



Find Your Fit



BENEFITS GUIDE

2022

WELCOME TO BROWARD HEALTH!

As a Broward Health employee, you have access to a competitive benefits package designed to provide you and your family with benefits that not only promote a healthier lifestyle, but also protect the people and things that mean so much to you. As you care for our patients and community, Broward Health cares for the wellness and well-being of all our employees.

Broward Health provides a full range of benefits that address your needs now and in the future:

TO YOUR HEALTH

- Medical Insurance
- Prescription Drug Benefits
- Dental Insurance
- Vision Insurance
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Wellness Initiatives

TO YOUR WEALTH

- Health Savings Account
- Flexible Spending Accounts
- Group Life/AD&D/Supplemental Life Insurance
- Disability Insurance
- Legal Insurance
- Identity Theft Protection
- Auto and Homeowners Insurance
- Cash Balance Pension/403(b)/457(b) Retirement Plans

For more information, please review this guide or visit www.BrowardHealth.org/Benefits.

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ENROLLMENT AND ELIGIBILITY

This guidebook has been created to provide employees with valuable benefits-related information for the 2022 Open Enrollment period and for on-going newly hired and rehired employees including employees transferring from per diem to full/part-time, benefits-eligible status.

ENROLLING FOR BENEFITS

Broward Health will conduct its annual Benefits Open Enrollment from October 15th to October 29th, 2021. This will provide an opportunity for all eligible employees to learn about our competitive benefit programs and modify coverage for themselves, spouses, and dependents up to age 26. Your elections will become effective on January 1, 2022, with payroll deductions effective as of January 6, 2022.

For all new hires, rehires, or employees transferring from per diem to full/part-time status, you have 30 days from the date of hire/rehire/transfer to enroll in benefits. You and your dependents are eligible for Broward Health benefits on the first of the month following your date of hire/rehire/transfer.

All employees are strongly encouraged to speak with a Benefits Counselor to elect, change or waive benefits for 2022. If you do nothing your current benefits will be rolled over with the exception of your Flexible Spending Account and Dependent Saving Account Contributions.

There are three ways for employees to enroll:

- 1. On-site (at select locations)** - Make your elections at a laptop computer stations with access to on-site support from a Benefits Counselor during the Open Enrollment period only.
- 2. By phone** - Call the Enrollment Center at **1.888.668.8035**.
- 3. Online** - Available 24/7 via computer, laptop or mobile device (self-service).

For more information, go to www.benefitsquest.com/browardhealth/how-to-enroll.html.

Before you start your enrollment, you will need the following information:

- Full names, birth dates, and social security numbers of your eligible dependents
- Full names of your life insurance beneficiaries

The online enrollment system is available 24/7 at www.BenefitsGo.com/BrowardHealth. Register or log in and follow the prompts to complete your enrollment. When registering, you will be prompted to answer three identity questions:

- Last four digits of your Social Security Number
- Date of birth
- Zip code (home address)

You will then be required to create a new username and password. Do not use your Broward Health login name and password. NOTE: The enrollment site is designed to work with all browsers, however Chrome provides the best user experience.

Follow the on-screen instructions to make your benefit elections. If you are adding dependents, please make sure you highlight and click on the dependent's name when selecting your health plans. Click "Submit" once you have enrolled in your desired benefits or waived your coverage.

You will receive a confirmation statement after completing your enrollment session. Please review it carefully to be sure your elections are noted and are correct. If changes are required, follow the instructions on your confirmation statement.

DEPENDENT ELIGIBILITY

As a general rule, eligible dependents include your:

- Spouse
- Children up to the age 26 (up to the end of the year dependent child turns 26)
- Dependents of current dependents (up to 18 months of age)
- Disabled child dependents of any age with supporting medical certification. **Please contact your Corporate Benefits department for more information.**

Proper documentation must be provided to the Corporate Benefits department **before the end of the enrollment period** for any dependents enrolled in the plans. This includes birth certificates, marriage certificates, and copies of social security cards. Failure to provide this documentation will result in the termination of coverage for the applicable dependent.

Elections made upon hire will remain in effect until the next Open Enrollment period unless you or one of your dependents experience a qualifying life event. **If you experience a qualifying life event, such as the birth or adoption of a child, marriage or divorce, and need to make a change to your benefits, you must contact HR within 30 days of the event.** Please follow up with your regional HR Business Partners for more information or send an email to Benefits@browardhealth.org.

HEALTH SAVINGS ACCOUNT (HSA)

A Health Savings Account allows you to make tax-free contributions to build up protection for current and future health care expenses for you and your dependents. Health Savings Accounts (HSA) are only available to employees enrolled in the Aetna High Deductible Health Plan (HDHP). Beginning January 2022, if you are newly enrolled in the Aetna HDHP, you can receive up to \$900 (for Employee Only/Employee & Child coverage) and up to \$1,800 (for Employee & Spouse/Family coverage) into a Health Savings Account (HSA).

HERE'S HOW IT WORKS:

- Broward Health will automatically set up a Health Savings Account (HSA) for employees enrolled in the Aetna High Deductible Health Plan (HDHP).
- For employees newly enrolled in the Aetna HDHP, Broward Health will contribute \$500 to the HSA (for Employee Only/Employee & Child coverage) and \$1,000 to the HSA (for Employee & Spouse/Family coverage) for the initial enrollment only.
- In addition, Broward Health will contribute \$300 (for Employee Only/Employee & Child coverage) and \$600 (for Employee & Spouse/Family coverage) if the plan members receive a routine annual physical or well visit exam, and an additional \$100 each (Employee or Spouse) for completing a Health Risk Assessment for employees newly enrolled and re-enrolling in the Aetna HDHP. The funds will be posted to your HSA after Broward Health receives a confirmation report from Aetna.
- You can also contribute additional money to your HSA, not to exceed the IRS maximum for the Calendar Year. For 2022, contributions cannot exceed \$3,650 if you are enrolled with Employee Only coverage and \$7,300 if you are enrolled with Employee & Spouse, Employee & Child(ren) or Family coverage. NOTE: IRS maximum includes both Employee and Employer contributions.

