

Aetna Best Choice Plan	2021			2022		
	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	\$150	\$500		\$250	\$500	Not Covered
Family	\$400	\$1,500		\$500	\$1,500	Not Covered
Maximum Out of Pocket						
Individual	\$2,000	\$3,000	No Limit	\$2,500	\$3,000	Not Covered
Family	\$4,000	\$6,000	No Limit	\$5,000	\$6,000	Not Covered
Physician Services						
Primary Care	No Charge	\$25 Copay	40% After CYD	\$10 Copay	\$30 Copay	Not Covered
Specialist	No Charge	\$35 Copay	40% After CYD	\$25 Copay	\$45 Copay	Not Covered
Preventive Care	No Charge		40% After CYD	No Charge		Not Covered
Diagnostic Services						
Lab	\$5 Copay	\$10 Copay	40% After CYD	\$5 Copay	\$10 Copay*	Not Covered
X-Rays	\$10 Copay	\$25 Copay	40% After CYD	\$10 Copay	\$25 Copay*	Not Covered
Advanced Imaging	\$10 Copay	\$150 Copay	40% After CYD	\$10 Copay	\$150 Copay*	Not Covered
Outpatient Surgery						
Facility	\$50 Copay	\$500 Copay	40% After CYD	\$50 Copay	\$500 Copay*	Not Covered
Physician Services	No Charge		40% After CYD	No Charge		Not Covered
Emergency Services						
Emergency Room	\$150 Copay			\$150 Copay		
Ambulance	10% After CYD			10% After CYD		
Urgent Care	\$20 Copay	\$40 Copay	40% After CYD	\$25 Copay	\$40 Copay	Not Covered
Inpatient Hospital						
Facility	\$100 Copay After CYD	\$500 Copay After CYD	40% After CYD	\$100 Copay After CYD	\$500 Copay After CYD	Not Covered
Physician Services	No Charge		40% After CYD	No Charge		Not Covered
Mental Health / Substance Abuse Services						
Outpatient	No Charge	\$35 Copay	40% After CYD	No Charge	\$35 Copay	Not Covered
Inpatient	\$100 Copay After CYD	\$500 Copay After CYD	40% After CYD	\$100 Copay After CYD	\$500 Copay After CYD	Not Covered
Other Services						
Allergy Treatment / Testing	10% After CYD	20% After CYD	40% After CYD	10% After CYD	20% After CYD	Not Covered
Spinal Manipulation	No Charge	\$35 Copay	40% After CYD	\$25 Copay	\$45 Copay	Not Covered
Home Health Care	No Charge	\$10 Copay	40% After CYD	No Charge	\$10 Copay	Not Covered
Rehabilitation Services	\$5 Copay	\$10 Copay	40% After CYD	\$5 Copay	\$10 Copay	Not Covered
Habilitation Services	\$5 Copay	\$10 Copay	40% After CYD	\$5 Copay	\$10 Copay	Not Covered
Skilled Nursing Care	\$100 Copay After CYD	\$200 Copay After CYD	40% After CYD	\$100 Copay After CYD	\$200 Copay After CYD	Not Covered
Durable Medical Equipment	10% Coinsurance	20% Coinsurance	40% After CYD	10% Coinsurance	20% Coinsurance	Not Covered
Hospice Services	No Charge	10% Coinsurance	40% After CYD	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: \$10 Copay	Other Specialty Pharmacy: \$50 Copay	Not Covered	BHMC Pharmacy: \$20 Copay; PrudentRx: 30% Coinsurance	Other Specialty Pharmacy: \$50 Copay; PrudentRx: 30% Coinsurance	Not Covered

* Services will be limited to Broward Health employed or affiliated physicians and Broward Health facilities only except emergencies or with Benefits authorization.