



# Broward Health®

## Employee Benefits

### RETIREE OPEN ENROLLMENT 2025

Broward Health's Annual Open Enrollment period is October 25th through November 8th, 2024. Effective date for all coverage changes and rates will be January 1st, 2025.

#### What's New!

**AETNA Best Choice EPO** – All services are restricted to Broward Health employed or affiliated providers and Broward Health facilities only, unless an exception is submitted and approved by the Broward Health Exception Committee prior to services being rendered or unless it is a serious emergency.

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

- Existing specialty prescriptions with CVS will be automatically transferred to BHMC.
- Retirees will get access to personalized one-on-one consultation via the new Medication Therapy Management (MTM) Clinic. Appointments can be via a telehealth visit or in-person.
- Medications can be delivered by home delivery service or by pick up at your preferred Broward Health Outpatient Pharmacy locations.
- For additional information please contact the BHMC Outpatient pharmacy @ 954-468-8082 and choose option 3.

#### What's Continuing!

To provide the highest level of health care to our community and access to quality coverage, Broward Health will continue to offer Alight Retiree Health Solutions (ARHS), which provides personalized support and plan options to meet your health care needs best. The Alight Retiree Health Solutions enrollment period is from October 15th to December 7th, 2024.

- If you are Medicare-eligible and enrolled in Broward Health coverage, you may enroll in Alight Retiree Health Solutions.
- A retiree that is grandfathered in the Rule of 80 benefit as of June 30, 2012, may receive a subsidy (\$2,850 for retiree and \$2,150 for eligible spouse) in an individual/joint Health Reimbursement Arrangement (HRA). This HRA may reimburse a portion of your premiums and other eligible out-of-pocket medical expenses. To qualify for the subsidy, you must enroll in an ARHS medical and or prescription drug plan.
- If you elect **not** to enroll in an ARHS medical or prescription drug plan, you can remain on the Broward Health group plan without a subsidy and pay the total budgeted premium cost.

Contact **Alight Retiree Health Solutions at 1.877.216.3709** should you have any questions, or to acknowledge and confirm your appointment. Your one-on-one appointment with a licensed benefits advisor will help you learn about the comprehensive benefit programs and coverage options for you, your spouse, and dependents up to age 26. Hours of operation are Monday – Friday, 9:00 a.m. to 9:00 p.m.

If you are planning on remaining on the Broward Health plans and need to make changes, the Benefits Application Forms must be submitted by December 7th, 2024, to:

Broward Health  
Attn: Benefits Department  
1700 NW 49th Street  
Fort Lauderdale, Florida, 33309

The form may also be faxed securely to 954.888.3686.

**If you are not making any changes to your current plans, your coverage will rollover.**

For More Information or Benefit Applications, please reference: [www.browardhealth.org/benefits](http://www.browardhealth.org/benefits) or contact Marsha Kibler at 954-473-7375 (MKIBLER@browardhealth.org).

Reminder: You are required to inform us if you are legally separated, divorced, or use tobacco. As a result, your monthly health care premiums will be adjusted accordingly.

Due to the Affordable Care Act (ACA), several additional preventive services will be covered in-network with no cost-sharing. These services include diabetes screening (adults 40-70 who are overweight/obese), high blood pressure screening for adults, and tobacco use counseling and interventions. A complete listing of services can be located at [www.browardhealth.org/benefits](http://www.browardhealth.org/benefits).

ACA Rule Section 1557 - Broward Health is committed to providing all eligible employees and retirees health care benefits. Broward Health will never discriminate against any individual regardless of the basis of race, color, national origin, gender, gender identity or gender expression, pregnancy, sexual orientation, religion, age, disability, military status, genetic information, or any other characteristic protected under applicable federal or state law.

### AETNA BEST CHOICE EPO

Aetna Best Choice members can save on copay and coinsurance costs when they use Broward Health employed or affiliated primary care physicians and specialists and utilize Broward Health facilities and services for their health care needs.

- **Tier 1** - Cost-share options only apply to Broward Health employed and affiliated physicians as well as Broward Health facilities and services. Tier 2 cost-sharing utilizes other in-network Aetna providers. There are no Tier 3 (out-of-network) benefits.
- **Tier 1** - To receive cost-share pricing for services, all **labs, imaging, elective surgeries**, and all other services must be done within Broward Health facilities unless an approved exception is received from the Broward Health Exception Committee. If you receive services at another facility without an approved exception, you will bear the **full cost** for such services.
- **Tier 2** - There is no access to the Aetna network or another facility without approval by the Broward Health Exception Committee prior to services being rendered unless it is a serious emergency.

