

	Aetna Select EPO Plan Tier 3 Out-of-Network: Not Covered		Aetna Best Choice Plan Tier 3 Out-of-Network: Not Covered		Aetna HDHP Plan		
	Tier 1 (Broward Health & Affiliates)	Tier 2 (Aetna Network Providers)	Tier 1 (Broward Health & Affiliates)	Tier 2 (Other Network Providers) <i>ALL SERVICES IN THIS TIER REQUIRE AN EXCEPTION</i>	Tier 1 (Broward Health & Affiliates)	Tier 2 (Aetna Open Access Network)	Tier 3 (Out-of-Network)
Deductible¹							
Individual	\$500	\$3,500	\$500	\$3,500	\$1,750	\$3,500	\$5,000
Family	\$1,000	\$7,000	\$1,000	\$7,000	\$3,500	\$7,000	\$10,000
Out of Pocket¹							
Individual	\$3,000	\$7,000	\$3,000	\$7,000	\$4,000	\$5,500	\$10,000
Family	\$6,000	\$14,000	\$6,000	\$14,000	\$8,000	\$11,000	\$20,000
Physician Services							
Preventive Care	No charge	No charge	No charge	No charge	No charge		50%*
Virtual Care	\$20 copay	\$20 copay	\$20 copay	\$20 copay			
Primary Care	Broward \$0 copay and Affiliated \$20 copay	\$75 copay	Broward \$0 copay and Affiliated \$20 copay	\$75 copay	20%*	30%*	50%*
Specialist	Broward \$0 copay and Affiliated \$35 copay	\$150 copay	Broward \$0 copay and Affiliated \$35 copay	\$150 copay	20%*	30%*	50%*
Diagnostic Services							
Lab/Pathology	\$5 copay	\$5 copay	\$5 copay	\$5 copay	20%*	30%*	50%*
X-Rays	\$10 copay	\$75 copay	\$10 copay	\$75 copay	20%*	30%*	50%*
Advanced Imaging (MRI/CT/PET)	\$10 copay	\$150 copay	\$10 copay	\$150 copay	20%*	30%*	50%*
Outpatient Surgery							
Facility	\$50 copay	\$750 copay	\$50 copay	If approved, \$750 copay	20%*	30%*	50%*
Physician Services (includes associated physician charges)	No charge	No charge	No charge	No charge	20%*	30%*	50%*
Emergency Services							
Emergency Room	\$300 copay (waived if admitted; <i>waiver does not apply to observation admissions</i>) - No coverage for non-emergency use		\$300 copay (waived if admitted; <i>waiver does not apply to observation admissions</i>) - No coverage for non-emergency use		20%*		
Ambulance	\$300 copay (waived if admitted; <i>waiver does not apply to observation admissions</i>) - No coverage for non-emergency use		\$300 copay (waived if admitted; <i>waiver does not apply to observation admissions</i>) - No coverage for non-emergency use		20%*		
Urgent Care	\$20 copay	\$20 copay	\$20 copay	\$20 copay	20%*	20%*	50%*
Inpatient Hospital							
Facility	\$100 copay	\$1,500 per visit	\$100 copay	if approved, \$1,500 per visit	20%*	30%*	50%*
Physician Services	No charge	No charge	No charge	No charge	20%*	30%*	50%*
Mental Health/Substance Use Services							
Outpatient	No charge	No charge	No charge	No charge	0%* after CYD	0%* after CYD	50%*
Inpatient (includes associated physician charges)	\$100 copay	\$1,500 copay	\$100 copay	\$100 copay	20%*	30%*	50%*
Other Services							
Allergy Testing	Broward \$0 copay and Affiliated \$35 copay	\$150 copay	Broward \$0 copay and Affiliated \$35 copay	\$150 copay	20%*	30%*	50%*
Spinal Manipulation (12 visits/CY)	\$25 copay	\$45 copay	\$25 copay	\$45 copay	20%*	30%*	50%*
Home Health Care (120 visits/CY)	No charge	No charge	No charge	No charge	20%*	30%*	50%*
Rehabilitation (PT)	\$5 copay	\$10 copay	\$5 copay	\$10 copay	20%*	30%*	50%*
OT/Speech Therapy	\$5 copay	\$10 copay	\$5 copay	\$10 copay	20%*	30%*	50%*

	Aetna Select EPO Plan Tier 3 Out-of-Network: Not Covered		Aetna Best Choice Plan Tier 3 Out-of-Network: Not Covered		Aetna HDHP Plan		
	Tier 1 (Broward Health & Affiliates)	Tier 2 (Aetna Network Providers)	Tier 1 (Broward Health & Affiliates)	Tier 2 (Other Network Providers) <i>ALL SERVICES IN THIS TIER REQUIRE AN EXCEPTION</i>	Tier 1 (Broward Health & Affiliates)	Tier 2 (Aetna Open Access Network)	Tier 3 (Out-of-Network)
Skilled Nursing Care (30 days/CY max)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	20%*	30%*	50%*
Durable Medical Equipment	\$25 copay	\$25 copay	\$25 copay	\$25 copay	20%*	30%*	50%*
Hospice Services	No charge	10%, no deductible applies	No charge	10%, no deductible applies	20%*	30%*	50%*
Infusion Therapy	Broward: \$0 copay Affiliate: \$35 copay	20%*	Broward: \$0 copay Affiliate: \$35 copay	20%*	20%*	30%*	50%*
Diabetic Supplies	No charge	No charge	No charge	No charge	20%*	30%*	50%*
Prosthetics	10%*	10%*	10%*	10%*	20%*	30%*	50%*

Benefit	Select EPO & Best Choice Copay		HDHP Coinsurance
BROWARD HEALTH PHARMACIES	30 Day (Retail)	90 Day & Mail Order	30 Day (Retail) / 90 Day & Mail Order
Generic	Up to \$10	Up to \$25	20%*
Preferred Brand	\$30	\$75	20%*
Non-Preferred Brand	\$50	\$125	20%*
Specialty 30-day supply only	\$50 copay		20%*
LIVINITI NETWORK	30 Day (Retail)	90 Day & Mail Order	30 Day (Retail) / 90 Day & Mail Order
Generic	Up to \$10	Up to \$25	30%*
Preferred Brand	\$40	\$100	30%*
Non-Preferred Brand	\$60	\$150	30%*
Specialty 30-day supply only	\$50 copay		30%*
OUT OF NETWORK			30 Day (Retail) / 90 Day & Mail Order
Out-Of-Network Scripts	Not covered		50%*

*After deductible

¹Tier 1 Deductible and OOP will cross apply with Tier 2²Services will be limited to Broward Health Employed or Affiliated Physicians & Broward Health Facilities Only except in Emergencies or with approved Medical Exception