These funds can be utilized at any time for qualified health care expenses like doctor's visits, hospital services, or other eligible out-of-pocket medical costs. Even better, if you

don't spend all the money in 2022, you can roll-over these funds to the following year, giving you even more money to assist you with health care costs in the future. The less you use, the bigger your account gets.

This account and available funds are yours to keep, even if you leave Broward Health. This gives you a head start on creating a nest egg for potentially large medical expenses that might come down the road.

TRIPLE TAX ADVANTAGE OF AN HSA:

1. All contributions into your HSA are made before income taxes are calculated. That means you don't pay income tax on the company's contribution or the contributions you make into the account.
2. There is no tax on the interest that accrues in the account.
3. You pay no taxes on the funds you use to pay for eligible medical expenses.

KEYS TO GROWING YOUR HSA:

- Try not to use your Health Savings Account for routine expenses. If you can pay out-of-pocket, leave your HSA funds alone so that they can grow for when you need them in the future. Remember, the money in your HSA is yours, it is your personal or joint account. You keep it if you don't spend it.
- Consider supplemental medical coverage such as Accident Insurance, Critical Illness and Hospital Indemnity so that unexpected injuries or accidents don't wipe away the money in your HSA.
- Monitor your fund's growth. Just like the 403(b) Plan, your HSA funds can earn interest through investments. Make sure your money is growing at an acceptable and safe pace.



DAVID & PATRICK

Active with minor age-related concerns

Age: 28 and 32

Lifestyle: They love to travel and are training for a triathlon.

Medical Status: David is healthy and Patrick suffers from mild depression. They both are non-smokers and plan on adopting a child soon.

Financial Risk Factors: Future illness or injury could be costly.



PLAN OPTION: Since they are young, have no chronic conditions, and only see doctors for preventive care, they are happy with the Aetna High Deductible Health Plan. They are interested in having the least amount of money taken out of their salary each month. Due to their active lifestyle, Accident Insurance would be a smart supplement to their medical plan.



MEDICAL INSURANCE

Aetna Choice® POS II – High Deductible Health Plan (HDHP)

This plan offers in and out-of-network benefits, with low premiums, but higher out-of-pocket costs. For employees newly enrolled in the High Deductible Health Plan (HDHP), Broward Health will contribute up to \$900 (for Employee Only/Employee & Child) and up to \$1,800 annually (for Employee & Spouse/or Family coverage) into an existing/new Health Savings Account (HSA) to assist with eligible out-of-pocket medical costs. Employees who do not spend all the HSA funds in 2022, will be able to roll-over these funds to the following year. For more information, see prior page under Health Savings Account (HSA). The shaded section below highlights the plan changes for Plan Year 2022.

AETNA CHOICE® POS II - HDHP	Tier 1 (Broward Health Employed & Affiliated Physicians and Facilities)	Tier 2 (Aetna Network)	Tier 3 (Out of Network)
Calendar Year Deductible (CYD)			
Individual	\$1,750		\$3,000
Family	\$3,500		\$6,000
Maximum Out of Pocket (MOOP)			
Individual	\$4,000		\$10,000
Family	\$7,000		\$20,000
Physician Services			
Primary Care	20% After CYD		40% After CYD
Specialist	20% After CYD		40% After CYD
Preventive Care	No Charge		40% After CYD
Diagnostic Services			
Lab	20% After CYD		40% After CYD
X-Rays	20% After CYD		40% After CYD
Advanced Imaging	20% After CYD		40% After CYD
Outpatient Surgery			
Facility	20% After CYD		40% After CYD
Physician Services	20% After CYD		40% After CYD
Emergency Services			
Emergency Room		20% After CYD	
Ambulance		20% After CYD	
Urgent Care	20% After CYD		40% After CYD
Inpatient Hospital			
Facility	20% After CYD		40% After CYD
Physician Services	20% After CYD		40% After CYD
Mental Health / Substance Abuse Services			
Outpatient	20% After CYD		40% After CYD
Inpatient	20% After CYD		40% After CYD
Other Services			
Home Health Care	20% After CYD		40% After CYD
Rehabilitation Services	20% After CYD		40% After CYD
Habilitation Services	20% After CYD		40% After CYD
Skilled Nursing Care	20% After CYD		40% After CYD
Durable Medical Equipment	20% After CYD		40% After CYD
Hospice Services	20% After CYD		40% After CYD

MEDICAL INSURANCE

Aetna Open Access Select Best Choice Plan

This plan is a Broward Health self-insured plan, which offers in-network benefits, providing employees maximum savings when utilizing Broward Health facilities and providers. Effective January 1, 2022, Aetna Best Choice PPO plan will no longer offer out of network benefits. Services provided by Broward Health employed or affiliated physicians and at Broward Health facilities will have a lower member cost share compared to services provided using the Aetna Network. All diagnostic services (labs, x-rays, advanced imaging) and all surgical procedures (except in the case of emergencies or with Corporate Benefits pre-authorization) will be limited to Broward Health facilities.** The shaded sections below highlight the plan changes for Plan Year 2022.

