

Aetna EPO 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	\$500	\$750	Not Covered	\$750	\$1,000	Not Covered
Family	\$1,500	\$2,000	Not Covered	\$2,000	\$3,000	Not Covered
Maximum Out of Pocket*						
Individual	\$3,000	\$3,500	Not Covered	\$3,500	\$4,000	Not Covered
Family	\$6,000	\$7,000	Not Covered	\$7,000	\$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	10% After CYD	20% After CYD	Not Covered	10% After CYD	20% After CYD	Not Covered
X-Rays	10% After CYD	20% After CYD	Not Covered	10% After CYD	20% After CYD	Not Covered
Advanced Imaging	10% After CYD	20% After CYD	Not Covered	10% After CYD	20% After CYD	Not Covered
Outpatient Surgery						
Facility	\$100 Copay	\$350 Copay	Not Covered	\$100 Copay	\$350 Copay	Not Covered
Physician Services	No Charge		Not Covered	No Charge		Not Covered
Emergency Services						
Emergency Room	\$300 Copay			\$300 Copay		
Ambulance	10% After CYD			10% After CYD		
Urgent Care	\$20 Copay	\$45 Copay	Not Covered	\$20 Copay	\$45 Copay	Not Covered
Inpatient Hospital						
Facility	\$250 Copay	\$750 Copay	Not Covered	\$250 Copay	\$750 Copay	Not Covered
Physician Services	No Charge		Not Covered	No Charge		Not Covered
Mental Health / Substance Abuse Services						
Outpatient	\$25 Copay	\$45 Copay	Not Covered	\$25 Copay	\$45 Copay	Not Covered
Inpatient	\$250 Copay	\$750 Copay	Not Covered	\$250 Copay	\$750 Copay	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% After CYD	20% After CYD	Not Covered	10% After CYD	20% After CYD	Not Covered
Hospice Services	No Charge	10% After CYD	Not Covered	No Charge	10% After CYD	Not Covered
Pharmacy	Retail	Mail Order		Retail	Mail Order	
Generic	\$10 Copay	\$25 Copay	Not Covered	\$10 Copay	\$25 Copay	Not Covered
Preferred Brand	\$30 Copay	\$75 Copay	Not Covered	\$30 Copay	\$75 Copay	Not Covered
Non-Preferred Brand	\$50 Copay	\$125 Copay	Not Covered	\$50 Copay	\$125 Copay	Not Covered
Specialty	BHMC Pharmacy: \$20 Copay; PrudentRx: 30% Coinsurance	Other Specialty Pharmacy: \$75 Copay; PrudentRx: 30% Coinsurance	Not Covered	BHMC Pharmacy: \$20 Copay; PrudentRx: 30% Coinsurance	Other Specialty Pharmacy: \$75 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