

2018 Open Enrollment Overview

The School Board of Broward County, Florida



The District is pleased to offer you a new plan option for 2018. The Premier Choice HSA plan is a High-Deductible Health Plan (HDHP) that features the lowest premium of all plan options in exchange for a higher deductible. The plan comes with a Health Savings Account (HSA) that is a tax-advantaged fund that helps you save and pay for health care expenses. **This plan replaces the Consumer-Driven Health Plan.**

We're also happy to offer a new pharmacy program that will help you save on your long-term prescriptions. The Maintenance Choice program allows you to obtain a 90-day supply of maintenance medicines through mail order or by picking it up at a CVS/pharmacy™ near you. This program is for maintenance medicines, which are those used on a regular basis to manage conditions such as asthma, diabetes, high blood pressure or high cholesterol. You'll pay the same cost share for a 90-day supply as you would for a 60-day supply. It's like getting a month free!

Your Aetna health plan provides more than just medical and prescription drug coverage. The plan includes resources you need to be a smart health care consumer and the programs to help you be your healthiest. The real value of a health plan is how it works for you and your family. Your Aetna plan will help you make the most of your health and wellness benefits.

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2018 SBBC plan options at a glance

Note: changes to the Premier Plus and Premier plans for 2018 are bolded.

Plan	Premier Plus (Open Access Aetna Select)	Premier (Open Access Aetna Select)	Premier Choice (Choice POS II) <i>This plan replaces the Consumer-Driven plan</i>		Kids Enhanced (Open Access Aetna Select)	Kids Basic (Open Access Aetna Select)
	In Network	In Network	In Network	Out of Network	In Network	In Network
HSA Contribution						
	N/A	N/A	\$500 Individual \$1,000 Family		N/A	N/A
Deductible						
Individual	\$250	\$500	\$2,500	\$5,000	None	\$300
Family	\$500	\$1,000	\$5,000	\$10,000	None	All plan members must meet the individual deductible
Coinsurance	10%	20%	30%	50%	None	20%
Out-of-Pocket Maximum						
Individual	\$2,000 Medical \$4,500 Pharmacy	\$2,500 Medical \$4,500 Pharmacy	\$6,600	\$13,200	\$1,264 Medical \$5,000 Pharmacy	\$1,500 Medical \$5,000 Pharmacy
Family	\$4,000 Medical \$9,000 Pharmacy	\$5,000 Medical \$9,000 Pharmacy	\$13,200	\$26,400	\$2,528 Medical \$10,000 Pharmacy	\$3,000 Medical \$10,000 Pharmacy
Preventive Care						
	Covered 100%	Covered 100%	Covered 100%; deductible waived	50% after deductible	Covered 100%	Covered 100%; deductible waived
Office Visit	\$25 copay	\$25 copay	30% coinsurance after deductible	50% after deductible	\$15 copay	\$15 copay; deductible waived
Specialist Visit	\$45 copay	\$45 copay	30% coinsurance after deductible	50% after deductible	\$15 copay	\$30 copay; deductible waived
Teladoc®	\$25 copay	\$25 copay	30% coinsurance after deductible	Not covered	\$15 copay	\$15 copay; deductible waived
Urgent Care	\$40 copay	\$45 copay	30% coinsurance after deductible	50% after deductible	\$15 copay	\$30 copay; deductible waived
Emergency Room	\$300 copay	\$350 copay	30% coinsurance after deductible	Same as in-network care	\$250 copay	\$250 copay; deductible waived
Outpatient Medical Care						
Diagnostic Services (e.g., MRI, CT Scan, PET Scan)	At hospital, \$150 copay; at freestanding facility, \$45 copay	At hospital, 20% coinsurance after deductible; at freestanding facility, 20% coinsurance after deductible	30% coinsurance after deductible	50% after deductible	\$20 copay	At hospital, 20% coinsurance after deductible; at freestanding facility, \$30 copay, deductible waived
Outpatient Surgery	At hospital, \$250 copay; at ambulatory surgical center, \$50 copay	At hospital, 20% coinsurance after deductible; at freestanding facility, 20% coinsurance after deductible	30% coinsurance after deductible	50% after deductible	\$50 copay	At hospital, 20% coinsurance after deductible; at ambulatory surgical center, \$100 copay, deductible waived
Outpatient PT/ST/OT (visit limits apply)	\$25 copay	\$25 copay	30% coinsurance after deductible	50% per visit after deductible	\$5 copay	At hospital, 20% coinsurance after deductible; at freestanding facility, \$30 copay, deductible waived

