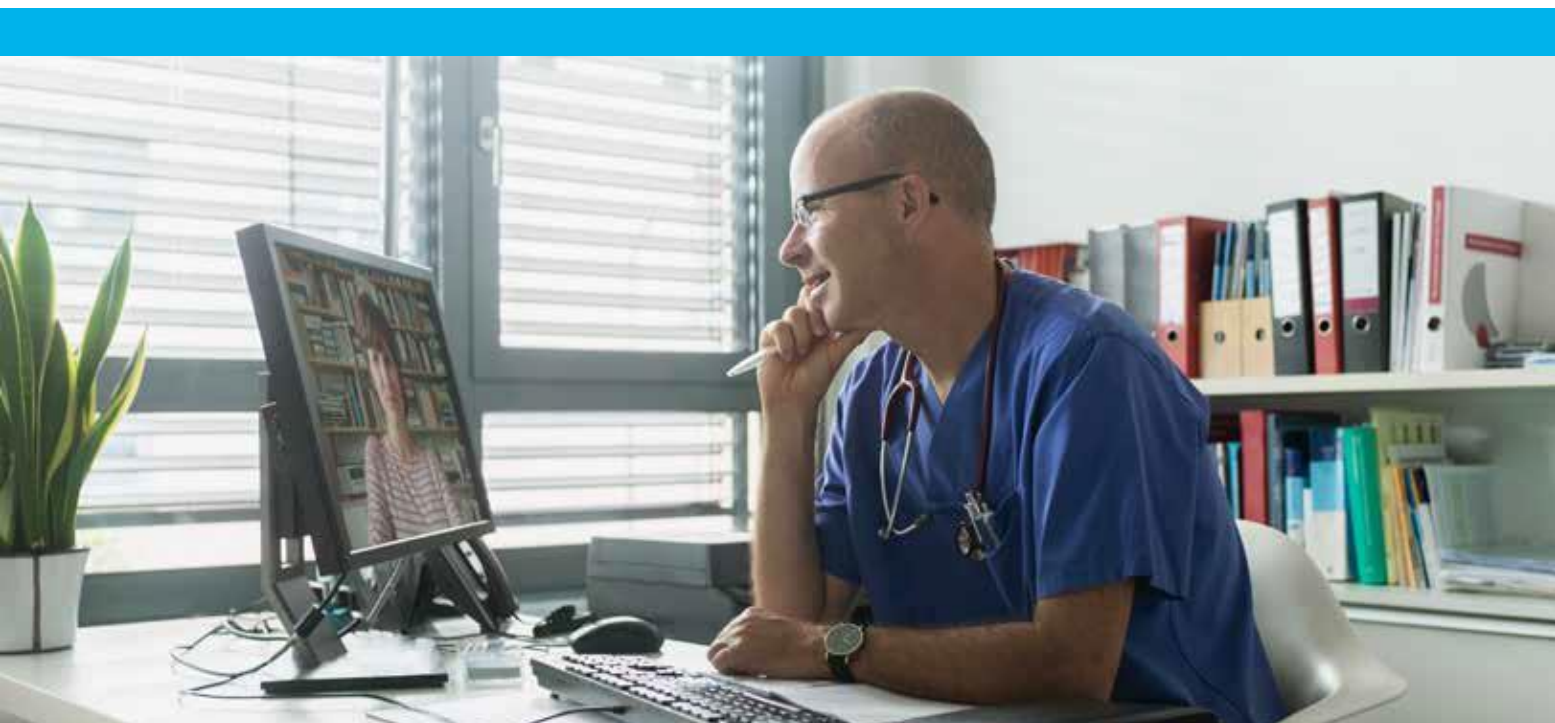
Broward Health provides a virtual medicine benefit for you and your dependents. CVS Virtual Care offers access to U.S. board-certified doctors 24 hours a day, 7 days a week through the convenience of online video, telephone, or mobile app visits. It's an affordable option for quality medical care.

- » Talk to a doctor anytime, anywhere.
- » Receive quality care via phone, video, or mobile app.
- » Prompt treatment, talk to a doctor in minutes.
- » A network of doctors that can treat every member of the family.
- » Prescriptions sent to pharmacy of choice if medically necessary.
- » Virtual care is less expensive than the ER or urgent care — your cost is never more than a doctor visit!

Get the Care You Need

CVS Virtual Care doctors can treat many non-emergency medical conditions, including:

- » Cold & flu symptoms
- » Allergies
- » Pink eye
- » Respiratory infection
- » Sinus problems
- » Skin problems
- » And more!



