

## COBRA Open Enrollment 2019

Broward Health will conduct its annual Benefits Open Enrollment from November 5, 2018 to November 16, 2018. This will provide an opportunity for all COBRA participants to learn about our competitive benefit programs and modify coverage for themselves, spouses, dependents up to age 26, and domestic partners. Elections become effective on January 1, 2019. **Benefit Plan Application CHANGE forms must be submitted to: Benefits Department at Broward Health: 1700 NW 49th Street Fort Lauderdale, Florida 33309 or by fax at 954-888-3686, by Friday, November 16, 2018.** If you are not making any changes to your current plans, it is not necessary to respond and your benefits will roll over to the applicable plan(s) for 2019. For more information/enrollment forms please reference: [www.browardhealth.org/benefits](http://www.browardhealth.org/benefits) or contact De Ann Hammond @ 954-473-7371 ([Dhammond@browardhealth.org](mailto:Dhammond@browardhealth.org)).

### MEDICAL

AETNA BEST CHOICE PPO	Monthly Premium Effective 1/1/19
Single	\$534.01
Employee & Spouse/Domestic Partner	\$1,109.79
Employee & Children	\$816.99
Family/ Domestic Partner	\$1,510.91

**New for 2019**, the Best Choice PPO plan will be administered by Aetna. You will receive a new ID card in the mail. The network, co-pays and plan designs will remain the same. Inpatient hospital benefits are paid at 100% after \$100 per-confinement co-pay and outpatient surgery is paid at 100% after \$50 co-pay. ER is covered at 100% after \$75 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. The physician office co-pay is \$20 and \$25 co-pay for specialist visit. Retail RX co-pays are \$10 generic/\$25 brand formulary/\$40 brand non-formulary/\$50 specialty. Co-pays for Mail Order are 2.5 times the retail co-pay. The in-network out-of-pocket maximum is \$2,000.00 for individual coverage and \$4,000.00 for family coverage. Remember, you have the option of filling specialty prescriptions at Broward Health Medical Center's Outpatient Pharmacy subject to CVS/Caremark's prior authorization review for a \$10 co-pay. For more information on the medical plan, visit [aetna.com](http://aetna.com) or call 877-245-1813. If you are currently enrolled in the Best Choice Plus PPO plan and don't make any changes during open enrollment, you will automatically roll over to the Aetna Best Choice PPO plan.

**MEDICAL CONTINUED**

<b>AETNA SELECT EPO</b>	<b>Monthly Premium Effective 1/1/19</b>
Single	\$547.86
Employee & Spouse/ Domestic Partner	\$1,138.61
Employee & Children	\$838.19
Family/ Domestic Partner	\$1,550.15
<p>Aetna provides nationwide coverage at in-network providers and facilities. Inpatient hospital benefits are paid at 100% after \$750 per-confinement co-pay for the Aetna Network or 100% after a \$250 co-pay for a Broward Health facility. Outpatient surgery is paid at 100% after \$350 co-pay for the Aetna Network or 100% after \$100 co-pay at a Broward Health facility. ER is covered at 100% after \$150 co-pay. Diagnostic, lab and radiology services are paid at 90% of the negotiated fee after the plan deductible has been met at a Broward Health facility or 80% within the Aetna network. There is no out-of-network benefit except for emergencies. Pre-certification is required for hospital admissions and high tech procedures. The physician office co-pay is \$25 and the specialist co-pay is \$35. Retail RX co-pays are \$10 generic/\$30 brand formulary/\$50 brand non-formulary/\$75 specialty. Co-pays for Mail Order are 2.5 times the retail co-pay. The in-network out-of-pocket maximum is \$3,000.00 for individual coverage and \$6,000.00 for family coverage. Remember, you have the option of filling specialty prescriptions at Broward Health Medical Center's Outpatient Pharmacy subject to Aetna's prior authorization review for a \$10 co-pay. For more information on the medical plan, visit <a href="http://aetna.com">aetna.com</a> or call 877-245-1813.</p>	
<b>AETNA HDHP</b>	<b>Monthly Premium Effective 1/1/19</b>
Single	\$451.56
Employee & Spouse/ Domestic Partner	\$938.47
Employee & Children	\$690.85
Family/ Domestic Partner	\$1,277.63
<p>Aetna provides nationwide coverage. 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. For more information on the medical plan, visit <a href="http://aetna.com">aetna.com</a> or call 877-245-1813.</p>	

**DENTAL**

<b>RELIANCE STANDARD DENTAL PPO</b>	<b>Monthly Premium Effective 1/1/19</b>
Single	\$21.09
Employee & Spouse/ Domestic Partner	\$43.86
Employee & Children	\$41.04
Family/ Domestic Partner	\$69.65
<p>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. Contact Reliance at 800-497-7044.</p>	

**DENTAL CONTINUED**

AETNA DENTAL DMO	Monthly Premium Effective 1/1/19
Single	\$15.52
Employee & Spouse/ Domestic Partner	\$29.50
Employee & Children	\$27.93
Family/ Domestic Partner	\$34.37

**New for 2019**, the dental plan formerly administered through Safeguard will be administered by Aetna. You will receive a welcome kit in the mail. The co-pays and plan designs will remain the same.

The Aetna DMO dental plan provides dental coverage for in-network claims only. Co-pays are required for many procedures such as root canal, crowns, etc. For more information and to check if your dentist is in the Aetna Dental DMO network, visit [aetna.com](http://aetna.com) or call 877-238-6200. If you are currently enrolled in the Safeguard Dental plan and don't make any changes during open enrollment, you will automatically roll over to the Aetna Dental plan.

**VISION**

AENTA VISION	New Monthly Premium Effective 1/1/19
Single	\$3.29
Employee & Spouse/ Domestic Partner	\$6.48
Employee & Children	\$5.91
Family/ Domestic Partner	\$9.09

**New for 2019**, the vision plan formerly administered through Reliance will be administered by Aetna. You will receive a welcome kit in the mail. The Aetna Vision plan offers in-network and out-of-network benefits with access to private practice optometrists and national brand optical retailers. For more information, visit [aetna.com](http://aetna.com) or call 877-973-3238. If you are currently enrolled in the Reliance Vision plan and don't make any changes during open enrollment, you will automatically roll over to the Aetna Vision plan.