### NON-TOBACCO MEDICAL PREMIUM RATES

AETNA BEST CHOICE EPO**	New Monthly Premium Effective 1/1/25	
	Non-Rule of 80	Rule of 80
<b>Retiree only (or Spouse only):</b>		
• Pre-65	\$741.94	\$143.17
• Post-65*	\$586.13	\$586.13
<b>Retiree &amp; Spouse:</b>		
• Pre-65	\$1,558.07	\$346.59
• Post-65*	\$1,230.88	\$1,230.88
• One Pre-65/One Post-65*	\$1,230.88	\$1,230.88
<b>Retiree &amp; Children:</b>		
• Pre-65	\$1,437.62	\$239.10
• Post-65*	\$1,135.72	\$1,135.72
<b>Family:</b>		
• Pre-65	\$2,393.68	\$499.70
• Post-65*	\$1,891.00	\$1,891.00
• One Pre-65/One Post-65*	\$1,891.00	\$1,891.00

The Aetna Best Choice EPO plan is owned by Broward Health and utilizes the services of our four hospitals and our internal physician network (Tier 1). Although the Aetna network (Tier 2) is available, there is no access to Tier 2 without prior approval by the Exception Committee.

- Deductible= Tier 1 (Broward Health Facilities, physicians, and services) \$500 individual and \$1,000 family. Tier 2 (all other Aetna network providers) \$3,000 individual and \$6,000, family
- Inpatient hospital benefits= (Tier 1) are paid at 100% after \$100 copay OR (Tier 2) 20% co-insurance per-admission
- Outpatient surgery\*\*= (Tier 1) 100% after \$50 copay OR (Tier 2) 20% co-insurance at another facility.
- ER= covered at 100% after a \$300 copay. Copay waived if admitted.
- Lab services\*\*= (Tier 1) \$5 copay OR (Tier 2) 20% co-insurance.
- Diagnostic services-X-Ray, Advanced Imaging\*\*= (Tier 1) \$10 copay OR (Tier 2) 20% co-insurance.
- Rehab services= (Tier 1) \$5 copay OR (Tier 2) \$10 copay.

- There are NO Out-of-network benefits.
- Pre-certification is required for hospital admissions.
- Specialist referrals and diagnostic authorizations are not required.
- Broward Health physician office copay= (Tier 1) BH physician \$0 and BH affiliated physician \$20 OR (Tier 2) 20% co-insurance for a non-Broward Health physician
- Broward Health physician Specialist copay= (Tier 1) BH physician \$0 and BH affiliated physician \$35 OR (Tier 2) 20% co-insurance for a non-Broward Health physician
- RX copays= (Tier 1) \$10 generic/\$30 brand formulary/\$50 brand non-formulary/\$20 specialty at BH pharmacy. RX mail order is available. (Tier 2) \$25 generic/\$75 brand formulary/\$125 brand non-formulary/\$200 specialty all other pharmacies. No change to PrudentRx program.
- In-network out-of-pocket maximum= (Tier 1) is \$2,500.00 for individual coverage and \$5,000.00 for family coverage (Tier 2) is \$6,000.00 for individual and \$12,000.00 for family coverage.

**\*\* Services for Labs, Imaging and Elective Surgeries will be limited to Broward Health employed and affiliated physicians and Broward Health facilities only, except emergencies or with an approved waiver from the Broward Health Exception Committee**

### AETNA SELECT EPO

Retirees enrolled in the Aetna Select – Open Access EPO plan can save on copay and coinsurance costs when using Broward Health employed and affiliated physicians and specialists and when utilizing Broward Health facilities for their health care needs.

#### NON-TOBACCO MEDICAL PREMIUM RATES

AETNA Select (Open Access) (Exclusive Provider Organization) - EPO	New Monthly Premium Effective 1/1/25	
	Non-Rule of 80	Rule of 80
<b>Retiree only (or Spouse only):</b>		
• Pre-65	\$695.51	\$235.70
• Post-65*	\$549.45	\$549.45
<b>Retiree &amp; Spouse:</b>		
• Pre-65	\$1,460.57	\$551.31
• Post-65*	\$1,153.85	\$1,153.85
• One Pre-65/One Post-65*	\$1,153.85	\$1,153.85
<b>Retiree &amp; Children:</b>		
• Pre-65	\$1,347.66	\$385.78
• Post-65*	\$1,064.65	\$1,064.65
<b>Family:</b>		
• Pre-65	\$2,243.88	\$785.59
• Post-65*	\$1,772.66	\$1,772.66
• One Pre-65/One Post-65*	\$1,772.66	\$1,772.66

Aetna Select EPO provides nationwide coverage using in-network providers and facilities only. Broward Health facilities with an internal and affiliated physician network is (Tier 1) and all other Aetna network providers (Tier2).

