

RETIREE OPEN ENROLLMENT 2020

Broward Health will conduct its annual Benefits Open Enrollment from November 4th to November 15th, 2019. This will provide an opportunity for all eligible retirees to learn about our competitive benefit programs and modify coverage for themselves, spouses and dependents up to age 26. Your elections will become effective on January 1, 2020.

Aetna Best Choice members can see any physician within the Aetna POS II network as well as any Broward Health facility. Note: Although Aetna Best Choice members can see any physician within the Aetna POS II network, they should have all procedures and labs at a Broward Health facility to remain cost effective.

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 whom 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.

ACA Rule Section 1557 - Broward Health is committed to providing all eligible employees and retirees health care benefits and 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.

Benefits Application CHANGE Forms must be submitted to: Broward Health, Benefits Department, 1700 NW 49th Street, Fort Lauderdale, Florida, 33309 by Friday, November 15th, 2019. FAX # is 954-888-3686. If you are not making any changes to your current plans, your coverage will roll over.

For More Information/Change Forms please reference: www.browardhealth.org/benefits or contact Marsha Kibler at 954-473-7375 (MKIBLER@browardhealth.org).

NOTE: 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.

NON TOBACCO MEDICAL PREMIUM RATES

AETNA BEST CHOICE (Preferred Provider Organization) - PPO	New Monthly Premium Effective 1/1/20	
	Non-Rule of 80	Rule of 80
Retiree only: <ul style="list-style-type: none"> • Pre-65 • Post-65* 	\$523.54 \$501.07	\$119.15 \$88.86
Retiree & Spouse: <ul style="list-style-type: none"> • Pre-65 • Post-65* • One Pre-65/One Post-65* 	\$1,088.03 \$1,041.34 \$1,065.56	\$288.45 \$219.24 \$258.16
Retiree & Children: <ul style="list-style-type: none"> • Pre-65 • Post-65* 	\$800.97 \$766.60	\$198.98 \$150.34
Family: <ul style="list-style-type: none"> • Pre-65 • Post-65* • One Pre-65/One Post-65* 	\$1,481.28 \$1,417.72 \$1,458.81	\$415.86 \$317.33 \$385.57
<p>The Aetna Best Choice PPO plan is owned by Broward Health and utilizes the services of our four hospitals, our internal physician network as well as the Aetna POS II 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. 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. The in-network out-of-pocket maximum is \$2,000.00 for individual coverage and \$4,000.00 for family coverage.</p> <p>Aetna Best Choice members will have the option of filling their specialty prescriptions at Broward Health Medical Center's Outpatient Pharmacy subject to CVS/Caremark's prior authorization review. Members who fill their specialty prescription at Broward Health Outpatient Pharmacies will incur a \$10 co-pay.</p>		
AETNA Select (Open Access) (Exclusive Provider Organization) - EPO	New Monthly Premium Effective 1/1/20	
	Non-Rule of 80	Rule of 80
Retiree only: <ul style="list-style-type: none"> • Pre-65 • Post-65* 	\$537.12 \$514.07	\$156.47 \$117.60
Retiree & Spouse: <ul style="list-style-type: none"> • Pre-65 • Post-65* • One Pre-65/One Post-65* 	\$1,116.28 \$1,068.35 \$1,093.23	\$366.02 \$278.96 \$327.15
Retiree & Children: <ul style="list-style-type: none"> • Pre-65 • Post-65* 	\$821.75 \$786.48	\$256.13 \$194.34

***Post-65 rates assume the retiree is Medicare Eligible.**

Family: <ul style="list-style-type: none"> • Pre-65 • Post-65* • One Pre-65/One Post-65* 	\$1,519.75 \$1,454.49 \$1,496.70	\$521.55 \$398.71 \$482.68
<p><u>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 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 primary care/mental health physician office visit 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. The in-network out-of-pocket maximum is \$3,000.00 for individual coverage and \$6,000.00 for family coverage. Aetna members have the option of filling specialty prescriptions at Broward Health Medical Center's Outpatient Pharmacy subject to Aetna's prior authorization review. Members who fill their specialty prescription at Broward Health Outpatient Pharmacies will incur a \$10 co-pay.</u></p>		
AETNA Choice (POS) (High Deductible Health Plan) - HDHP		New Monthly Premium Effective 1/1/20
	Non-Rule of 80	Rule of 80
Retiree only: <ul style="list-style-type: none"> • Pre-65 • Post-65* 	\$442.71 \$423.72	\$17.53 \$10.62
Retiree & Spouse: <ul style="list-style-type: none"> • Pre-65 • Post-65* • One Pre-65/One Post-65* 	\$920.07 \$880.57 \$901.08	\$77.27 \$56.62 \$70.36
Retiree & Children: <ul style="list-style-type: none"> • Pre-65 • Post-65* 	\$677.30 \$648.24	\$43.48 \$30.62
Family: <ul style="list-style-type: none"> • Pre-65 • Post-65* • One Pre-65/One Post-65* 	\$1,252.58 \$1,198.85 \$1,233.59	\$128.31 \$95.95 \$121.40
<p><u>Aetna Choice HDHP plan 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.</u></p>		

***Post-65 rates assume the retiree is Medicare Eligible.**

DENTAL

RELIANCE STANDARD DENTAL - PPO	New Monthly Premium Effective 1/1/20	
	Non-Rule of 80	Rule of 80
Retiree	\$20.68	\$10.34
Retiree & Spouse	\$43.00	\$21.49
Retiree & Children	\$40.24	\$20.13
Family	\$68.28	\$34.15
<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. To locate a dentist in the network visit www.reliancestandard.com/dental or call 1-800-497-7044.</p>		

AETNA DENTAL - HMO	New Monthly Premium Effective 1/1/20	
	Non-Rule of 80	Rule of 80
Retiree	\$15.22	\$7.61
Retiree & Spouse	\$28.92	\$14.45
Retiree & Children	\$27.38	\$13.69
Family	\$33.70	\$16.86
<p>The Aetna dental plan provides dental coverage for in-network claims only. 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	New Monthly Premium Effective 1/1/20	
	Non-Rule of 80	Rule of 80
Retiree	\$3.23	\$1.63
Retiree & Spouse	\$6.35	\$3.19
Retiree & Children	\$5.79	\$2.90
Family	\$8.91	\$4.46
<p>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 co-pay is \$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>		

***Post-65 rates assume the retiree is Medicare Eligible.**