

Durable Medical Equipment	90%*	80%*	Not Covered
Hospice Services	No charge	90%*	Not Covered
Pharmacy			
Generic	\$10 copay	\$25 copay	Not Covered
Preferred Brand	\$30 copay	\$75 copay	Not Covered
Non-Preferred Brand	\$50 copay	\$125 copay	Not Covered
Specialty	BHMC	Other	Not Covered

90%*	80%*	Not Covered
No charge	90%*	Not Covered
\$10 copay	\$25 copay	Not Covered
\$25 copay	\$62.50	Not Covered
\$40 copay	\$100 copay	Not Covered
BHMC	Other	Not Covered

80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*
80%*	60%*

*After deductible

¹Tier 1 Deductible and OOP will cross apply with Tier 2,

²Services will be limited to Broward Health Employed or Affiliated Physicians and

Red notes 2024 changes