- Deductible= Tier 1 (Broward Health Facilities, physicians, and services) \$500 individual and \$1,000 family. Tier 2 (all other Aetna network providers) \$3,000 individual and \$6,000, family
- Inpatient hospital benefits= (Tier 1) are paid at 100% after \$100 copay OR (Tier 2) 20% co-insurance per admission
- Outpatient surgery= (Tier 1) 100% after \$50 copay OR (Tier 2) 20% co-insurance.
- ER= covered at 100% after a \$300 copay. Copay waived if admitted.
- Lab services= (Tier 1) \$5 copay OR (Tier 2) 20% co-insurance

- Diagnostic services-X-Ray, Advanced Imaging= (Tier 1) \$10 copay OR (Tier 2) 20% co-insurance.
- Rehab services= (Tier 1) \$5 copay OR (Tier 2) \$10 copay.
- There are NO Out-of-Network benefits
- Specialist referrals and diagnostic authorizations are not required.
- Broward Health physician office copay= (Tier 1) BH physician \$0 and BH affiliated physician \$20 OR (Tier 2) 20% co-insurance for a non-Broward Health physician.
- Broward Health physician Specialist copay= (Tier 1) BH physician \$0 and BH affiliated physician \$35 OR (Tier 2) 20% co-insurance for a non-Broward Health physician.
- RX copays= (Tier 1) \$10 generic/\$30 brand formulary/\$50 brand non-formulary/\$20 specialty at BH pharmacy. Rx mail order is available. (Tier 2) \$25 generic/\$75 brand formulary/\$125 brand non-formulary/\$200 specialty all other pharmacies. No change to PrudentRx program.
- In-network out-of-pocket maximum= (Tier 1) is \$2,500.00 for individual coverage, and \$5,000.00 for family coverage (Tier 2) is \$6,000 for individual and \$12,000 for family coverage.

\*Post-65 retirees are required to be enrolled in Medicare Parts A & B

### DENTAL

RELIANCE STANDARD DENTAL - PPO	New Monthly Premium Effective 1/1/25	
	Non-Rule of 80 Rule of 80 (post-65)	Rule of 80 (Pre-65)
Retiree	\$27.39	\$13.70
Retiree & Spouse	\$56.95	\$28.48
Retiree & Children	\$53.30	\$26.65
Family	\$90.45	\$45.23

The Reliance Standard dental plan offers in-network and out-of-network benefits. In-network, the plan pays 100% for cleanings and x-rays with no deductible required. Other in-network dental services are paid at 50%-80% of the contract allowance rate after a \$50.00 deductible. To locate a dentist in the network, visit [www.reliancestandard.com/dental](http://www.reliancestandard.com/dental) or call **1-800-497-7044**.

AETNA DENTAL - HMO	New Monthly Premium Effective 1/1/25	
	Non-Rule of 80 Rule of 80 (post-65)	Rule of 80 (Pre-65)
Retiree	\$17.32	\$8.66
Retiree & Spouse	\$32.90	\$16.45
Retiree & Children	\$31.14	\$15.57
Family	\$38.33	\$19.17

The Aetna dental plan provides dental coverage for in-network claims only. There are no yearly maximums or deductibles. Copays are required for many procedures such as root canal, crowns, etc. The selection of a primary care dentist is encouraged. To locate a primary care dentist, visit [www.aetna.com](http://www.aetna.com) or call **1-877-245-1813**.

### VISION

AETNA VISION	New Monthly Premium Effective 1/1/25	
	Non-Rule of 80 Rule of 80 (post-65)	Rule of 80 (Pre-65)
Retiree	\$4.41	\$2.21
Retiree & Spouse	\$8.67	\$4.34
Retiree & Children	\$7.91	\$3.96
Family	\$12.17	\$6.09

The Aetna vision plan offers in-network and out-of-network benefits with access to private practice optometrists and national brand optical retailers. The annual vision exam copay is \$15.00. You can log onto [www.aetnavision.com](http://www.aetnavision.com) to find a provider, make an appointment, get claims updates and coverage information or you can call **1-877-9-SEE AETNA (1-877-973-3238)**.