



By Your Side

2025 Open Enrollment Resource Guide

Broward County Public Schools



Open Enrollment

October 1–25, 2024

Open Enrollment is your time to make benefits choices and changes. It is a great time to evaluate your personal and family health, think about your current benefits elections and consider whether they will continue to meet your needs in the year ahead.

Get to know your plan options — how they work, what they cost and what they cover.

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Premier Choice HSA Plan

Premier Choice is a High-Deductible Health Plan (HDHP) that has In and Out-of-Network benefits. The higher deductible is offset with the lowest premium of all your plan options. Premier Choice also comes with a Health Savings Account (HSA).

The HSA is Your Money

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

Broward County Public Schools (BCPS) sets up the account and contributes to it each year. Board contribution is not applicable for Retirees and COBRA Participants. Also, you may contribute to the account through payroll deductions, up to the IRS maximum. Then, you can decide whether to use your HSA balance toward current eligible expenses or let it grow and save it for future expenses — even into retirement.

Use your HSA dollars to pay for medical, dental, vision and other qualified health care services that are not covered under your Medical, Dental and Vision Plans. See IRS Publication 502 for a complete list of qualified expenses.

2025 HSA Contribution Limits

The chart below shows the contributions BCPS will make, based on your elected health plan coverage, along with the amount you can contribute, up to the IRS maximum. If you are age 55 or older, you can make an extra \$1,000 “catch-up” contribution.

Premier Choice Enrollment Level	BCPS' Annual Contribution	Your Maximum Annual Contribution	2025 IRS Calendar-Year Maximum
Individual	\$500	\$3,800	\$4,300
Family	\$1,000	\$7,550	\$8,550

An HSA Has Triple Tax Advantages:

- 1. Your Contributions** — When you make contributions to an HSA, those dollars are deducted from your paycheck before taxes. This reduces your taxable income, thus saving you money.
- 2. Your Withdrawals** — You can use the money you have contributed to reimburse yourself, tax free for eligible health care expenses that you normally incur.
- 3. Interest Earned** — Your HSA is an interest-bearing account with investment options available once the balance reaches \$1,000. You pay no taxes on your earnings.

Take Your Account with You

There is no “use-it-or-lose-it” rule with your HSA. It is your account and any unused dollars remain yours, even if you leave the plan or BCPS. Your HSA dollars will be available to pay for qualified health care expenses in the future for you and your eligible dependent(s).

Eligibility for an HSA

By law, you cannot contribute to an HSA if you are:

- Not covered by a qualified high-deductible health plan
- Covered by a second health plan, such as a spouse's health care plan
- Eligible to be claimed as a dependent on another person's tax return
- Enrolled in TRICARE®
- Enrolled in Medicare



Compare an HSA with a Health Care Flexible Spending Account (FSA)

If you are already familiar with the tax advantages of an FSA, here is a comparison to the HSA.

	HSA	Health Care FSA
Is a health plan required?	Yes	No
Use it or lose it?	No	Yes
Take it with you?	Yes	No
Are contributions taxed?	No	No
Is earned interest taxed?	No	An FSA does not earn interest
Are withdrawals for qualified expenses taxed?	No	No
Who can contribute?	You, your family and your employer	You

