

Aetna Best Choice Plan	2022 Current			2023		
	Tier 1 (Broward Health)	Tier 2 (Aetna)	Tier 3 (Out of Network)	Tier 1 (Broward Health)	Tier 2 (Aetna)	Tier 3 (Out of Network)
Deductible*						
Individual	\$250	\$500	Not Covered	\$250	\$1,000	Not Covered
Family	\$500	\$1,500	Not Covered	\$500	\$3,000	Not Covered
Maximum Out of Pocket*						
Individual	\$2,500	\$3,000	Not Covered	\$2,500	\$4,000	Not Covered
Family	\$5,000	\$6,000	Not Covered	\$5,000	\$8,000	Not Covered
Physician Services						
Primary Care	\$10 Copay	\$30 Copay	Not Covered	\$10 Copay	\$30 Copay	Not Covered
Specialist	\$25 Copay	\$45 Copay	Not Covered	\$25 Copay	\$45 Copay	Not Covered
Preventive Care	No Charge		Not Covered	No Charge		Not Covered
Diagnostic Services						
Lab	\$5 Copay	\$10 Copay**	Not Covered	\$5 Copay	20% After CYD**	Not Covered
X-Rays	\$10 Copay	\$25 Copay**	Not Covered	\$10 Copay	20% After CYD**	Not Covered
Advanced Imaging	\$10 Copay	\$150 Copay**	Not Covered	\$10 Copay	20% After CYD**	Not Covered
Outpatient Surgery						
Facility	\$50 Copay	\$500 Copay**	Not Covered	\$50 Copay	\$350 Copay**	Not Covered
Physician Services	No Charge		Not Covered	No Charge		Not Covered
Emergency Services						
Emergency Room		\$150 Copay			\$150 Copay	
Ambulance		10% After CYD			10% After CYD	
Urgent Care	\$25 Copay	\$40 Copay	Not Covered	\$25 Copay	\$45 Copay	Not Covered
Inpatient Hospital						
Facility	\$100 Copay After CYD	\$500 Copay After CYD	Not Covered	\$100 Copay After CYD	\$750 Copay After CYD	Not Covered
Physician Services	No Charge		Not Covered	No Charge		Not Covered
Mental Health / Substance Abuse Services						
Outpatient	No Charge	\$35 Copay	Not Covered	No Charge	\$45 Copay	Not Covered
Inpatient	\$100 Copay After CYD	\$500 Copay After CYD	Not Covered	\$100 Copay After CYD	\$750 Copay After CYD	Not Covered
Other Services						
Allergy Treatment / Testing	10% After CYD	20% After CYD	Not Covered	10% After CYD	20% After CYD	Not Covered
Spinal Manipulation	\$25 Copay	\$45 Copay	Not Covered	\$25 Copay	\$45 Copay	Not Covered
Home Health Care	No Charge	\$10 Copay	Not Covered	No Charge	\$10 Copay	Not Covered
Rehabilitation Services	\$5 Copay	\$10 Copay	Not Covered	\$5 Copay	\$10 Copay	Not Covered
Habilitation Services	\$5 Copay	\$10 Copay	Not Covered	\$5 Copay	\$10 Copay	Not Covered
Skilled Nursing Care	\$100 Copay After CYD	\$200 Copay After CYD	Not Covered	\$100 Copay After CYD	\$200 Copay After CYD	Not Covered
Durable Medical Equipment	10% Coinsurance	20% Coinsurance	Not Covered	10% Coinsurance	20% Coinsurance	Not Covered
Hospice Services	No Charge	10% Coinsurance	Not Covered	No Charge	10% Coinsurance	Not Covered
Pharmacy	Retail	Mail Order		Retail	Mail Order	
Generic	\$10 Copay	\$25 Copay	Not Covered	\$10 Copay	\$25 Copay	Not Covered
Preferred Brand	\$25 Copay	\$62.50 Copay	Not Covered	\$25 Copay	\$62.50 Copay	Not Covered
Non-Preferred Brand	\$40 Copay	\$100 Copay	Not Covered	\$40 Copay	\$100 Copay	Not Covered
Specialty	BHMC Pharmacy: \$20 Copay; PrudentRx: 30% Coinsurance	Other Specialty Pharmacy: \$50 Copay; PrudentRx: 30% Coinsurance	Not Covered	BHMC Pharmacy: \$20 Copay; PrudentRx: 30% Coinsurance	Other Specialty Pharmacy: \$50 Copay; PrudentRx: 30% Coinsurance	Not Covered

* Tier 1 CYD & MOOP will cross apply with Tier 2, but Tier 2 will not cross apply to Tier 1

** Services will be limited to Broward Health Employed or Affiliated Physicians and Broward Health Facilities Only except Emergencies or with HR Authorization