13 Broward Health Care Connect

Virtual Urgent Care

Available 9 a.m. – 9 p.m., 7 Days a Week

Broward Health Care Connect is a telemedicine service which includes a free telephonic triage assessment performed by an experienced registered nurse. Broward Health Care Connect offers treatment for mild to moderate illnesses and injuries such as:

- » Acute injuries
- » Allergies (seasonal; rhinitis)
- » Back pain (mild-moderate strains and sprains)
- » Bronchitis
- » Common cold
- » Conjunctivitis (pink eye)
- » COVID-19
- » Earaches
- » Impetigo
- » Influenzas (flu)
- » Rashes
- » Sinus infections
- » Urinary tract infections
- » Viral infections

Call to be assessed for a virtual urgent care visit at 954-320-5730.



14 Prescription Plans

Prescription Drug Coverage for Medical Plans

All medications designated as "maintenance" medications **can only** be filled at a Broward Health Pharmacy, CVS Pharmacy, CVS Mail Order, or other network pharmacies for two initial 30-day supplies. After that, you must get a 90-day supply or contact CVS at the number on the back of your medial card to opt out. If a member opts out, they can continue to fill maintenance medications 30 days at a time. All specialty medications can be filled at Broward Health for a lesser copay.

**AETNA
OPEN ACCESS SELECT
BEST CHOICE**

**AETNA
OPEN ACCESS SELECT
(EPO)**

**AETNA
CHOICE POS II — HDHP**

RETAIL RX (30-DAY SUPPLY)

GENERIC	\$10 copay	\$10 copay	20%*
PREFERRED BRAND	\$30 copay	\$30 copay	20%*
NON-PREFERRED BRAND	\$50 copay	\$50 copay	20%*
SPECIALTY	Broward Health Pharmacy: \$20 copay CVS/Other: \$200 copay PrudentRx: 30% coinsurance if not enrolled	Broward Health Pharmacy: \$20 copay CVS/Other: \$200 copay PrudentRx: 30% coinsurance if not enrolled	20%*

MAIL ORDER RX (90-DAY SUPPLY)

GENERIC	\$25 copay	\$25 copay	20%*
PREFERRED BRAND	\$75 copay	\$75 copay	20%*
NON-PREFERRED BRAND	\$125 copay	\$125 copay	20%*

*Employee pays after calendar year deductible is met.



2025 Employee Pharmacy Benefits

Broward Health Pharmacy Services is here to provide high-quality, and personalized service to you and your family. Benefits eligible employees can take advantage of the personalized service and convenience of utilizing one of our outpatient pharmacies.

What's New

Beginning Jan. 1, 2025, all specialty medications are being centralized at Broward Health Medical Center (BHMC) Outpatient Pharmacy. Here's what you need to know:

- *Starting Jan. 1, existing specialty prescriptions with CVS will be automatically transferred to BHMC*
- *Employees will get access to one-on-one consultation via the new Medication Therapy Management Clinic. Appointments are available via telehealth, phone or in-person.*
- *Medications can be delivered by home delivery service or by pick up at your preferred Broward Health Outpatient Pharmacy locations.*

Pharmacy Name	Address	Phone Number	Pharmacy Hours
Broward Health Cora E. Braynon Family Health Center Pharmacy	200 NW 7th Avenue Fort Lauderdale	954.759.6627	Mon-Fri 8:30AM-6:30PM Sat & Sun CLOSED
Broward Health Medical Center Outpatient Pharmacy	1600 South Andrews Avenue, Suite 1403 Fort Lauderdale	954.468.8082	Mon-Fri 9AM-7PM Sat 10AM-4:30PM Sun CLOSED
Broward Health Coral Springs Outpatient Pharmacy	3000 Coral Hills Drive Coral Springs	954.346.4272	Mon-Fri 9:30AM-6PM Sat & Sun CLOSED
Broward Health Annie L. Weaver Health Center	2011 NW 3rd Avenue Fort Lauderdale	954.786.5910	Mon-Tue, Thurs-Fri 8:30AM-4:30PM Wed: 8:30AM-8:30PM Sat & Sun CLOSED
Broward Health North Outpatient Pharmacy	201 East Sample Road, Deerfield Beach	954.786.6802	Mon-Fri 9AM-6:30PM Sat & Sun CLOSED
Broward Health Imperial Point Outpatient Pharmacy	6401 North Federal Highway Fort Lauderdale	954.776.8670	Mon-Fri 9AM-5PM Sat & Sun CLOSED
Broward Health Bernard P. Alicki Health Center Pharmacy	1101 West Broward Blvd. Fort Lauderdale	954.463.8119	Mon-Fri 8:30AM-4:30PM Sat & Sun CLOSED

For additional information, feel free to call one of our **pharmacy team members** at **954.468.8082** and choose **option 3**.



16 Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Broward Health offers affordable plan options from Reliance Standard (DPPO)/Aetna (DMO) for routine care and beyond.