AETNA OPEN ACCESS SELECT BEST CHOICE PLAN	Tier 1 (Broward Health Employed & Affiliated Physicians and Facilities)	Tier 2 (Aetna Network)	Tier 3 (Out of Network)
Calendar Year Deductible (CYD)*			
Individual	\$250	\$500	Not Covered
Family	\$500	\$1,500	Not Covered
Maximum Out-of-Pocket (MOOP)*			
Individual	\$2,500	\$3,000	Not Covered
Family	\$5,000	\$6,000	Not Covered
Physician Services			
Primary Care	\$10 Copay	\$30 Copay	Not Covered
Specialist	\$25 Copay	\$45 Copay	Not Covered
Preventive Care	No Charge		Not Covered
Diagnostic Services			
Lab	\$5 Copay	\$10 Copay**	Not Covered
X-Rays	\$10 Copay	\$25 Copay**	Not Covered
Advanced Imaging	\$10 Copay	\$150 Copay**	Not Covered
Outpatient Surgery			
Facility	\$50 Copay	\$500 Copay**	Not Covered
Physician Services	No Charge		Not Covered
Emergency Services			
Emergency Room	\$150 Copay		
Ambulance	10% After CYD		
Urgent Care	\$25 Copay	\$40 Copay	Not Covered
Inpatient Hospital			
Facility	\$100 Copay After CYD	\$500 Copay After CYD	Not Covered
Physician Services	No Charge		Not Covered
Mental Health / Substance Abuse Services			
Outpatient	No Charge	\$35 Copay	Not Covered
Inpatient	\$100 Copay After CYD	\$500 Copay After CYD	Not Covered
Other Services			
Allergy Treatment / Testing	10% After CYD	20% After CYD	Not Covered
Spinal Manipulation	\$25 Copay	\$45 Copay	Not Covered
Home Health Care	No Charge	\$10 Copay	Not Covered
Rehabilitation Services	\$5 Copay	\$10 Copay	Not Covered
Habilitation Services	\$5 Copay	\$10 Copay	Not Covered
Skilled Nursing Care	\$100 Copay After CYD	\$200 Copay After CYD	Not Covered
Durable Medical Equipment	10% Coinsurance	20% Coinsurance	Not Covered
Hospice Services	No Charge	10% Coinsurance	Not Covered

*Tier 1 CYD and 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 Corporate Benefits Authorization.

MEDICAL INSURANCE

Aetna Open Access® Select (EPO)

This plan offers only in-network benefits. Out-of-network benefits are not available under this plan. The EPO plan offers employees the flexibility of a large/nationwide network of facilities and providers. If an employee utilizes a provider/facility out of this network, the employee will be responsible for 100% of all charges incurred. The shaded sections below highlight the plan changes for Plan Year 2022.

AETNA OPEN ACCESS® SELECT (EPO)	Tier 1 (Broward Health Employed & Affiliated Physicians and Facilities)	Tier 2 (Aetna EPO Network)	Tier 3 (Out of Network)
Calendar Year Deductible (CYD)*			
Individual	\$500	\$750	Not Covered
Family	\$1,500	\$2,000	Not Covered
Maximum Out-of-Pocket (MOOP)*			
Individual	\$3,000	\$3,500	Not Covered
Family	\$6,000	\$7,000	Not Covered
Physician Services			
Primary Care	\$10 Copay	\$30 Copay	Not Covered
Specialist	\$25 Copay	\$45 Copay	Not Covered
Preventive Care	No Charge		Not Covered
Diagnostic Services			
Lab	10% After CYD	20% After CYD	Not Covered
X-Rays	10% After CYD	20% After CYD	Not Covered
Advanced Imaging	10% After CYD	20% After CYD	Not Covered
Outpatient Surgery			
Facility	\$100 Copay	\$350 Copay	Not Covered
Physician Services	No Charge		Not Covered
Emergency Services			
Emergency Room	\$300 Copay		
Ambulance	10% After CYD		
Urgent Care	\$20 Copay	\$45 Copay	Not Covered
Inpatient Hospital			
Facility	\$250 Copay	\$750 Copay	Not Covered
Physician Services	No Charge		Not Covered
Mental Health / Substance Abuse Services			
Outpatient	No Charge	\$35 Copay	Not Covered
Inpatient	\$250 Copay After CYD	\$750 Copay After CYD	Not Covered
Other Services			
Allergy Treatment / Testing	10% After CYD	20% After CYD	Not Covered
Spinal Manipulation	\$25 Copay	\$45 Copay	Not Covered
Home Health Care	No Charge	\$10 Copay	Not Covered
Rehabilitation Services	\$5 Copay	\$10 Copay	Not Covered
Habilitation Services	\$5 Copay	\$10 Copay	Not Covered
Skilled Nursing Care	\$100 Copay After CYD	\$200 Copay After CYD	Not Covered
Durable Medical Equipment	10% Coinsurance	20% Coinsurance	Not Covered
Hospice Services	No Charge	10% Coinsurance	Not Covered

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

PRESCRIPTION PLAN

Prescription coverage is included in your medical plan. New this year, PrudentRx will be utilized for those specialty medications with manufacturers coupons or discounts. You will automatically be enrolled in the PrudentRx Program if you are currently taking a medication that is included in the program. As a participating member, you will have a \$0 cost share for these medications. If you choose to opt-out of the PrudentRx Program, you will be responsible for the 30% coinsurance.

All medications designated as a “maintenance” medications can only be filled at a Broward Health Pharmacy, CVS Pharmacy, or CVS Mail Order after two initial 30-day supplies. After that, you must get a 90-day supply only; 30-day scripts for maintenance medications will not be covered. All specialty medications must be filled at a Broward Health Pharmacy or CVS Pharmacy.

