

	Aetna HDHP Plan		
	Tier 1 (Broward Health)	Tier 2 (Aetna)	Tier 3 (Out-of-Network)
<b>Deductible<sup>1</sup></b>			
Individual	\$1,650	\$3,000	\$5,000
Family	\$3,300	\$6,000	\$10,000
<b>Out of Pocket<sup>1</sup></b>			
Individual	\$4,000		\$10,000
Family	\$7,000		\$20,000
<b>Physician Services</b>			
Preventive Care	No charge		40%*
Primary Care	20%*		40%*
Specialist	20%*		40%*
<b>Diagnostic Services</b>			
Lab	20%*		40%*
X-Rays	20%*		40%*
Advanced Imaging	20%*		40%*
<b>Outpatient Surgery</b>			
Facility	20%*		40%*
Physician Services (includes associated physician charges)	20%*		40%*
<b>Emergency Services</b>			
Emergency Room	20%*		
Ambulance	20%*		
Urgent Care	20%*		40%*
<b>Inpatient Hospital</b>			
Facility	20%*		40%*
Physician Services (includes associated physician charges)	20%*		40%*

Aetna Best Choice Plan		Aetna EPO Plan	
Tier 1 (Broward Health)	Tier 2 (Aetna)	Tier 1 (Broward Health)	Tier 2 (Aetna)
\$500	\$3,000	\$500	\$3,000
\$1,000	\$6,000	\$1,000	\$6,000
\$2,500	\$6,000	\$2,500	\$6,000
\$5,000	\$12,000	\$5,000	\$12,000
No charge	No charge	No charge	No charge
Broward: \$0 copay Affiliate: \$20 copay	20%*	Broward: \$0 copay Affiliate: \$20 copay	20%*
Broward: \$0 copay Affiliate: \$35 copay	20%*	Broward: \$0 copay Affiliate: \$35 copay	20%*
\$5 copay	\$5 copay	\$5 copay	\$5 copay
\$10 copay	20%*	\$10 copay	20%*
\$10 copay	20%*	\$10 copay	20%*
\$50 copay	20%*	\$50 copay	20%*
No charge	20%*	No charge	20%*
\$300 copay (waived if admitted)		\$300 copay (waived if admitted)	
\$300 copay		\$300 copay	
\$20 copay	\$20 copay	\$20 copay	\$20 copay
\$100 copay	20%*	\$100 copay	20%*
No charge	20%*	No charge	20%*

<b>Mental Health/Substance Use Services</b>		
Outpatient	100%*	40%*
Inpatient (includes associated physician charges)	20%*	40%*
<b>Other Services</b>		
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%*
Inpatient Rehab	20%*	40%*
Durable Medical Equipment	20%*	40%*
Hospice Services	20%*	40%*
Infusion Therapy	20%*	40%*
Diabetic supplies	20%*	40%*
Prosthetics	20%*	40%*
<b>Pharmacy</b>		
Generic	20%*	40%*
Preferred Brand	20%*	40%*
Non-Preferred Brand	20%*	40%*
Specialty	20%*	40%*
	20%*	40%*

No charge	No charge	No charge	No charge
\$100 copay	20%*	\$100 copay	20%*
10%*	20%*	10%*	20%*
\$25 copay	\$45 copay	\$25 copay	\$45 copay
No charge	No charge	No charge	No charge
\$5 copay	\$10 copay	\$5 copay	\$10 copay
No charge	No charge	No charge	No charge
\$100 copay	\$100 copay	\$100 copay	\$100 copay
\$100 copay	20%*	\$100 copay	20%*
\$25 copay	\$25 copay	\$25 copay	\$25 copay
No charge	10%*	No charge	10%*
Broward: \$0 copay Affiliate: \$35 copay	20%*	Broward: \$0 copay Affiliate: \$35 copay	20%*
No charge	No charge	No charge	No charge
10%*	20%*	10%*	20%*
\$10 copay	\$25 copay	\$10 copay	\$25 copay
\$30 copay	\$75 copay	\$30 copay	\$75 copay
\$50 copay	\$125 copay	\$50 copay	\$125 copay
BHMC Pharmacy: \$20 copay; Prudent Rx: 30%	Other Specialty Pharmacy: \$200 copay; Prudent Rx: 30% coinsurance	BHMC Pharmacy: \$20 copay; Prudent Rx: 30%	Other Specialty Pharmacy: \$200 copay; Prudent Rx: 30% coinsurance

\*After deductible

<sup>1</sup>Tier 1 Deductible and OOP will cross apply with Tier 2, but Tier 2 **will**

<sup>2</sup>Services will be limited to Broward Health Employed or Affiliated services that do not need approval for Best Choice:

Urgent Care

Emergency room

Lab

Mental Health/Substance Use Services

Durable Medical Equipment

Spinal Manipulation

Home Health Care

Rehabilitation

Habilitation Services

Skilled Nursing Care

Inpatient Rehab

Diabetic supplies