Broward Health Offers Two Dental Plan Options

Dental PPO is administered by Reliance Standard and uses in-network and out-of-network providers. To find network providers near you, visit www.reliancestandard.com/dental.

Dental DMO plan is administered by Aetna and uses only in-network providers. The selection of a primary care dentist is encouraged and can be changed at any time. To locate a primary care dentist, visit Aetna.com or call 877-238-6200.

Dental Plan Summary

This chart summarizes the dental coverage provided by Reliance Standard (PPO) or Aetna (DMO) for 2025.

		RELIANCE STANDARD DPPO	AETNA DMO
		IN-NETWORK	IN-NETWORK
CALENDAR YEAR DEDUCTIBLE			
	INDIVIDUAL	\$50	N/A
	FAMILY	\$150	N/A
CALENDAR YEAR MAXIMUM			
	PER PERSON	\$1,250	N/A
COVERED SERVICES			
	PREVENTIVE SERVICES	Covered in full	\$5 office visit copay See Dental Benefits Summary for costs of specific procedures
	BASIC SERVICES	80% coinsurance	
	MAJOR SERVICES	50% coinsurance	
	ORTHODONTICS	50% for you, your spouse, and children under 26	Screening Exam: \$30 Diagnostic Records: \$150 Orthodontic Retention: \$275
	ORTHODONTIC LIFETIME MAXIMUM	\$1,500 per person	\$1,045 per person

Note

In addition to keeping your teeth healthy, regular dental checkups can help dentists spot symptoms of other serious conditions such as osteoporosis, cancer, and diabetes.

17 Vision Benefits

The vision plan provides comprehensive coverage. The Aetna Vision network is contracted through EyeMed Vision Care, LLC. Choose from a large selection of providers as well as your favorite retail chains. To determine if your provider is in network, search www.aetnavision.com.

AETNA

IN-NETWORK

EXAMS (ONCE EVERY CALENDAR YEAR)

COPAY	\$15 copay
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LENSES

SINGLE VISION	\$25 copay
BIFOCAL	\$25 copay
TRIFOCAL	\$25 copay
LENTICULAR	\$25 copay

CONTACTS (IN LIEU OF LENSES AND FRAMES)

FITTING AND EVALUATION	Standard exam: covered in full, Premium exam: You pay 90%, less \$40
ELECTIVE	\$100 allowance, additional 15% off the balance over the allowance

FRAMES (ONCE EVERY TWO CALENDAR YEARS)

ALLOWANCE	\$130 allowance, additional 20% off the balance over the allowance
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OTHER SERVICES

LASER VISION CORRECTION	15% off retail price or 5% off promotional price
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NOTE: Under this plan, you may use services of any out-of-network provider; however, your out-of-pocket expenses will be higher than if you elect services from a network provider.



18 Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Broward Health has partnered with HealthEquity (formerly WageWorks), a leading provider of consumer-directed benefits in the United States, as our trusted provider to administer the FSA process and offer our members enhanced benefit solutions. The HealthEquity (formerly WageWorks) platform provides a variety of reimbursement options (which includes a Healthcare debit card and the HealthEquity (formerly WageWorks) EZ Receipts mobile app, an enhanced participant website with mobile access, and extended customer service hours). For questions/assistance, contact the HealthEquity (formerly WageWorks) Customer Service Center at 877-924-3967.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with day care, nursery school, and elder care expenses. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- » With the Dependent Care FSA, you can set aside up to \$5,000 (\$2,500 if married and filing separate tax returns) to pay for child or elder care expenses on a pre-tax basis.
- » Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.

- » You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.
- » Employees enrolled in DC FSA benefits do not receive a debit card for reimbursements. There are two ways to submit a receipt for reimbursement:
 - Through the HealthEquity (formerly WageWorks)EZ Receipts mobile app — Use your mobile device to snap a photo of your receipts and submit them for reimbursement,
 - By logging in to your HealthEquity (formerly WageWorks) account — select the "Pay Me Back" option, upload a digital image of your receipt, and submit your claim.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- » In-home babysitting services (not provided by a dependent)
- » Care of a preschool child by a licensed nursery or day care provider
- » Before- and after-school care
- » Day camp
- » In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Important Note: Employees must actively enroll and re-enroll in FSAs each plan year. You are not automatically re-enrolled in these plans. Per IRS regulations, this is a "use-it or lose-it" benefit. Funds not utilized by the end of the plan year will be forfeited. Only up to \$500 will be allowed to be carried over to the next plan year. In addition, per federal regulations, you are NOT allowed to stop your FSA benefit in a plan year. Discontinuation of this benefit can only occur if you experience a Qualifying Life Event, transfer to non-eligible status, or at termination.

19 Health Savings Account (HSA)

Enroll in the Aetna HDHP and Receive up to \$1,800 in Health Savings Account Funds From Broward Health!

