	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)** ***ALL SERVICES IN THIS TIER REQUIRE AN EXCEPTION***	**Tier 1** **(Broward Health & Affiliates)**	**Tier 2** **(Aetna Open Access Network)**	**Tier 3** **(Out-of-Network)**
Deductible[1]							
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 Pocket[1]							
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; waiver does not apply to observation admissions) - No coverage for non-emergency use		$300 copay (waived if admitted; waiver does not apply to observation admissions) - No coverage for non-emergency use		20%*		
Ambulance	$300 copay (waived if admitted; waiver does not apply to observation admissions) - No coverage for non-emergency use		$300 copay (waived if admitted; waiver does not apply to observation admissions) - 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	$1,500 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)** ***ALL SERVICES IN THIS TIER REQUIRE AN EXCEPTION***	**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

[1]Tier 1 Deductible and OOP will cross apply with Tier 2

[2]Services will be limited to Broward Health Employed or Affiliated Physicians & Broward Health Facilities Only except in Emergencies or with approved Medical Exception