



RETIREE OPEN ENROLLMENT 2023

To provide the highest level of health care to our community and access to quality coverage, Broward Health will continue to offer the Alight Retiree Health Solutions (ARHS), which provides personalized support and plan options to meet your health care needs best.

If you are currently enrolled in the ARHS and receiving the subsidy, that benefit will not change.

We will continue to offer subsidies of \$2,850 for the retiree and \$2,150 for an eligible spouse to Rule of 80 retirees who enroll in the ARHS during the 2023 enrollment period. Please see your Alight communication regarding your Open Enrollment options. The Alight Retiree Health Solutions enrollment period is from October 15th to December 7th, 2022.

Non-Rule of 80 Retirees in the Retiree Group Plan Benefit

- If you are Medicare-eligible, you may enroll in the Alight Retiree Health Solutions. If you choose **not** to enroll in the ARHS, you may enroll in a Broward Health group plan and continue to pay the total budgeted premium cost.

Rule of 80 Retirees in the Retiree Group Plan Benefit

- If you are Medicare-eligible and qualify for the Rule of 80, you may enroll in the Alight Retiree Health Solutions and receive a subsidy (\$2,850 for retiree and \$2,150 for eligible spouse) in an individual/joint Health Reimbursement Arrangement (HRA) from Broward Health to 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, OR
- 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.
- If you are under age 65 and not Medicare eligible or under age 65 and disabled, you may enroll in a Broward Health group plan and continue to pay the employee rate until you reach age 65 and become Medicare eligible.

Please call 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.

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.

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.

If you are planning on remaining on the Broward Health plans and need to make any changes, the Benefits Application Forms must be submitted by -Tuesday, December 6th, 2022, to:

Broward Health
 Attn: Benefits Department
 1800 NW 49th Street
 Fort Lauderdale, Florida, 33309

The form may also be faxed 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 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.

AETNA BEST CHOICE

- Tier 1 cost-share options only apply to Broward Health employed and affiliated physicians as well as Broward Health facilities and services. Other in-network Aetna providers apply to Tier 2 cost-sharing. There are no Tier 3 (out-of-network) benefits.
- To receive Tier 1 cost-share pricing for services, all **labs, imaging, elective surgeries**, and other services must be done within Broward Health facilities unless an approved exception is received from the Broward Health Benefits department. If you receive services at another facility without an approved exception, you will bear the **full cost** for such services.
- Emergency services continue to be covered under the appropriate cost-sharing tier.

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.

NON-TOBACCO MEDICAL PREMIUM RATES

AETNA BEST CHOICE EPO**	New Monthly Premium Effective 1/1/23	
	Non-Rule of 80	Rule of 80
Retiree only (or Spouse only):		
• Pre-65	\$693.66	\$125.15
• Post-65*	\$545.84	\$545.84
Retiree & Spouse:		
• Pre-65	\$1,456.69	\$302.97
• Post-65*	\$1,146.26	\$1,146.26
• One Pre-65/One Post-65*	\$1,146.26	\$1,146.26
Retiree & Children:		
• Pre-65	\$1,040.48	\$209.00
• Post-65*	\$818.76	\$818.76
Family:		
• Pre-65	\$2,150.35	\$436.80
• Post-65*	\$1,692.10	\$1,692.10
• One Pre-65/One Post-65*	\$1,692.10	\$1,692.10

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), as well as the Aetna POS II network (Tier 2)

- Inpatient hospital benefits (Tier 1) are paid at 100% after \$100 and (Tier 2) 100% after \$750 per-admission co-pay
- Outpatient surgery is paid at 100% after \$50 copay (Tier 1) and \$350** copay (Tier 2) at a POS II network facility.
- ER is covered at 100% after a \$150 copay.
- Services are paid at 100% after a \$5 lab co-pay (Tier 1), a \$10** radiology/diagnostic co-pay (Tier 2)
- Rehab is a \$5 copay (Tier 1) or \$10 copay (Tier 2).
- 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 is \$10 (Tier 1) and \$30 (Tier 2) for a non-Broward Health physician.
- Broward Health physician Specialist copay is \$25 (Tier 1) and \$45 (Tier 2) for non-Broward Health physician.
- RX copays are \$10 generic/\$25 brand formulary/\$40 brand non-formulary/30% coinsurance for specialty. RX mail order is available.
- In-network out-of-pocket maximum for Tier 1 is \$2,500.00 for individual coverage and \$5,000.00 for family coverage, and Tier 2 is \$4,000.00 for individual coverage and \$8,000.00 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 Benefits department**

AETNA SELECT EPO

Retirees enrolled in the EPO – Open Access plan can save on copay and coinsurance costs when using Broward Health employed primary care 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 1/1/23	
	Non-Rule of 80	Rule of 80
Retiree only (or Spouse only):		
• Pre-65	\$682.98	\$189.77
• Post-65*	\$540.43	\$540.43
Retiree & Spouse:		
• Pre-65	\$1,434.27	\$443.89
• Post-65*	\$1,134.90	\$1,134.90
• One Pre-65/One Post-65*	\$1,134.90	\$1,134.90
Retiree & Children:		
• Pre-65	\$1,024.47	\$310.62
• Post-65*	\$810.64	\$810.64
Family:		
• Pre-65	\$2,117.25	\$632.52
• Post-65*	\$1,675.33	\$1,675.33
One Pre-65/One Post-65*	\$1,675.33	\$1,675.33

- Aetna provides nationwide coverage at in-network providers and facilities.
- Tier 1 (Broward Health Facilities, physicians, and services) deductible is \$750 individual and \$2,000 family. Tier 2 (all other Aetna network providers) deductible is \$1,000 individual and \$3,000, family
- Inpatient hospital benefits are paid at 100% after \$250 copay for Tier 1 and \$750 copay for Tier 2 per admission
- Outpatient surgery is paid at 100% after \$100 copay Tier 1 and 100% after \$350 copay for Tier 2.
- ER is covered at 100% after a \$300 copay.
- Diagnostic, labs, and radiology services are paid at 90% (Tier 1) and 80% (Tier 2) 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.
- RX co-pays are \$10 generic/\$30 brand formulary/\$50 brand non-formulary/30% specialty. Rx mail order is available.
- The in-network out-of-pocket maximum (Tier 1) is \$3,500.00 for individual coverage, and \$7,000.00 for family coverage (Tier 2) is \$4,000 for individual and \$8,000 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 1/1/23	
	Non-Rule of 80 Rule of 80 (Post-65)	Rule of 80 (Pre-65)
Retiree	\$26.72	\$13.36
Retiree & Spouse	\$55.56	\$27.78
Retiree & Children	\$52.00	\$26.00
Family	\$88.24	\$44.12

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.

AETNA DENTAL - HMO	New Monthly Premium Effective 1/1/23	
	Non-Rule of 80 Rule of 80 (Post-65)	Rule of 80 (Pre-65)
Retiree	\$16.37	\$8.19
Retiree & Spouse	\$31.10	\$15.55
Retiree & Children	\$29.44	\$14.72
Family	\$36.24	\$18.12

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 or call 1-877-245-1813.

VISION

AETNA VISION	New Monthly Premium Effective 1/1/23	
	Non-Rule of 80 Rule of 80 (Post-65)	Rule of 80 (Pre-65)
Retiree	\$4.18	\$2.09
Retiree & Spouse	\$8.22	\$4.11
Retiree & Children	\$7.50	\$3.75
Family	\$11.54	\$5.77

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 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).

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