A Health Savings Account (HSA) allows you to make tax-free contributions to build up protection for current and future healthcare expenses for you and your dependents. The Health Savings Account is only available to employees enrolled in the Aetna High Deductible Health Plan (HDHP).

Here's How It Works

When you newly enroll in the Aetna HDHP, Broward Health will automatically set up and contribute to a Health Savings Account for you. You'll then have two opportunities to earn additional employer contributions each year through preventive care initiatives.

1. At initial enrollment only, Broward Health will contribute:
 - » \$500 for Employee Only or Employee & Child(ren) coverage –OR–
 - » \$1,000 for Employee & Spouse or Family coverage
2. If you or your covered spouse (if applicable) receive a routine annual physical or well visit exam, Broward Health will contribute:
 - » \$300 for Employee Only coverage –OR–
 - » \$600 for Employee & Spouse
3. If you and your covered spouse (if applicable) complete a Health Risk Assessment, Broward Health will contribute:
 - » \$100 for Employee –OR–
 - » \$200 for Employee & Spouse

The funds will be posted to your HSA after Broward Health receives a confirmation report from Aetna.

*State income taxes are also waived on HSA contributions in almost all states.

HSAs and Taxes

Employees enrolled in the HDHP are also eligible to contribute additional funds on a pre-tax basis into their HSA through biweekly payroll deductions. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

You can use your HSA at any time to pay for qualified healthcare expenses such as doctors visits, hospital services, or other eligible, out-of-pocket medical costs. Visit www.inspirafinancial.com for a full list of qualified expenses.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2025, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,300
FAMILY	\$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

HSA contributions over the IRS annual contribution limits (\$4,300 for individual coverage and \$8,550 for family coverage for 2025) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- » Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a tax penalty.
- » Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Broward Health HSA is established with INSPIRA Financial Services. You may be able to roll over funds from another HSA. For more enrollment information, visit www.inspirafinancial.com.

20 Accident Insurance

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any unexpected expenses. Accident coverage through Reliance Standard/Matrix provides benefits for you and your covered family members for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

For more information about costs and claims, please call 800-866-2301 or visit www.reliancestandard.com.

Plan Features

- » **Guaranteed Acceptance:** There are no health questions or physical exams required.
- » **Family Coverage:** You can elect to cover your spouse and children.
- » **Portable Coverage:** You can take your policy with you if you leave the company or retire (with certain stipulations).
- » **Organized Youth Sports Rider** (covers dependents under age 19): The benefits payable are increased by 25% if a covered dependent under age 19 is injured while playing an organized sport.
- » **Wellness Benefit:** The plan pays a \$75 benefit for one covered health screening test per covered member, up to a maximum of four payments per family per year. Covered health screening tests includes diagnostic procedures, routine exams, immunizations, and COVID-19 tests.

Important Note: In order to receive benefits, the insured must sustain an injury due to a covered accident and meet all of the requirements defined for payment under a specific benefit by the policy/plan certificate. Please review the Certificate of Insurance for Accident coverage at employee.BrowardHealth.org and selecting the Employee Benefits tab. **All claims must be reviewed and approved by Reliance Standard/Matrix.**



21 Critical Illness Insurance

Critical Illness Coverage

Critical Illness coverage through Reliance Standard/Matrix pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

For more information about costs and claims, please call 800-866-2301 or visit www.reliancestandard.com.

Plan Features

- » Guaranteed Acceptance: There are no health questions or physical exams required.
- » Family Coverage: You can elect to cover your spouse and children.
- » Wellness Benefit: The plan pays a \$50 benefit for one covered health screening test per covered member, up to a maximum of four payments per family per year. Covered health screening tests include diagnostic procedures, routine exams, immunizations, COVID-19 tests, and more.
- » The cost of coverage varies depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

Plan Highlights

You may choose a benefit amount from \$5,000 to \$40,000, in \$5,000 increments, for yourself and your spouse (spouse coverage not to exceed 100% of the employee amount). Important Note: In order to receive benefits, the insured must meet all of the requirements defined for payment under a specific illness as defined by the policy/plan certificate. Please review the Certificate of coverage for Critical Care Insurance at employee.BrowardHealth.org and selecting the Employee Benefits tab. **All claims must be reviewed and approved by Reliance Standard/Matrix.**



22 Hospital Indemnity Insurance

Hospital Indemnity Coverage

Hospital Indemnity coverage through Reliance Standard/Matrix pays you cash benefits directly if you are admitted to the hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

The benefits payable also increase by 50% if you are admitted, confined, or receive treatment at a Broward Health facility.

Plan Highlights

- » **Guaranteed Issue:** no health questions or physical exams required.
- » **Pre-Existing Conditions:** This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.
- » **Family Coverage:** You can elect to cover your spouse and children.
- » **Wellness Benefit:** The plan pays a \$50 benefit for one covered health screening test per covered member, up to a maximum of four payments per family per year.

