	Aetna EPO Plan			Aetn
	Tier 1 Tier 2		Tier 3	Tier 1
	(Broward		(Out-of-	(Broward
	Health)	(Aetna)	Network)	Health)
Deductible ¹	,		,	,
Individual	\$1,000	\$1,500	Not Covered	\$500
Family	\$2,000	\$3,000	Not Covered	\$1,000
Coinsurance	90%	80%	Not Covered	90%
Out of Pocket'				
Individual	\$3,500	\$5,000	Not Covered	\$2,500
Family	\$7,000	\$10,000	Not Covered	\$5,000
Physician Services				
Preventive Care	No charge	No charge	Not Covered	No Charge
Primary Care	\$10 copay	\$30 copay	Not Covered	\$10 copay
Specialist	\$25 copay	\$45 copay	Not Covered	\$25 copay
Diagnostic Services	000(1)	00044	N 6	.
Lab	90%*	80%*	Not Covered	\$5 copay
X-Rays	90%*	80%*	Not Covered	\$10 copay
Advanced Imaging	90%*	80%*	Not Covered	\$10 copay
Outpatient Surgery				
Facility	\$100 copay	\$400 copay	Not Covered	\$50 copay
Physician Services	No charge	No charge	Not Covered	No charge
Emergency Services				
Emergency Room		\$300 copay	′	
Ambulance	\$300 copay			
Urgent Care	\$20 copay	\$45 copay	Not Covered	\$25 copay
Inpatient Hospital				
Facility	\$250 copay	\$1,000	Not Covered	\$100 copay
Physician Services	No charge	No charge	Not Covered	No charge
Use Services				
Outpatient	No charge	\$45 copay	Not Covered	No charge
Inpatient	\$250	\$750 copay	Not Covered	\$100
Other Services				
Allergy Treatment / Testing	90%*	80%*	Not Covered	90%*
Spinal Manipulation	\$25 copay	\$45 copay	Not Covered	\$25 copay
Home Health Care	No charge	\$10 copay	Not Covered	No charge
Rehabilitation	\$5 copay	\$10 copay	Not Covered	\$5 copay
Habilitation Services	\$5 copay	\$10 copay	Not Covered	\$5 copay
Skilled Nursing Care	\$100	\$200	Not Covered	\$100

	Aetn	Aetna Best Choice Plan			
3	Tier 1	Tier 2	Tier 3		
of-	(Broward	<i>(</i> 1	(Out-of-		
rk)	Health)	(Aetna)	Network)		
ered	\$500	\$1,500	Not Covered		
ered	\$1,000	\$3,000	Not Covered		
ered	90%	80%	Not Covered		
ered	\$2,500	\$5,000	Not Covered		
ered	\$5,000	\$10,000	Not Covered		
	NI - Chara	No Chara	Nat Carand		
ered	No Charge	No Charge	Not Covered		
ered ered	\$10 copay \$25 copay	\$30 copay \$45 copay	Not Covered Not Covered		
ereu	\$23 Copay	\$43 сорау	Not Covered		
ered	\$5 copay	80%*2	Not Covered		
ered	\$10 copay	80%*2	Not Covered		
ered	\$10 copay	80%* ²	Not Covered		
creu	\$10 сорау	0070	Not covered		
_	450	¢ 400	N C. I		
ered	\$50 copay	\$400	Not Covered		
ered	No charge	No charge	Not Covered		
		\$150 copay			
		\$150 copay			
ered	\$25 copay	\$45 copay	Not Covered		
ered	\$100 copay	\$1,000	Not Covered		
ered	No charge	No charge	Not Covered		
ered	No charge	\$45 copay	Not Covered		
ered	\$100	\$750	Not Covered		
ered	90%*	80%*	Not Covered		
ered	\$25 copay	\$45 copay	Not Covered		
ered	No charge	\$10 copay	Not Covered		
ered	\$5 copay	\$10 copay	Not Covered		
ered	\$5 copay	\$10 copay	Not Covered		
ered	\$100	\$200	Not Covered		

Aetna HDHP Plan			
Tier 1	Tier 2	Tier 3	
(Broward		(Out-of-	
Health)	(Aetna)	Network)	
,		,	
\$1,750	\$2,500	\$5,000	
\$3,500	\$5,000	\$10,000	
80)%	60%	
		410.000	
	000	\$10,000	
\$7,	000	\$20,000	
No. al		60%*	
	harge %*	60%*	
	%*	60%*	
00	70	0070	
80	%*	60%*	
	%*	60%*	
	% *	60%*	
80	%*	60%*	
	80%*		
	80%*		
	80%*		
80	%*	60%*	
80	%*	60%*	
80%*		60%*	
80%*		60%*	
80%*		60%*	
80%*		60%*	
80%*		60%*	
80%*		60%*	
80%*		60%*	
80%*		60%*	
80	80%*		

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	' '	Not Covered
Non-Preferred Brand	\$50 copay	\$125 copay	Not Covered
Specialty	ВНМС	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
ВНМС	Other	Not Covered

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

Red notes 2024 changes

^{*}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