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	In Network	In Network	In Network	Out of Network	In Network	In Network
Hospital						
Inpatient	\$250 copay per admission	20% coinsurance after deductible; maternity \$200 copay (no deductible or coinsurance for maternity inpatient benefits)	30% coinsurance after deductible	50% after deductible	\$100 copay per day for the first 5 days, per confinement; thereafter 100%	20% coinsurance after deductible
Mental Health/Alcohol & Substance Abuse						
Mental Health Care	At hospital, \$250 copay; outpatient, \$25 copay	At hospital, 20% coinsurance after deductible; outpatient, \$25 copay	30% coinsurance after deductible	50% after deductible	At a hospital, \$100 copay for the first 5 days, per confinement; outpatient, \$15 copay	At hospital, 20% coinsurance after deductible; outpatient, \$30 copay, deductible waived
Alcohol & Substance Abuse	At hospital, \$250 copay; outpatient, \$25 copay	At hospital, 20% coinsurance after deductible; outpatient, \$25 copay	30% coinsurance after deductible	50% after deductible	At a hospital, \$100 copay for the first 5 days, per confinement; outpatient, \$15 copay	At hospital, 20% coinsurance after deductible; outpatient, \$30 copay, deductible waived
Durable Medical Equipment	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	50% after deductible	\$15 copay	No copay
Insulin/Diabetic Supplies	No copay	No copay	Applicable Pharmacy Tier copay	50% after deductible plus \$10/\$45/\$75 copay	No copay	No copay
Infertility (Comprehensive Infertility & ART)	40% coinsurance (maximum of 3 cycles per member, per lifetime)	20% coinsurance, after deductible (maximum of \$6,000 per member, per lifetime)	Not covered	Not covered	Not covered	Not covered
Pharmacy (Value Open Formulary)						
Retail	\$6/10/50/75 copay	\$10/50/75 copay	\$10/45/75, after deductible	50% after deductible plus \$10/45/75 copay	\$10/50/75 copay	\$10/50/75 copay
Mail	\$6/10/100/150 copay	\$10/100/150 copay	\$20/90/150, after deductible	Not covered	\$10/50/75 copay	\$10/50/75 copay
CVS Maintenance Choice (90-day supply at retail)	\$6/10/100/150 copay	\$10/100/150 copay	\$20/90/150, after deductible	N/A	\$10/50/75 copay	\$10/50/75 copay

Note: These are benefits at a glance and provided for information only; it does not contain complete details of the Plan which are available only in the Summary Plan Description and it does not constitute an Agreement.

Introducing the new Premier Choice HSA plan

The District is pleased to announce a new plan option will replace the Consumer-Driven Health Plan (CDHP) for 2018. Premier Choice is a High-Deductible Health Plan (HDHP) that has in- and out-of-network benefits and uses the same Aetna Choice® POS II network as the CDHP. The higher deductible is offset with the lowest premium of all your plan options. Premier Choice also comes with a Health Savings Account (HSA).

A Health Savings Account is a tax-advantaged fund that you can use to help pay your share of eligible health care expenses — like your deductible. You control when to use the money in your account. You can even make it part of your future financial strategy.

You may add to it through payroll deductions, up to the IRS maximum. Then, you decide whether to use your HSA balance toward current eligible expenses, or to let it grow and save it for future expenses — even into retirement. You may use your HSA dollars to pay for medical, dental, vision and other qualified health care services that are not covered under your medical and dental plans.

You can manage your Health Savings Account securely online with PayFlex. You'll be able to check your balance, submit a reimbursement claim and more. You can use your PayFlex Card® to pay for eligible expenses on the spot — like at the pharmacy or dentist's office. After you enroll, PayFlex will send you a welcome kit to explain the details.

Questions?
We're here to help.

Aetna Member Services	1-800-562-7822 8 a.m. to 6 p.m. aetna.com
Aetna Pharmacy and Mail-Order Program Customer Service	1-888-792-3862 24/7
SBBC Onsite Representatives	954-858-3262 8:30 a.m. to 4:30 p.m.
Broward County Public Schools Benefits Office	754-321-3100 8:30 a.m. to 5 p.m.

TTY: 711

To access language services at no cost to you, call 1-800-562-7822.

Para acceder a los servicios de idiomas sin costo, llame al 1-800-562-7822. (Spanish)

如欲使用免費語言服務，請致電 1-800-562-7822。 (Chinese)

Plan coverage is offered by your employer, with administrative services only provided by Aetna Life Insurance Company (Aetna). Health insurance plans are administered by Aetna Life Insurance Company. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

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