Important Note: These benefits are paid directly to the insured following a hospitalization that meets the criteria for benefit payment. Please review the Certificate of Insurance for Hospital Indemnity at employee.BrowardHealth.org and selecting the Employee Benefits tab. **All claims must be reviewed and approved by Reliance Standard/Matrix.**

BENEFITS	AMOUNT
HOSPITAL DAILY CONFINEMENT BENEFIT	\$200 per day (30 daily Benefits per coverage year)
HOSPITAL INTENSIVE CARE UNIT BENEFIT	\$400 per day (15 daily benefits per coverage year)
HOSPITAL ADMISSION BENEFIT	\$1,000 (1 per coverage year)
NURSERY ADMISSION BENEFIT	\$200 (1 benefit per newborn)
NURSERY CONFINEMENT BENEFIT	\$50 (10 daily benefits per coverage year)
WELLNESS CARE	\$50 (1 benefit per coverage year)



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- » The payment you get isn't based on the size of your medical bill.
- » There might be a limit on how much this policy will pay each year.
- » This policy isn't a substitute for comprehensive health insurance.
- » Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- » Visit [HealthCare.gov](https://www.healthcare.gov) or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- » To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- » For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- » If you have this policy through your job, or a family member's job, contact the employer.

24 Life Insurance and AD&D Insurance

Basic Life and Accidental Death & Dismemberment Insurance

Broward Health provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance (at no cost to the employee) as part of your basic coverage through Reliance Standard, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after your passing.

Your Basic Life and AD&D insurance benefit is equal to your base annual salary rounded up to the nearest \$1,000, up to a maximum of \$500,000.

Supplemental Term Life Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Supplemental Term Life insurance. Premiums are paid through payroll deductions.

SUPPLEMENTAL EMPLOYEE LIFE	
COVERAGE AMOUNT	\$10,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$1,000,000 (with medical screening for over \$500,000)
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$500,000 Guarantee Issue
SUPPLEMENTAL SPOUSE LIFE	
COVERAGE AMOUNT	\$5,000 increments
WHO PAYS	Employee
MAXIMUM BENEFIT	\$250,000 (with medical screening for over \$50,000)
EVIDENCE OF INSURABILITY (EOI) REQUIRED	\$50,000 Guarantee Issue
SUPPLEMENTAL CHILD LIFE	
COVERAGE AMOUNT	\$10,000 (Not available without purchasing employee or spouse coverage)
WHO PAYS	Employee

Premium rates for the employee and spouse benefits are based on an employee's age and increase at five year intervals.

To view the premium table, visit employee.BrowardHealth.org and select the Employee Benefits tab.

For all Life insurance plans (Basic Term Life & AD&D and Supplemental Term Life), there is a benefit reduction due to age which is applicable to employee and spouse coverage.

- » At age 70, the original benefit is reduced to 50%. For example, if an insured is enrolled in \$50,000 of coverage and dies at age 70 or older, the benefit will pay \$25,000.
- » Important! All Supplemental Life premium payments must be up to date. Missed or late payment of premiums will affect payment of benefits to beneficiary(ies).
- » You can reach out to your local HR contact for further assistance.

25 Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work related injury or illness.

Reliance Standard is the disability vendor and Matrix Absence Management administers the claims. For claims information, please call 800-866-2301.

Short-Term Disability Insurance

Short-term disability insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. After you are out of work for 18 days, you may receive up to 60% of your weekly pay up to 24 weeks. Please note that the Short-Term Disability plan is voluntary and the premium is 100% paid by the employee through payroll deduction. **Effective January 1, 2025, Broward Health management are eligible to enroll in the voluntary Short-Term Disability (STD) program, so you can continue to be paid while on medical leave.**

Long-Term Disability Insurance

Broward Health also provides long-term disability insurance to protect your finances when your disability continues beyond the period covered by the short-term disability plan. If you are sick and unable to work for more than 180 days, long-term disability pays you up to 60% of your monthly pay.

Broward Health pays half the premium, while you pay the other half. You'll pay a small amount of tax on the premium paid by Broward Health. By paying that small amount of tax, the benefits you receive while disabled won't be taxable to you, making the 60% benefit worth much more when you need it most.

NOTE: There are different plan guidelines for long-term disability benefits for Management and Physicians.

Important! All Short-Term/Long-Term Disability premium payments must be up to date. Missed or late payment of premiums will affect payment of benefits.



26 Retirement Programs

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with Broward Health Retirement Programs. With contributions deducted before federal taxes are calculated, there is less of an impact to your take-home pay than you might think.

Cash Balance Pension Plan

The pension is funded by Broward Health and provides a 5% contribution of your base pay each month (up to IRS limits) towards your retirement. Employee contributions are not required.