2025 SBBC Plan Options at a Glance

Plan	Premier Plus (Open Access Aetna Select SM)	Premier (Open Access Aetna Select)	Premier Choice (Choice POS II)		Kids Basic (Open Access Aetna Select)	Kids Enhanced (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		N/A	N/A
			\$1,000 family			
Deductible						
Individual	\$250	\$500	\$2,500	\$5,000	\$300	None
Family	\$500	\$1,000	\$5,000	\$10,000	All plan members must meet the individual deductible	None
Coinsurance	10%	20%	30%	50%	20%	None
Out-Of-Pocket Maximum						
Individual	\$2,000 medical \$4,500 pharmacy	\$2,500 medical \$4,500 pharmacy	\$6,600	\$13,200	\$1,500 medical \$5,000 pharmacy	\$1,264 medical \$5,000 pharmacy
Family	\$4,000 medical \$9,000 pharmacy	\$5,000 medical \$9,000 pharmacy	\$13,200	\$26,400	\$3,000 medical \$10,000 pharmacy	\$2,528 medical \$10,000 pharmacy
Preventive Care						
	Covered 100%	Covered 100%	Covered 100%; deductible waived	50% after deductible	Covered \$100; deductible waived	Covered 100%
Office Visit	\$25 copay	\$25 copay	30% coinsurance after deductible	50% after deductible	\$15 copay; deductible waived	\$15 copay
Specialist Visit	\$45 copay	\$45 copay	30% coinsurance after deductible	50% after deductible	\$30 copay; deductible waived	\$15 copay
Teladoc Health	\$25 copay	\$25 copay	30% coinsurance after deductible	Not covered	\$15 copay; deductible waived	\$15 copay
Urgent Care	\$40 copay	\$45 copay	30% coinsurance after deductible	50% after deductible	\$30 copay; deductible waived	\$15 copay
Emergency Room	\$300 copay	\$350 copay	30% coinsurance after deductible	Same as in-network care	\$250 copay; deductible waived	\$250 copay
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	At hospital, 20% coinsurance after deductible; at freestanding facility, \$30 copay, deductible waived	\$20 copay
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	At hospital, 20% coinsurance after deductible; at ambulatory surgical center, \$100 copay, deductible waived	\$50 copay
Outpatient PT, ST or OT (Visit Limits Apply)	\$25 copay	\$25 copay	30% coinsurance after deductible	50% per visit after deductible	At hospital, 20% coinsurance after deductible; at freestanding facility, \$30 copay, deductible waived	\$5 copay

Plan	Premier Plus (Open Access Aetna Select SM)	Premier (Open Access Aetna Select)	Premier Choice (Choice POS II)		Kids Basic (Open Access Aetna Select)	Kids Enhanced (Open Access Aetna Select)
	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	20% coinsurance after deductible	\$100 copay per day for the first 5 days, per confinement; thereafter 100%
Mental Health/Alcohol and 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 hospital, 20% coinsurance after deductible; outpatient, \$30 copay, deductible waived	At a hospital, \$100 copay for the first 5 days, per confinement; outpatient, \$15 copay
Alcohol and 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 hospital, 20% coinsurance after deductible; outpatient, \$30 copay, deductible waived	At a hospital, \$100 copay for the first 5 days, per confinement; outpatient, \$15 copay
Durable Medical Equipment	10% coinsurance after deductible	20% coinsurance after deductible	30% coinsurance after deductible	50% after deductible	No copay	\$15 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 and 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 (Standard 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
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.

The Aetna® vision discount is included in the Kids' Plans.



Aetna® Provider Networks/ID Cards

Your 2025 health plan options will be supported by the following provider networks.

Premier Plus, Premier, Kids Basic and Kids Enhanced Plans

These plans use the Open Access Aetna SelectSM network.

You can visit any doctor in the network without ever needing a referral. You do not have to choose a Primary Care Physician (PCP); however, it may be beneficial because a PCP can help direct your care. In addition, you may pay less out-of-pocket when you see a PCP. You must use network providers in order for the plan to provide coverage and help pay for care.

Premier Choice Plan

This plan uses the Aetna Choice[®] POS II network.

When it comes to doctors, this Health Plan provides you with options. You may select a PCP from the Aetna network because a PCP can help guide your care.

You may visit any doctor from the Aetna network — no referral is needed. You can also go to a doctor outside the network without a referral. **If the doctor is not a part of the Aetna network, you may have to obtain approval from Aetna before receiving certain services, file your own claims and pay more out-of-pocket.**



ID Cards: changes and updates

Aetna plan members will receive one (1) ID Card listing up to five (5) family members, if applicable. Aetna ID Cards are mailed in December, so you should have yours in hand before the plan year begins.