AETNA CHOICE® POS II - HDHP	Tier 1 (Broward Health On-site Pharmacies)	Tier 2 (CVS Network)	Tier 3 (Out of Network)
Pharmacy	Retail		Mail Order
Generic	20% After CYD		Not Covered
Preferred Brand	20% After CYD		Not Covered
Non-Preferred Brand	20% After CYD		Not Covered
Specialty	20% After CYD		Not Covered

AETNA OPEN ACCESS SELECT BEST CHOICE PLAN	Tier 1 (Broward Health On-Site Pharmacies)	Tier 2 (CVS Network)	Tier 3 (Out of Network)
Pharmacy	Retail		Mail Order
Generic	\$10 Copay	\$25 Copay	Not Covered
Preferred Brand	\$25 Copay	\$62.50 Copay	Not Covered
Non-Preferred Brand	\$40 Copay	\$100 Copay	Not Covered
Specialty	Non-PrudentRx: \$20 Copay; PrudentRx: 30% Coinsurance	Non-PrudentRx: \$50 Copay; PrudentRx: 30% Coinsurance	Not Covered

AETNA OPEN ACCESS® AETNA SELECT (EPO)	Tier 1 (Broward Health On-Site Pharmacies)	Tier 2 (CVS Network)	Tier 3 (Out of Network)
Pharmacy	Retail		Mail Order
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	Non-PrudentRx: \$20 Copay; PrudentRx: 30% Coinsurance	Non-PrudentRx: \$75 Copay; PrudentRx 30% Coinsurance	Not Covered

CONTROLLING HEALTH CARE COSTS

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:



Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.



Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.



Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.



Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor’s visits and prescription medicines.

If we become more aware consumers, we can each do our part to lower the cost of health care!

DENTAL PLAN

Broward Health offers two Dental Plan options.

- **Dental DMO** plan administered by Aetna uses only in-network providers. The selection of a primary care dentist is encouraged and can be changed at any time. To locate a primary care dentist, visit **Aetna.com** or call **1.877.238.6200**.
- **Dental PPO** plan administered by Reliance Standard. To find network providers near you, visit **<https://www.reliancestandard.com/dental-vision/>**.

NOTE: under this plan you may use the services of any out-of-network dentist; however your out-of-pocket expenses will be higher than if you elect services from a network provider.



	DPPO	DMO
	In-Network	In-Network
Annual Deductible	\$50, waived for Type 1 No family maximum to \$50 waived for Type 1 - 3x family maximum	\$5 office visit copay
Calendar Year Maximum	\$1,250 per person	N/A
Type 1 Procedures (Exams, Cleanings, X-rays)	Covered in full	See Dental Benefits Summary for costs of specific procedures
Type 2 Procedures (Filings and Simple Extractions)	80% coinsurance	See Dental Benefits Summary for costs of specific procedures
Type 3 Procedures (Crowns, Bridgework, Dentures)	50% coinsurance	See Dental Benefits Summary for costs of specific procedures
Orthodontia	50% for you, your spouse, and children under age 26	Screening Exam \$30 Diagnostic Records \$150 Orthodontic Retention \$275
Orthodontia Lifetime Maximum	\$1,500 per person	\$1,045 per person

VISION

VISION PLAN

Aetna will administer the vision plan, providing comprehensive coverage. The Aetna Vision network is contracted through **EyeMed Vision Care, LLC**. Choose from a large selection of providers as well as your favorite retail chains. To determine if your provider is in-network, search www.aetnavision.com.

	AETNA VISION
	In-Network
Eye Examination Copay (once every calendar year)	\$15 copay
Lenses (once every calendar year to purchase either one pair of eyeglass lenses OR one order of contact lenses)	
Single Vision	\$25 copay
Bifocal	\$25 copay
Trifocal	\$25 copay
Lenticular	\$25 copay
Frames (once every two calendar years)	\$130 allowance Additional 20% off the balance over the allowance
Contact Lenses	
Standard Exam	Covered in full
Premium Exam	You pay 90% of retail, less \$40
Conventional Contact Lenses	\$100 allowance Additional 15% off the balance over the allowance
Disposable Lenses	\$100 allowance
Laser Vision Correction	15% off retail price or 5% off promotional price

NOTE: Under this plan you may use the services of any out-of-network provider; however your out-of-pocket expenses will be higher than if you elect services from a network provider.



FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) enable you to put aside money for important expenses and help you reduce your income taxes at the same time. Broward Health offers two types of Flexible Spending Accounts – a **Health Care Flexible Spending Account** and a **Dependent Care Flexible Spending Account**. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

Broward Health partnered with WageWorks, a leading provider of consumer-directed benefits in the United States, as their trusted provider to administer the FSA process and offer our members enhanced benefit solutions. The WageWorks platform provides a variety of reimbursement options (which includes a Health Care debit card and the WageWorks EZ Receipts Mobile App – an enhanced participant website with mobile access and extended customer service hours). For questions/assistance, contact the WageWorks Customer Service Center at **1.866.602.3887**.

HOW FLEXIBLE SPENDING ACCOUNTS WORK

1. Each year during the Open Enrollment period, you will be required to enroll and decide how much to set aside annually for health care and/or dependent care expenses.
2. Your contributions are deducted from your paycheck on a pre-tax basis in equal installments throughout the calendar year.
3. Debit Cards will be issued to all employees enrolled in the Health Care Flexible Spending Account. Employees enrolled in the Dependent Care Flexible Spending Account, will need to submit claims for reimbursement directly online to WageWorks.
4. You can only spend monies in the Dependent Care FSA that are in your available balance.
5. Please note that these accounts are separate – you may choose to participate in one, both, or neither. You cannot use money from the Health Care FSA to cover eligible expenses under the Dependent Care FSA or vice versa.
6. Plan carefully: Normally this is a “use-it or lose-it” benefit with an annual rollover of \$500. **Per IRS Care regulations, for 2021 all remaining funds will be rolled over. This is a temporary benefit until the IRS/DOL ends the pandemic.**

YOU MUST ACTIVELY RE-ENROLL IN EITHER FSA PLAN EACH YEAR. YOU ARE NOT AUTOMATICALLY RE-ENROLLED.