Eligible employees are automatically enrolled after attaining age 21 and one full year of employment. You are fully vested after five years of eligible service. You cannot make withdrawals or borrow money from your cash balance pension account.

Pension statements are issued annually, and there is no online access to your account.

Star Plus Retirement Plans

The 403(b) Plan

The 403(b) plan allows you to make pre-tax, voluntary contributions toward your retirement at any time. Broward Health provides a matching contribution of up to 2.4% immediately when you contribute up to 5% of your pay.* New hires will be automatically enrolled in the retirement plan at 2%. Employees will have 45 days to opt out.

The 457(b) Plan

If you're contributing the maximum to the 403(b) plan, consider putting additional pre-tax dollars into the 457(b) plan. Create your retirement account online with Corebridge Financial (formerly AIG Retirement Services).

Corebridge Financial

Plan #: 09091

800-448-2542

<https://www.corebridgefinancial.com/rs/bh>

Roth 403(b) and 457(b) Plans

The Roth option offers a way to set aside after-tax dollars.

Employees can contribute up to \$23,500 (combined pre-tax and Roth contributions) in 2025, plus \$7,500 more if you are age 50 or older.

Did you know? Effective 1/1/2025, participants aged 60-63 can contribute the greater of \$10,000 or 150% of the 2024 catch-up contribution limit (150% of \$7,500 = \$11,250).

***Physician Residents and Pool Employees are not eligible for the employer match contribution and will not be automatically enrolled.**

PENSION

403(b)

457(b)

	PENSION	403(b)	457(b)
ELIGIBILITY	<p>Waiting Period: 1 year of continuous benefit eligible FT & PT employment</p> <p>Example: Hired 4/15/2024, a year will be 4/15/2025, you will enter the plan 1st of the month following a year of benefits eligible service which will be 5/1/2025.</p>	<p>Waiting Period: There is no waiting period for employee enrollment or for employer match, provided the employee holds a full-time or part-time status</p> <p>Broward Health offers employees who were automatically enrolled an automatic escalation contribution for 403(b) starting at 1% the first pay period of each January, until the contribution reaches 10%</p> <p>Employees wishing to discontinue or change their contributions should contact Corebridge Financial or visit the website to review their account</p>	Employee contribution only so you can start any time
VESTED	Vested after 5 years of benefits eligible service in the plan.	Vested in the plan after 5 years of benefits eligible service	100% immediate vesting
CONTRIBUTION	5% of your base pay salary is employer contribution for you (does not include differentials)	<p>Employee 1%, Match 1% Employee 2%, Match 1.35% Employee 3%, Match 1.70% Employee 4%, Match 2.05%</p> <p>Once you receive match, there is a vesting schedule. If you terminate or become ineligible prior to the vesting schedule, you can forfeit all or some of your match:</p> <p>1 year of Service = 0% 2 years of Service = 25% 3 years of Service = 50%</p>	<p>Employee 5%, Match 2.40% Employee more than 5%, Match 2.40%</p> <p>Match Vest after 5 years</p> <p>4 years of Service = 75% 5 years of Service = 100%</p>

Need to File a Leave of Absence Claim?

When caring for yourself or a loved one takes you away from work, you may need to file a Leave of Absence Claim (e.g., FMLA, General Medical, Military, ADA Accommodations Requests etc.)

Matrix Absence Management makes it easy for you to file 24 hours a day, 7 days a week.

To file your claim, download the **Matrix** eServices mobile app. Go to matrixabsence.com, **or if you don't have Internet access, you can call 877-202-0055.**

If you have any questions, you may also reach out to Broward Health's Leave Administration Center at 954-473-7701 (Monday thru Friday 8 a.m.-4:30 p.m.).

How to Report a Leave of Absence or Disability

Timely reporting of your leave is critical for approval of your claim for leave and/or benefits. It's easy to file a claim **24/7/365** via mobile app, web, or by phone (see Step 2 below). If you expect to be out of work for more than three days/24 hours*, you must take the following steps:

Step 1: Notify your supervisor, and note you **DO NOT** need to discuss private health issues when providing notice.

Step 2: To file your claim directly on the web, visit matrixabsence.com. If you're accessing the web portal for the first time, you will need to set up an account.

*NOTE: Some absences of fewer than 3 days may qualify you for leave, such as recurrences of your own or a family member's chronic or long-term conditions or family military needs.

If you don't have Internet access, you can call **877-202-0055**. Be ready to provide your personal details, job, illness/injury, and provider information.

Finally, just for STD and FMLA/Leave of Absence Claims, you can download the Matrix eServices Mobile app by scanning the QR code or by searching Matrix eServices Mobile in your smartphone or tablet's app store (iOS or Android).

Within 24 hours of requesting leave, you will receive an Absence Packet explaining what (if any) additional documentation is needed.