After January 1, 2025, members will be able to register on the website at **Aetna.com** to access and print a temporary ID Card and request additional or replacement ID Cards. Use the **Contact Us** link on any page.



Two (2) preferred national labs: Quest Diagnostics[®] and LabCorp[®]

Make sure your lab is in-network. There is an easy way to save on out-of-pocket costs: getting lab work done utilizing the in-network labs. You can save big on lab services with your health plan. Get your testing done at either of the two (2) national labs, Quest Diagnostics or LabCorp.



Plan Information at Your Fingertips

As an Aetna[®] Health Plan Member, you will get smart tools and resources at no extra cost.

Aetna Member Website

Your secure member website — after you enroll, register at **Aetna.com**. Then log in anytime to:

- Confirm who is covered under your plan
- Check the status of claims and view Explanation of Benefits (EOB) statements
- Locate network providers
- Estimate costs of care before you go
- Access the Health Assessment and Wellness Programs that are part of your plan

Aetna HealthSM App

Download the Aetna Health App to access all the features of your member website on the go. You can:

- Use fingerprint log-in to make signing in a breeze
- Pull up a digital copy of your Aetna ID Card
- Search for network doctors and facilities
- View your personal health record
- Send a text or click to call Aetna

Find a Provider

The online provider search tool lets you find in-network providers, including specialists, walk-in clinics and urgent care centers, and hospitals. To see if your doctor is in the Aetna network:

1. Visit **Aetna.com** and choose **Find a doctor**.
2. Under Guests, click **Plan from an employer**.
3. Under Continue as a guest, enter your ZIP code.
4. When asked to Select a Plan, scroll to Aetna Select[®] (Open Access) or Aetna Choice[®] POS II (Open Access) and click on the desired network.
5. Click Continue. Use the open text box to search for a specific provider. For example, Dr. Gordon in Fort Lauderdale, or search by category of care. You can then learn more about specific doctors when you click on their names.

Cost Estimator Tool*

Get actual costs of procedures and treatments using providers and facilities in your area. This tool factors in your plan details like your remaining deductible and your copay or coinsurance.

You can review and compare average cost ranges for over 30 common medical procedures at specific facilities. You can also compare costs for up to 10 doctors or hospitals at a time.

*Estimated costs are not available in all markets or for all procedures. Actual costs may differ for a number of reasons, including if additional or different services are performed by the doctor or facility at the time of your visit and/or if additional claims/member payments are processed before the actual claim is received.



Prescription Drug Benefits



Prescription drug coverage is included with all health plans. See the chart on pages 4 and 5 for benefits details.

How to get your prescriptions filled:

Short-Term Prescriptions (up to 30-day supply)

You will be able to fill short-term prescriptions (up to a 30-day supply) at participating retail pharmacies. These include both chain (CVS Pharmacy®, Publix®, Target®, Walgreens®) and local pharmacies. Once you are a member, log in at [Aetna.com](https://www.aetna.com) to find participating pharmacies near you.

Long-Term Prescriptions (up to 90-day supply)

Getting 90-day refills for the drugs you take regularly is easier than ever with the Maintenance Choice® Program. You have four (4) ways to get your refills and all choices are the same low price:

- CVS Caremark® Mail Service Pharmacy can deliver your 90-day supply to your home. It will arrive in private, secure packaging, and it is easy to track your order online.
- You can pick it up at your local CVS Pharmacy (including those inside Target stores).
- Call the Customer Care number on your Member ID Card. Customer Care will contact your doctor for a new prescription and handle all the details.
- You can order it online by logging in at [Aetna.com](https://www.aetna.com) and selecting **Manage Prescriptions**.



How to opt out

You can opt out of the Maintenance Choice® Program for all of your maintenance medications. Just let us know that you would like to continue to fill your 30-day supply at your retail pharmacy. When you do, you will pay the regular retail copay for your 30-day supply. If we do not hear from you, you will pay the full cost of your maintenance medications on the third fill.