PLAN	ANNUAL MAXIMUM CONTRIBUTION	EXAMPLES OF COVERED EXPENSES
Health Care Flexible Spending Account**	\$2,750	Co-pays, deductibles, orthodontia, over-the-counter medications, etc.*
Dependent Care Flexible Spending Account	\$5,000 (\$2,500 if married and filing separate tax returns)	Day care, nursery school, elder care expenses, etc.*

Eligible dependents include your child or stepchild (under the age of 13); a child of any age who is physically or mentally incapable of caring for themselves; or elderly persons who are financially dependent upon you.

* See IRS Publications 502 and 503 for a complete list of covered expenses.

**If you are enrolled in the HDHP Plan, you will eligible to enrolled in a Limited Purpose Health Care Flexible Spending Account. A Limited Purpose account can be used for Dental and Vision qualified expenses immediately, but not Medical qualified expenses until your deductible is satisfied.

BROWARD HEALTH URGENT CARE CENTER

WE'RE HERE WHEN YOU NEED US

You don't have to drive and wait hours at a hospital to get medical attention. The Broward Health Urgent Care team is standing by ready to assist you and your family when you need immediate attention. Located in Weston, our pediatric and adult urgent care center provides fast, convenient care for minor injuries and illnesses, as well as vision testing, immunizations, and physicals.

We are open daily from 8am until 8pm.

- Backed by Broward Health hospitals
- Board certified physicians and nurse practitioners
- Most insurances accepted
- Seamless transition to Broward Health ERs if needed
- Open 7 days a week
- X-ray capabilities
- Urgent care pricing, NOT hospital pricing
- No appointment needed

In essence, an urgent care is considered the middle ground between a traditional hospital's emergency room and a doctor's office. Here's a guide to help when you're not sure whether to seek treatment at an urgent care center or at a hospital's emergency room. For a life-threatening emergency, call 911 or go the nearest emergency room.

MEDICAL CONDITION/SYMPTOM	URGENT CARE CENTER	EMERGENCY ROOM
Sprains and strains	X	
Ear infection	X	
Urinary tract infection	X	
Rash	X	
Nosebleed	X	
Minor cuts and broken bones (hands, fingers, wrist, toes)	X	
Fever	X	
Sudden or severe pain		X
Abdominal pain		X
Difficulty breathing		X
Signs of stroke		X
Severe/uncontrolled bleeding		X
Broken bone (legs, ribs, skull fracture)	X (intact skin)	X
Unconsciousness		X
Severe injury, burn or shock		X

For more information, visit BrowardHealth.org/UrgentCare.

Broward Health Weston

2300 N. Commerce Parkway

Weston, FL 33326

1.954.217.3200

Hours: 8am - 8pm daily

NEW – ACCIDENT INSURANCE

Major injuries are painful. But the financial impact of the medical treatment doesn't have to be.

The Aflac Group Accident Insurance plan pays benefits directly to you, unless otherwise assigned, if you suffer a covered injury such as a fracture, burn, ligament damage, or concussion. Benefits are paid even if you have other coverage.

The benefit amount is calculated based on the type of injury, its severity, and what medical services are required in treatment and recovery. The plan covers a wide variety of injuries and accident-related expenses, including:

- Injury Treatment (fractures, dislocations, concussions, burns, lacerations, etc.)
- Hospitalization
- Physical Therapy
- Emergency Room Treatment
- Transportation

PLAN FEATURES

-  **Guaranteed-Issue:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire, (with certain stipulations).
-  **Organized Sports Rider:** The benefits payable are increased by 25% if you are injured while playing an organized sport.

For information about costs and claims, please call **1.800.433.3036** or visit **www.AflacGroupInsurance.com** and reference plan #26109.



Wellness Benefit

This plan includes a health screening benefit which provides a \$50 benefit per insured per calendar year for covered health screening tests including a COVID-19 test.



HOW SAM'S AFLAC ACCIDENT INSURANCE WORKS

Sam trips while playing in a basketball league. He gets a concussion and chips a tooth which require a trip to the emergency room and physician follow-up visits.

Fortunately, Sam has Aflac Group Accident Insurance which helps cover the out-of-pocket costs associated with a covered accident, including medical bills, copays and deductibles.

HOW SAM'S ACCIDENT BENEFIT WAS CALCULATED:

Medical Service	Sample Benefit
Emergency Room	\$ 70 (each 24 hour period)
Concussion Benefit	\$ 350
Crown to Repair Broken Tooth	\$ 120
Physician Follow-Up Visits (3)	\$ 225 (\$75 per visit)
Organized Sports Rider	\$ 191.25
Benefit (additional 25%)	

TOTAL SAMPLE BENEFIT \$956.25

This scenario does not reflect the benefits of a specific Accident Insurance plan schedule. The benefits are generic benefits for the purposes of this example to show how the benefit total of an Accident Insurance plan is calculated. The plan offered to you may provide different benefit amounts and may not cover all services. See the plan details for the benefit schedule for the plan offered to you.

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance, administered by Aflac, is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all of the unforeseen expenses associated with a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance you may have.

