

BROWARD HEALTH 2012 Benefits At A Glance (BAG)

Plan Feature	Aetna Choice POS II (High Deductible Plan) Health Fund		Open Acces Aetna Select (EPO)	Best Choice Plus (PPO)	
	In Network	Out of Network	In Network Only	In Network	Out of Network
Annual Deductible					
-Single	\$1,500	\$3,000	\$150	\$150	\$150
-Family	\$3,000	\$6,000	\$450	\$400	\$400
Annual Out-of-Pocket Limits					
-Single	\$5,000	\$10,000	\$2,000	\$2,000	None
-Family	\$10,000	\$20,000	\$4,000	\$4,000	None
Primary Care Provider or Specialist Office Visit*	80% after deductible	60% after deductible	\$20 co-pay PCP or \$30 co-pay for Specialist	100% after \$20 co-pay	60% after deductible
Inpatient Hospital*	80% after Deductible	60% after deductible	100% after \$250 co-pay.	100% after \$100 co-pay	60% after \$500 co-pay
Other Services					
- Diagnostic	80% after Deductible	60% after deductible	90% after deductible	\$5.00 lab co-pay/\$10.00 imaging/diagnostic co-pay	60% after deductible
- Surgery O/P	80% after Deductible	60% after deductible	100% after \$100 co-pay	100% after \$50 co-pay	60% after deductible
Preventive care					
- Well Care	100%	60% after deductible	100%	100%	60% after deductible
- Adult/Child					
Emergency Room	80% after deductible	80% after deductible	100% after \$75 co-pay	100% after \$50 co-pay	60% after deductible**
Prescription Drugs Retail					
Generic/Brand/Out of Formulary/Specialty	80% after Deductible	Covered at 60% after deductible	\$10/ \$30/ \$50/ \$75 co-pay	\$10/ \$25/ \$40 / \$50 co-pay	None
- Mail Order RX	80% after deductible	None	Co-pays are 2.5 times Retail	Co-pays are 2.5 times Retail	None
Maternity	Same as physician office visit and inpatient admit as noted above				
Student Coverage	Students may choose a PCP in the area in which they reside.	60% after deductible	Students may choose a PCP in the area in which they reside.	Students who use the BH network are subject to in-network benefits	Student coverage outside of local area is limited/ Emergency** only. Benefits paid 60% after deductible
Vision Benefits					
- Eye Exam	100% no deductible.	60% after deductible	\$30 co-pay	\$20 co-pay	Limited reimbursement
- Materials	Discounts Only	Not covered	Discounts only	Discounts only	Limited reimbursement
PT/OT/Speech/Rehab	80% after deductible/60 visits per year	60% after deductible/60 visits per year	90% after deductible/60 visits per year	\$5.00 co-pay/60 visits per year	60% after deductible/60 visits per year

This material is for informational purposes only; it is neither an offer of coverage, nor medical advice. It contains only a partial description of benefits.

*Note other services may be subject to deductible, co-pay or co-insurance.

**Note emergency will be paid as "in-network" for true life/limb emergency visit.