Call us anytime to opt out of the program and continue filling 30-day supplies.

We are here for you at **1-888-RX AETNA**
(1-888-792-3862) (TTY: 711).





Aetna Dental® Plans



Continue your journey to better health with an Aetna Dental Plan. Open Enrollment is the perfect time to consider more ways to become your best you.

Great Choices for Your Best Smile

BCPS offers the following Aetna Dental Plan options to employees and their families:

- DHMO Basic
- DHMO Enhanced
- PPO Basic
- PPO Enhanced

No matter which plan you choose, you will be able to find providers, schedule appointments and get cost estimates by logging in at **Aetna.com**.

A Healthier Body Starts with Dental Health

The right preventive dental care does more than keep teeth and gums healthy — it can also keep your whole body healthy. During a dental exam, your dentist can spot gum disease, as well as signs of other health conditions, such as oral cancer, diabetes and heart disease.

As an Aetna Dental Plan Member, you get more than just coverage for regular dental exams. You also get unique integration with your Aetna Medical Plan, which can offer certain members extra benefits.



Vision Benefits



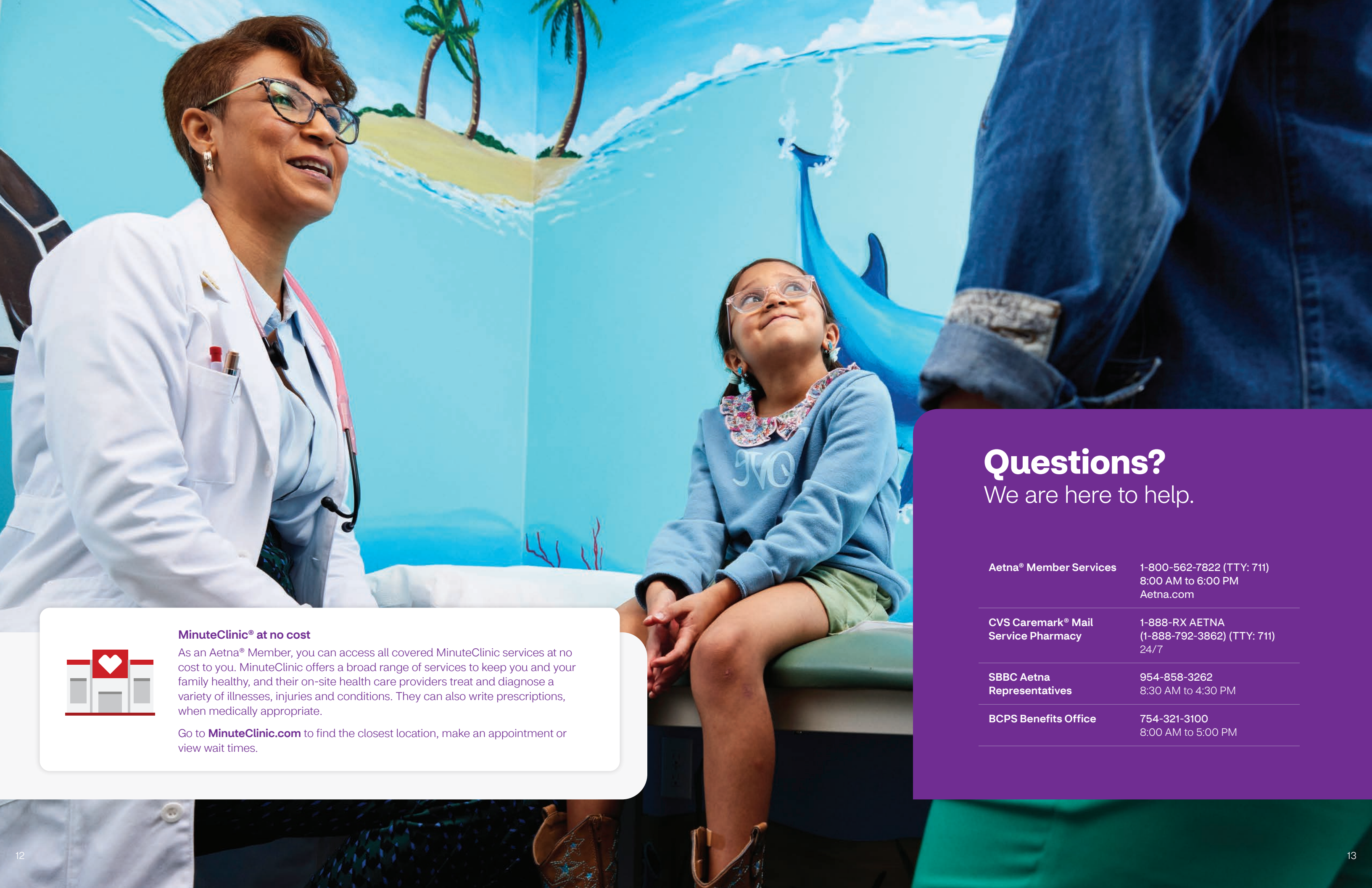
BCPS will continue to offer employees the option to enroll in the Aetna VisionSM Preferred Plan. This plan offers coverage for eye exams, glasses, contact lenses and more. You will also get discounts on eyeglasses, LASIK surgery, contact lenses, nonprescription sunglasses, contact lens solutions and other eye care accessories.