Step 3: Submit the requested documentation for claim processing as soon as possible.

NOTE: You may also be required to file a claim for state disability or family leave benefits depending on location. If that applies, specific state information will be in your claim packet.



28 Additional Benefits

Pet Insurance

Broward Health also offers health insurance for your pets (cats and dogs only). With pet insurance, you will have peace of mind knowing you can get help with some of your pet's medical bills, including treatments and surgeries. Pet insurance is offered by Nationwide. To enroll, visit PetInsurance.com/BrowardHealth or call 877-738-7874.

On-call Travel Assistance

If you need assistance while traveling, Broward Health provides 24-hour access to an emergency travel companion for you and your eligible dependents through On Call International. Get help with missing luggage, a lost passport, illness, injury, or prescription refills when more than 100 miles from home. Call 800-456-3893 in the U.S. or +1 603-328-1966 worldwide.

Tuition Assistance Program

The Broward Health Tuition Assistance Program is designed to assist employees in their professional growth. Maximum overall annual reimbursement is \$5,250 tax-free per calendar year (for both tuition and certification reimbursement). Degree programs must be held at a nonprofit, accredited institution and reimbursed in accordance with the guidelines outlined in Policy #HR-005-007 — Continuing Education Tuition & Certification Reimbursement Program.

For more information, contact the HRBC at hrbc@browardhealth.org or 954-473-7090 or email the Corporate Benefits Department at benefits@browardhealth.org.

Employee Assistance Program

The Employee Assistance Program is designed to provide professional help in dealing with personal concerns impacting you and your family at home or at work. You may call for assistance with concerns such as marital conflict, depression, drug and alcohol abuse, grief, children's problems, family budgeting and legal problems. The EAP is available at 954-847-4EAP to employees and their dependents. Ask your counselor for more details.

In addition to the Broward Health EAP, you can access Aetna's EAP, Resources For Living. This program's services include telehealth, chat, and face-to-face counseling, child care and elder care support, legal/financial referrals, and more. To access Resources For Living, call 888-238-6232, TTY711, or go to www.resourcesforliving.com (Username: BrowardHealth / Password: EAP) or download the Resources For Living mobile app.

Legal Insurance

Legal insurance provides access to a network of participating attorneys for help with a range of legal matters including wills, family law, consumer protection, real estate matters, and more. Legal assistance is offered by MetLife Legal for a flat monthly rate of \$15.00. Visit members.legalplans.com or call 800-821-6400 for more information.

Identity Theft Protection

Identity protection alerts you at the first sign of fraud. Get alerts for credit inquiries, accounts opened in your name, compromised credentials, financial transactions, and more. Call 855-246-7347 or visit RelianceStandard.com/WalletArmor to enroll.

Auto and Home Insurance

This voluntary program is offered as a direct bill plan to employees. Depending on your individual circumstances, automobile and homeowners insurance may be discounted up to 10%. You are eligible to enroll in auto and home insurance at any time throughout the year. For more information, visit www.myautohome.farmers.com or call Farmers Insurance at 800-438-6381 or visit www.libertymutual.com or call Liberty Mutual at 800-730-6975.



29 Wellness Programs

Nutrition Resources

Healthy eating options are offered at Broward Health's hospitals. Nutritional information posted on food choices supports wellness and weight management.

Wellness Resources

On-site wellness centers offer convenient and affordable access to help you get in shape or maintain a healthy lifestyle.

Seminars

Educational seminars on health and wellness topics, including mind-body wellness issues, financial wellness, stress management, child and elder care information are provided by Aetna, EAP, Employee Health, and Corebridge Financial (formerly AIG Retirement Services).

Employee Health

Employee Health offers free vaccines for employees, including the seasonal influenza vaccine and Tdap (tetanus, diphtheria, and pertussis), health screenings, wellness information, and education for healthy living and disease prevention.

Remember to take advantage of the free preventive care services offered for all employees and covered dependents enrolled in any of the Broward Health's Aetna medical plans. For more information, call 954-473-7130.

On-site Retail Pharmacy

On-site retail pharmacies provide fast, convenient, and affordable services to fill and pick up your prescriptions, over-the-counter medications, vitamins, or other healthcare items. All specialty medications can be filled at Broward Health's on-site retail pharmacies for a lower copay.

Tobacco Free/Healthy Lifestyle

Discounted premiums are available for all employees and spouses/partners who do not utilize tobacco products. Additionally, smoking cessation programs are available at various locations. To learn more, contact EAP at 954-847-4EAP.

Broward Health Fitness Centers

Broward Health Imperial Point (Employee and Community)

6401 N Federal Highway, Fort Lauderdale, 954-776-8830

Hours of Operation: Monday and Wednesday:

7 a.m.-7 p.m. / Tuesday, Thursday, Friday: 7 a.m.-6 p.m.