COVERED ILLNESSES	PAYMENT PERCENTAGES
Cancer (Internal or Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Stroke (Ischemic or Hemorrhagic)	100%
Kidney Failure (End Stage Renal Failure)	100%
Bone Marrow Transplant (Stem Cell Transplant)	100%
Sudden Cardiac Arrest	100%
Major Organ Transplant	100%
Severe Burn*	100%
Coma**	100%
Paralysis**	100%
Non-Invasive Cancer	25%
Coronary Artery Bypass Surgery	25%
Skin Cancer	\$250 per calendar year

PLAN FEATURES

-  You do not have to be terminally ill to receive benefits.
-  Coverage is available for you, your spouse, and dependent children.
-  A Health Screening Benefit is included, which provides a \$50 benefit per insured per calendar year for covered health screening tests including a COVID-19 test (Employee and Spouse only).
-  Coverage is portable – you can take your plan with you if you change jobs or retire (with certain stipulations).

The cost of the benefit varies depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

For information about costs and claims, please call **1.800.433.3036** or visit **AflacGroupInsurance.com** and reference plan #26109.

**This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.*

***These benefits are payable for loss due to a covered underlying disease or a covered accident.*

CRITICAL ILLNESS FAST FACTS

The need for Critical Illness Insurance may be greater than you think. Consider the following:

- In the US, approximately 41 out of 100 men and 39 out of 100 women will develop cancer during their lifetime. (American Cancer Society, 2021 Facts and Figures)
- Someone in the US has a stroke about once every 40 seconds. (Heart Disease and Stroke Statistics, 2021 Update, American Heart Association)
- Every year, more than 795,000 people in the United States have a stroke. About 610,000 of these are first or new strokes. (Heart Disease and Stroke Statistics, 2020 Update, American Heart Association)

HOSPITAL INDEMNITY INSURANCE

The Aflac Group Hospital Indemnity Insurance plan helps with the out-of-pocket costs associated with a covered hospital stay, including benefits for hospital admission, confinement, and intensive care. It provides financial assistance to enhance your current coverage if you are hospitalized due to a covered accident or covered sickness.

If you are admitted into a hospital, it doesn't take long for the out-of-pocket costs to pile up. Hospital Indemnity Insurance pays benefits directly to you, unless otherwise assigned, if you are admitted into a hospital for care due to a covered illness or injury. Benefits are paid even if you have other coverage.

You receive a benefit for admission and then an additional benefit based on the number of days you are confined to the hospital. The benefit increases if you are admitted and confined to an intensive care unit.

You can earn an additional benefit amount if you are admitted, confined, or receive treatment at a Broward Health location.

PLAN FEATURES

-  **Guaranteed Issue:** There are no health questions or physical exams required.
-  **Family Coverage:** You can elect to cover your spouse and children.
-  **Payroll Deduction:** Premiums are paid through convenient payroll deductions.
-  **Portable Coverage:** You can take your policy with you if you change jobs or retire (with certain stipulations).

 Get Financially Fit

HOW HOSPITAL INDEMNITY INSURANCE WORKS

1. You select the Aflac Group Hospital Indemnity plan during Open Enrollment.
2. Later that year, you have a high fever and go to the emergency room.
3. The physician admits you into the hospital.
4. You are released after two days.

The Aflac Group Hospital Indemnity plan pays you **\$1,400**

Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,000), and Hospital Confinement (\$200 per day).

If you receive treatment at a Broward Health location:

The Aflac Group Hospital Indemnity plan pays you **\$2,100**

Amount payable was generated based on benefit amounts for: Hospital Admission (\$1,500), and Hospital Confinement (\$300 per day).

For information about costs and claims, please call **1.800.433.3036** or visit **AflacGroupInsurance.com** and reference plan #26109.

This is a brief product overview only. The plan(s) has limitations and exclusions that may affect benefits payable. Refer to the plan(s) for complete details, limitations, and exclusions. Accident, Critical Illness, and Hospital Indemnity Insurance are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. This is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions. AGC1902719 R1 EXP 8/22

AFLAC VALUE ADDED SERVICES

If you enroll in Aflac Critical Illness and/or Hospital Indemnity Insurance, you have access to these additional services.

MEDICAL BILL SAVER™ FROM HEALTH ADVOCATE

Medical Bill Saver gives you access to skilled negotiators who can help reduce your out-of-pocket costs from medical bills not covered by insurance. And it's as easy as just sending in your bill.

- Send in your medical or dental bills of \$400 or more.
- Your negotiator contacts the provider to try negotiating a discount.
- Once an agreement is made, the provider approves payment terms and conditions.
- Get an easy-to-read, personal Savings Result Statement summarizing the outcome and payment terms.

Start using Medical Bill Saver as soon as your coverage starts by calling **1.855.423.8585**.

PERSONAL WELLNESS

Aflac's online Personal Wellness platform makes it easy to focus on your health. Use any combination of tools available to you at any time:

- **Personal Health Profile** helps you identify your health risks and weak spots through a confidential, online questionnaire.
- **Online Personal Guidance** through a secure web messaging system.
- **Resource Website** with access to wellness workshops, tools and programs, accessible through all devices.
- **Compatibility With Wellness And Fitness Apps** so you can manage and track your goals in one convenient place.
- **Discounted Memberships** to thousands of fitness centers nationwide.

Learn more at HealthAdvocate.com/Aflac or by calling **1.855.423.8585**.

COLLEGE ASSISTANCE PLAN

The College Assistance Plan can help your student graduate on time with less stress and less debt. Tools include:

- **College Roadmaps** – Find roadmaps from ninth grade through college that outline what students should be doing and when, including checklists.
- **College Search** – Learn how to plan, research and put together a strategy that helps you target the right colleges for your student.
- **Net Price Calculators** – Calculate the net price for a single academic year after factoring in scholarships and grants.
- **Negotiation and Appeals** – Gain an understanding of how private colleges offer additional grants and scholarships, plus what to ask for and how.
- **College Selectivity** – Learn how to best select and get admitted to specific colleges.
- **20 Key Financial Mistakes** – Get a detailed explanation of the kinds of costly mistakes to avoid so you can be better educated about paying for college.

