

COBRA OPEN ENROLLMENT 2021

Broward Health will conduct its annual **Benefits Open Enrollment** from **November 6th to November 20th, 2020**. This will provide an opportunity for all COBRA participants to learn about our competitive benefit programs and modify coverage for themselves, spouses, and dependents up to age 26. **Benefit elections changes will become effective on January 1, 2021.** Benefit Plan Application/Change form must be submitted to Corporate Benefits no later than Friday, November 20th, 2020 to:

BROWARD HEALTH

Attn: Corporate Benefits Department - Spectrum
 1700 NW 49th Street, Fort Lauderdale, Florida 33309
 Fax: 954-888-3686 or Benefits@browardhealth.org

If you are not making any changes to your current plans, it is not necessary to respond. For questions, please call Corporate Benefits at 954-473-7371 or send email to Benefits@browardhealth.org.

MEDICAL

Aetna Choice® POS II - Best Choice PPO (Preferred Provider Organization)	Monthly Premium Effective 1/1/21
Single	\$586.17
Employee & Spouse	\$1230.96
Employee & Children	\$879.26
Family	\$1817.13

The Aetna Choice POS II plan is owned by Broward Health and utilizes the services of our four hospitals and our internal physician network. The Aetna Choice POS II utilizes the services of our four hospitals and our internal physician network. Inpatient hospital benefits are paid at 100% after \$100 per-confinement co-pay and outpatient surgery is paid at 100% after \$50 co-pay and \$500 co-pay at a POS II network facility. ER is covered at 100% after \$150 co-pay. Services are paid at 100% after a \$5 lab co-pay, a \$10 radiology/diagnostic co-pay or a \$5 rehab co-pay. Out-of-network benefits are paid at 60% of allowable, subject to co-pays and deductibles. Pre-certification is required for hospital admissions. Specialist referrals and diagnostic authorizations are not required. The Broward Health physician office co-pay is \$0 for \$25 for a non Broward Health physician. Broward Health physician Specialist copay is \$0 and \$35 for non-Broward Health physician. RX co-pays are \$10 generic/\$25 brand formulary/\$40 brand non-formulary/\$50 specialty. RX mail order is available. The in-network out-of-pocket maximum for Tier 1 is \$2,000.00 for individual coverage and \$4,000.00 for family coverage and Tier 2 is \$3,000.00 for individual coverage and \$6,000.00 for family coverage.

Aetna Select EPO® (Exclusive Provider Organization)	Monthly Premium Effective 1/1/21
Single	\$561.50
Employee & Spouse	\$1179.16
Employee & Children	\$842.26
Family	\$1740.67

Aetna Select Open Access EPO plan provides nationwide coverage at in-network providers and facilities. Inpatient hospital benefits are paid at 100% after \$750 per-confinement co-pay and Outpatient surgery is paid at 100% after \$350 co-pay. However, a discount is provided for using Broward Health facilities such that Inpatient hospital benefits are paid at 100% after \$250 per-confinement co-pay and Outpatient surgery is paid at 100% after \$100 co-pay. ER is covered at 100% after \$300 co-pay. Diagnostic, lab and radiology services are paid at 90% of the negotiated fee after the plan deductible has been met. There is no out-of-network benefit except for emergencies. Pre-certification is required for hospital admissions. Specialist referrals and diagnostic authorizations are not required. The primary care/mental health physician office visit for Tier 1 Broward Health physician and specialist co-pay is \$0. For Tier 2 non Broward Health physician PCP co-pay is \$25 and specialist is \$35. RX co-pays are \$10 generic/\$30 brand formulary/\$50 brand non-formulary/\$75 specialty. Rx mail order is available. The in-network out-of-pocket maximum is \$2,500.00 for individual coverage and \$5,000.00 for family coverage.

COBRA OPEN ENROLLMENT 2021
MEDICAL (cont.)

Aetna Choice® POS II - HDHP (High Deductible Health Plan)	Monthly Premium Effective 1/1/21
Single	\$554.84
Employee & Spouse	\$1165.17
Employee & Children	\$832.26
Family	\$1720.01
<p><u>Aetna Choice HDHP plan provides nationwide coverage.</u> This plan allows you to use an in-network provider or an out-of-network provider. In-network hospital benefits are paid at 80% of the negotiated fee after the deductible is met and out-of-network inpatient hospital benefits are paid at 60% of the reasonable and customary rate after the deductible is met. The in-network individual deductible of \$1,500.00 and the family deductible of \$3,000.00 must be met before <u>any</u> claims (including RXs) are paid; except for preventive care. Pre-certification is required for hospital admission and high tech procedures. For in-network non-routine office visits, the physician office visit is 20% of the negotiated fee after the deductible is met. Preventive care is paid at 100% and deductible is waived. In-network RX co-pays are 20% of negotiated fee after the deductible is met; except for certain chronic and preventive medicines for which the deductible is waived. The in-network out-of-pocket maximum is \$5,000.00 for individual coverage and \$7,000.00 for family coverage. There are additional out-of-network deductibles and out-of-pocket maximums.</p>	

DENTAL

RELIANCE STANDARD DENTAL- PPO	Monthly Premium Effective 1/1/21
Single	\$23.21
Employee & Spouse	\$48.25
Employee & Children	\$45.15
Family	\$76.61
<p><u>The Reliance Standard dental plan offers in-network and out-of-network benefits.</u> 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 or call 1-800-497-7044.</p>	

AETNA DENTAL - HMO	Monthly Premium Effective 1/1/21
Single	\$16.70
Employee & Spouse	\$31.72
Employee & Children	\$30.03
Family	\$36.96
<p><u>The Aetna dental plan provides dental coverage for in-network claims only.</u> There are no yearly maximums or deductibles. Co-pays are required for many procedures such as root canal, crowns, etc. Selection of a primary care dentist is encouraged. To locate a primary care dentist, visit www.aetna.com or call 1-877-245-1813.</p>	

VISION

AETNA VISION	Monthly Premium Effective 1/1/21
Single	\$4.26
Employee & Spouse	\$8.38
Employee & Children	\$7.65
Family	\$11.77
<p><u>The Aetna vision plan offers in-network and out-of-network benefits with access to private practice optometrists and national brand optical retailers.</u> The annual vision exam co-pay changed to \$15.00. You can log onto 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).</p>	