Broward Health Medical Center (Employee and Community)

1600 S. Andrews Avenue, Fort Lauderdale, 954-355-5521

Hours of Operation: Monday-Thursday: 6 a.m.-9 p.m. / Friday: 6 a.m.-7 p.m. / Saturday and Sunday: 8 a.m.-4 p.m.

Broward Health Coral Springs (Employee Only)

300 Coral Hills Drive, Coral Springs, 954-344-3010

Hours of Operation: Monday-Thursday: 6 a.m.-9 p.m. / Friday: 6 a.m.-7 p.m. / Saturday and Sunday: 8 a.m.-4 p.m.

Rates

Employee Rate for All 3 Gym Locations

\$10, classes NOT included (bi-weekly payroll deduction)

Employee Package Rate — BHMC Only:

\$15 includes classes (bi-weekly payroll deduction)

Community Package Rate Per Location:

\$40 monthly, includes classes

For more information, visit BrowardHealth.org/BHFFitness.

Contact HR for more information and payroll deduction forms.



30 Important Contacts

Auto and Home

Farmers Insurance
800-438-6381
www.myautohome.farmers.com

Liberty Mutual Insurance
800-730-6975
www.libertymutual.com

Broward Health Benefits Department

1700 NW 49th Street, Suite 125
Fort Lauderdale, FL 33309
954-473-7234
employee.browardhealth.org
benefits@browardhealth.org

Credit Union

Broward Health Credit Union
954-625-3660
www.bhcfcu.org

Dental

Reliance Standard (PPO)
800-497-7044
www.reliancestandard.com/dental-vision

Aetna Dental DMO
877-238-6200
www.aetna.com

Disability (STD/LTD)

Reliance Standard/Matrix
800-866-2301
customercare.rsli.com/contact

Employee Assistance Program

Broward Health Employee Assistance (EAP)
954-847-4327
800-343-2186
employee.browardhealth.org/pages/eap

Aetna Resources For Living EAP
888-238-6232, TTY: 711
www.resourcesforliving.com
Username: BrowardHealth
Password: EAP

Employee Health Centers

954-473-7130

Employment Verification

The Work Number
800-367-5690
www.theworknumber.com

Flexible Spending Account

HealthEquity
(formerly WageWorks)
877-924-3967
www.healthequity.com

Health Savings Account

Inspira (formerly Millennium Trust/
Payflex Company)
888-678-8242
www.inspirafinancial.com

Human Resources Business Center

954-473-7090
HRBC@browardhealth.org

Identity Theft Protection

Reliance Standard Wallet Armor
855-246-7347
www.reliancestandard.com/walletarmor

Leave Management

Reliance Standard/Matrix
877-202-0055
www.matrixabsence.com

Broward Health Leave Administration Center
954-473-7701

Legal

MetLife Legal
800-821-6400
www.members.legalplans.com

Life and AD&D

Reliance Standard
800-351-7500
customercare.rsli.com/contact

Medical

Aetna
877-245-1813
www.aetna.com

Pet Insurance

Nationwide Pet Insurance
877-738-7874
www.petinsurance.com/BrowardHealth

Pharmacy

Broward Health Medical Center
Outpatient Pharmacy
954-468-8082

CVS Caremark Pharmacy
866-260-4646
www.caremark.com/startnow

Voluntary Benefits (Accident, Critical Illness, Hospital Indemnity)

Reliance Standard/Matrix
800-866-2301
customercare.rsli.com/contact

Telemedicine

CVS Virtual Care
CVS.com/virtual-care

Travel Assistance

Reliance Standard Travel Assistance
800-456-3893
603-238-1966
customercare.rsli.com/contact

Retirement

Corebridge Financial (formerly AIG)
Plan #09091 – 403(b)/457(b)
800-448-2542
www.BH.AIGRS.com

Vision

Aetna (EyeMed, LLC)
877-973-3238
www.aetnavision.com



Scan or go to
employee.BrowardHealth.org

31 Required Notices

Important Notice From Broward Health About Your Prescription Drug Coverage and Medicare Under the Aetna Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Broward Health and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Broward Health has determined that the prescription drug coverage offered by the Aetna plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Broward Health coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Broward Health and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...
Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Broward Health changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...
More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

- For more information about Medicare prescription drug coverage:
- » Visit www.medicare.gov
 - » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
 - » Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2025
Name of Entity/ Sender:	Broward Health
Contact— Position/Office:	Human Resources
Address:	1700 NW 49th Street, Suite 125 Fort Lauderdale, FL 33309
Phone Number:	954-473-7090

Women's Health and Cancer Rights Act
If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 954-473-7090.

HIPAA Privacy and Security
The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 954-473-7090.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 954-473-7090.