Visit Aflac.CollegeAssistancePlan.com/home (password: BHealthCollege) for more information.

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. State availability may vary. Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, North Carolina, South Dakota and Utah.

LIFE AND AD&D INSURANCE

Broward Health provides Basic Life and Accidental Death & Dismemberment (AD&D) Insurance for employees, and offers supplemental voluntary options for employees and their dependents.

BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Broward Health provides eligible employees with Basic Term Life and Accidental Death and Dismemberment coverage at no cost to you and enrollment is automatic.

BASIC TERM LIFE: The benefit is equal to your base annual earnings rounded up to the nearest \$1,000 to a maximum of \$500,000.

ACCIDENTAL DEATH AND DISMEMBERMENT: If you are seriously injured or lose your life in an accident, you/your beneficiary will be eligible for a benefit equal to your Basic Term Life coverage.

SUPPLEMENTAL LIFE INSURANCE

You may also choose to purchase Supplemental Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deduction.

EMPLOYEE: Up to \$500,000 with no medical screening. Up to \$1,000,000 with medical screening. In \$10,000 increments.

SPOUSE: Up to \$50,000 with no medical screening. Up to \$250,000 with medical screening.

CHILDREN: Up to \$10,000 maximum coverage (no medical screening required).

NOTE: You cannot purchase Child coverage without enrolling in Employee or Spouse coverage.

Premium rates for the employee and spouse benefit are based on an employee's age and increase at five year intervals. To view the premium table visit BrowardHealth.org/Benefits.

HOW MUCH LIFE INSURANCE DO YOU NEED?

Many financial experts recommend you have at least five to eight times your household income in life insurance. To calculate the level sufficient to cover your needs, you should consider your current income and how much it costs to maintain your family's standard of living. You should also consider your current expenses and your family's future financial needs such as the following:

Current Expenses

- Home Mortgage
- Car Payments
- Credit Card Debt
- Other Debt

Future Needs

- Child Care
- College Tuition
- Spouse's Retirement
- Routine Household Expenses

After you add your financial responsibilities, how does the sum compare with your current coverage?

DISABILITY INSURANCE

Disability Insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury.

Reliance Standard is the disability vendor and **Matrix Absence Management** administers the claims. For claims information please call **1.800.866.2301**.



SHORT-TERM DISABILITY INSURANCE

Short-Term Disability Insurance replaces a portion of your income if an injury or illness forces you out of work, for an extended period of time. After you are out of work for 18 days you may receive up to 60% of your weekly pay for up to 24 weeks.

LONG-TERM DISABILITY INSURANCE

Broward Health also provides Long-Term Disability Insurance to protect your finances when your disability continues beyond the period covered by the Short-Term Disability Plan. If you are sick and unable to work for more than 180 days, Long-Term Disability pays you up to 60% of your monthly pay. Broward Health pays half the premium, while you pay the other half. You'll pay a small amount of tax on the premium paid by Broward Health. By paying that small amount of tax, the benefits you receive while disabled won't be taxable to you, making the 60% benefit worth much more when you need it most.

NOTE: There are different plan guidelines for Long-Term Disability benefits for Management and Physicians.

Employees must contact Matrix Absence Management to submit claims for Short-Term or Long-Term Disability. Claims are **NOT** processed through Broward Health's Corporate Benefits Department.

RETIREMENT PROGRAMS

Building a healthy financial future is just as important as taking care of your health needs today. Putting money aside for your future is easy with Broward Health Retirement Programs. And with contributions deducted before federal taxes are calculated, there is less of an impact to your take home pay than you might think.

CASH BALANCE PENSION PLAN

The pension is funded by Broward Health and provides a contribution of 5% of your base pay each month (up to IRS limits) towards your retirement. Employee contributions are not required.

Eligible employees are automatically enrolled after one full year of employment and are fully vested after five years of eligible service. You cannot make withdrawals or borrow money from your cash balance pension account.

STAR PLUS RETIREMENT PLANS

The 403(b) Plan

The 403(b) plan allows you to make pre-tax, voluntary contributions toward your retirement at any time. **Effective 1/1/2022, Broward Health will provide a matching contribution of up to 2.4% immediately when you contribute up to 5% of your pay. All benefit eligible employees hired in 2021 will automatically receive the match contribution in January if they are contributing to the 403(b) plan.**

The 457(b) Plan

If you're contributing the maximum to the 403(b) plan, consider putting additional pre-tax dollars into the 457(b) plan.

Create your retirement account online with Fidelity or VALIC.

Fidelity

403(b) Plan #60314

457(b) Plan #65512

1.800.343.0860

NetBenefits.com/BrowardHealth

VALIC

Plan #09091

1.800.448.2542

www.valic.com



OTHER BENEFITS

TUITION ASSISTANCE PROGRAM

The Broward Health Tuition Assistance Program is designed to assist employees in developing themselves for professional growth in their careers with the company. Maximum overall annual reimbursement is \$5,250 tax free per calendar year (for both Tuition and Certification reimbursement). Degree programs must be held at a non-profit, accredited institution and reimbursed in accordance to the following guidelines:

- Associate's degree up to \$105 per credit hour
- Bachelor's degree up to \$200 per credit hour
- Master's degree up to \$370 per credit hour
- Ten credits maximum per semester for full-time staff and seven credits maximum per semester for part-time staff
- Part-time staff are eligible for half of the reimbursement rate

Certification Reimbursement is also offered up to \$500 per calendar year for approved certification exam fees. For more information, contact your regional Human Resources Department or email the Corporate Benefits Department at benefits@browardhealth.org.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program is designed to provide professional help in dealing with personal concerns impacting you and your family at home or at work. You may call for assistance with concerns such as marital conflict, depression, drug and alcohol abuse, grief, children's problems, family budgeting, and legal problems. The EAP is available at **1.954.847.4EAP** to employees and their dependents. Ask your counselor for more details.