Go Almost Anywhere You Want for Eye Care

You can see any eye care provider of your choice, in or out of the network. Remember, in-network providers will cost you less. The Aetna® network is extensive, so you will easily find a provider in your area. Visit **AetnaVision.com** to find one (1) near you.

Convenience and Flexibility

Many of our providers are independent eye doctors. For added convenience, you can also get eye exams and eyewear at top retail providers: LenCrafters®, Pearle Vision®, Target® and JCPenney Optical®. You can also shop online to order your glasses at Glasses.com® and contacts at ContactsDirect®. The choice is yours. In addition, you can even get your exam at one (1) provider and eyewear at another.



MinuteClinic® at no cost

As an Aetna® Member, you can access all covered MinuteClinic services at no cost to you. MinuteClinic offers a broad range of services to keep you and your family healthy, and their on-site health care providers treat and diagnose a variety of illnesses, injuries and conditions. They can also write prescriptions, when medically appropriate.

Go to **MinuteClinic.com** to find the closest location, make an appointment or view wait times.

Questions?

We are here to help.

Aetna® Member Services	1-800-562-7822 (TTY: 711) 8:00 AM to 6:00 PM Aetna.com
CVS Caremark® Mail Service Pharmacy	1-888-RX AETNA (1-888-792-3862) (TTY: 711) 24/7
SBBC Aetna Representatives	954-858-3262 8:30 AM to 4:30 PM
BCPS Benefits Office	754-321-3100 8:00 AM to 5:00 PM

If you need language assistance, please call the Aetna® Member Services at **1-800-562-7822 (TTY: 711)**, and a representative will connect you with an interpreter. If you have a hearing impairment use your TTY and dial 711 for the Telecommunications Relay Service. Once connected, please enter or provide the Aetna telephone number you are calling.

Si usted necesita asistencia lingüística, por favor llame al número de Servicios al Miembro que figura en su tarjeta de identificación de Aetna, y un representante de Aetna le conectará con un intérprete. Si usted es sordo o tiene problemas de audición, use su TTY y marcar 711 para el Servicio de Retransmisión de Telecomunicaciones (TRS). Una vez conectado, por favor entrar o proporcionar el número de teléfono de Aetna que está llamando.

Health benefits plans contain exclusions and limitations. 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. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Aetna receives rebates from drug manufacturers that may be taken into account in determining the CVS Caremark® — Pharmacy Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are not insured benefits. The member is responsible for the full cost of the discounted services. Aetna may receive a percentage of the fee you pay to the discount vendor. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna plans.