ON-CALL TRAVEL ASSISTANCE

If you need assistance while traveling, Broward Health provides 24-hour access to an emergency travel companion for you and your eligible dependents through On Call International. Get help with missing luggage, lost passport, illness, injury, or prescription refill when more than 100 miles from home. Call **1.800.456.3893** in the U.S. or **1.603.328.1966** worldwide.

LEGAL INSURANCE

Legal Insurance provides access to a network of participating attorneys for help with a range of legal matters including wills, family law, consumer protection, real estate matters, and more. Legal Insurance is offered by MetLife Legal for a flat monthly rate of \$15.00. Visit Info.LegalPlans.com and enter access code 9901371 or call **1.954.821.6400** for more information.

IDENTITY THEFT PROTECTION

Identity protection alerts you at the first sign of fraud. Get alerts for credit inquiries, accounts opened in your name, compromised credentials, financial transactions and more. Call **1.855.246.7347** or visit RelianceStandard.com/WalletArmor to enroll.

PET INSURANCE

Health insurance for the other members of our family (cats and dogs only). With Pet Insurance, you will have peace of mind knowing you can get help with some of your pet's medical bills including treatments and surgeries. Pet Insurance is offered by Nationwide. To enroll visit PetInsurance.com/BrowardHealth or call **1.877.738.7874**.

NEW – AUTO AND HOME INSURANCE

This voluntary program is offered as a direct bill plan to employees. Depending on your individual circumstances, automobile and homeowners insurance may be discounted up to 10%. You are eligible to enroll in Auto and Home Insurance at any time throughout the year. For more information, visit www.myautohome.farmers.com or call Farmers Insurance **1.800.438.6381** or Liberty Mutual **1.800.730.6975**.

WELLNESS PROGRAMS

NUTRITION RESOURCES

Healthy eating options are offered at regional medical centers. Nutritional information posted on food choices supports wellness and weight management.

WELLNESS RESOURCES

On-site wellness centers offer convenient and affordable access to help you get in shape or maintain a healthy lifestyle.

Visit MyPlace on the Intranet under News for “Being Healthy Starts With Me” postings of monthly wellness events.



SEMINARS

Educational seminars on health and wellness topics, including mind-body wellness issues, financial wellness, stress management, child and elder care information are provided by EAP and Employee Health Services.

EMPLOYEE HEALTH

Regional Employee Health centers offer free vaccines for employees, including the seasonal Influenza vaccine and Tdap (tetanus, diphtheria, and pertussis), health screenings, wellness information, and education for healthy living and disease prevention.

Also take advantage of the free preventive care services offered for all employees and covered dependents enrolled in any of the Broward Health/Aetna medical plans.

ON-SITE RETAIL PHARMACY

On-site retail pharmacies provide fast, convenient, and affordable services to fill and pick up your prescriptions, over-the-counter medicines, vitamins, or other health care items.

TOBACCO FREE/HEALTHY LIFESTYLE

Discounted premiums are available for all employees and spouses/partners who do not utilize tobacco products. Additionally, smoking cessation programs are available at various locations. To learn more, contact EAP at

1.954.847.4EAP.

CONTACT INFORMATION

BENEFIT	PHONE	WEBSITE
Aetna Dental DMO	1.877.238.6200	www.aetna.com
Aetna Medical	1.877.245.1813	www.aetna.com
Aetna Vision (through EyeMed Vision Care)	1.877.973.3238	www.aetnavision.com
Aflac Group Accident, Critical Illness & Hospital Indemnity Insurance	1.800.433.3036	www.aflacgroupinsurance.com
Broward Health Benefits Department	1.954.473.7371	https://employee.BrowardHealth.org
Broward Health Credit Union	1.954.625.3660	www.bhcfcu.org
Broward Health Employee Assistance (EAP)	1.954.847.4327 1.800.343.2186	https://employee.BrowardHealth.org/pages/eap
CVS Caremark Pharmacy	1.866.260.4646	www.caremark.com/startnow
Farmers Auto and Home Insurance	1.800.438.6381	www.myautohome.farmers.com
Fidelity Investments 403(b) Plan #60314, 457(b) Plan #65512	1.800.343.0860	www.netbenefits.com/BrowardHealth
Liberty Mutual Auto and Home Insurance	1.800.730.6975	www.libertymutual.com
MetLife Legal (access code 9901371)	1.954.821.6400	www.info.legalplans.com
Nationwide Pet Insurance	1.877.738.7874	www.petinsurance.com/BrowardHealth
PayFlex Health Savings Account Administrator	1.888.678.8242	www.payflex.com
Reliance Standard Dental PPO	1.800.497.7044	https://www.reliancestandard.com/dental-vision/
Reliance Standard STD/LTD (Matrix Absence Management)	1.800.866.2301	https://customercare.rsli.com/contact/
Reliance Standard Supplemental Life Insurance	1.800.351.7500	https://customercare.rsli.com/contact/
Reliance Standard Travel Assistance	1.800.456.3893 1.603.238.1966	https://customercare.rsli.com/contact/
Reliance Standard WalletArmor ID Theft Protection	1.855.246.7347	www.reliancestandard.com/walletarmor
The Work Number (Employment Verification)	1.800.367.5690	www.theworknumber.com
VALIC/AIG (Plan #09091) - 403(b)/457(b)	1.800.448.2542	www.valic.com
WageWorks Flexible Spending Accounts Administrator	1.866.602.3887	www.wageworks.com

