

By Your Side

2027 Benefits Enrollment Resource Guide

Broward County Public Schools

aetna®

Open Enrollment

October 1–23, 2026

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.

What's Inside

2 Premier Choice HSA Plan
4 2027 SBBC Plan Options at a Glance
6 Aetna® Provider Networks/ID Cards
7 Plan Information at Your Fingertips
8 Prescription Drug Benefits
10 Aetna Dental® Plans
11 Vision Benefits
13 Contact Information

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna).

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.

2027 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	2027 IRS Calendar-Year Maximum
Individual	$500	$4,000	$4,500
Family	$1,000	$8,000	$9,000

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

2027 SBBC Plan Options at a Glance

Plan	**Premier Plus** (Open Access Aetna Select℠)	**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 $1,000 family		N/A	N/A
Deductible						
Individual	**$350**	**$700**	$2,500	$5,000	$300	None
Family	**$700**	**$1,400**	$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	**$2,500 medical** $4,500 pharmacy	**$3,000 medical** $4,500 pharmacy	$6,600	$13,200	$1,500 medical $5,000 pharmacy	$1,264 medical $5,000 pharmacy
Family	**$5,000 medical** $9,000 pharmacy	**$6,000 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 **after deductible**	**$35** copay **after deductible**	30% coinsurance after deductible	50% after deductible	$15 copay; deductible waived	$15 copay
Specialist Visit	$45 copay **after deductible**	**$60** copay **after deductible**	30% coinsurance after deductible	50% after deductible	$30 copay; deductible waived	$15 copay
CVS Virtual Care®	$0 copay	$0 copay	30% coinsurance after deductible	Not covered	$0 copay; deductible waived	$0 copay
Urgent Care	$40 copay **after deductible**	$45 copay **after deductible**	30% coinsurance after deductible	50% after deductible	$30 copay; deductible waived	$15 copay
Emergency Room	$300 copay **after deductible**	$350 copay **after deductible**	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 **after deductible;** at freestanding facility, $45 copay **after deductible**	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 **after deductible;** at ambulatory surgical center, $50 copay **after deductible**	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 **after deductible**	**$35** copay **after deductible**	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℠)	**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 **after deductible**	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 **after deductible;** outpatient, $25 copay **after deductible**	At hospital, 20% coinsurance after deductible; outpatient, **$35** copay **after deductible**	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 **after deductible;** outpatient, $25 copay **after deductible**	At hospital, 20% coinsurance after deductible; outpatient, **$35** copay **after deductible**	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) **after deductible**	20% coinsurance, after deductible (maximum of $6,000 per member, per lifetime)	Not covered	Not covered	Not covered	Not covered
Pharmacy (Standard Formulary)						
Retail	**$15/25/75/120** copay	**$20/75/120** copay	$10/45/75 after deductible	50% after deductible plus $10/45/75 copay	$10/50/75 copay	$10/50/75 copay
Mail	**$15/25/150/240** copay	**$20/150/180** copay	$20/90/150 after deductible	Not covered	$10/50/75 copay	$10/50/75 copay
Maintenance Choice® (90-day Supply at Retail)	**$15/25/150/240** copay	**$20/150/180** 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 2027 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 Select℠ 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**.



Insurance ID Cards for 2027

- If you recently made plan selections as a New Hire, you will receive an ID Card in the mail.
- If you made plan changes during Open Enrollment, for example you moved from Premier Plus to Premier, you will receive a new ID Card in the mail in the month of December.
- If you did not make any plan changes during Open Enrollment, your current benefits and ID Card remain active for 2027. No new card will be mailed.

After January 1, 2027, members will be able to register on the website at **Aetna.com** to access and print their ID Card(s).

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 Health℠ 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, 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 Don't have a member account, click **Plan through 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.

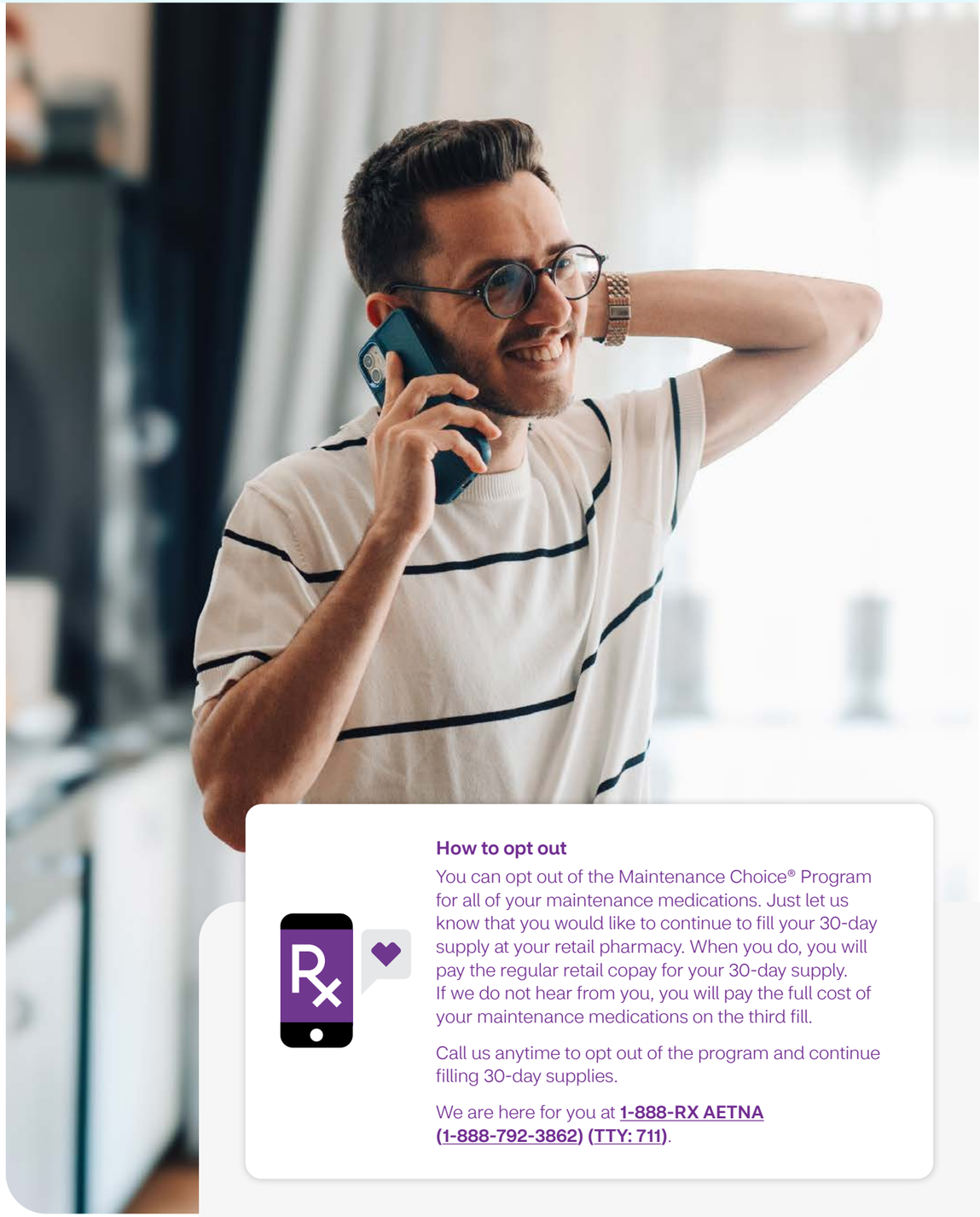
Prescription Drug Benefits



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 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 and selecting **Manage Prescriptions**.



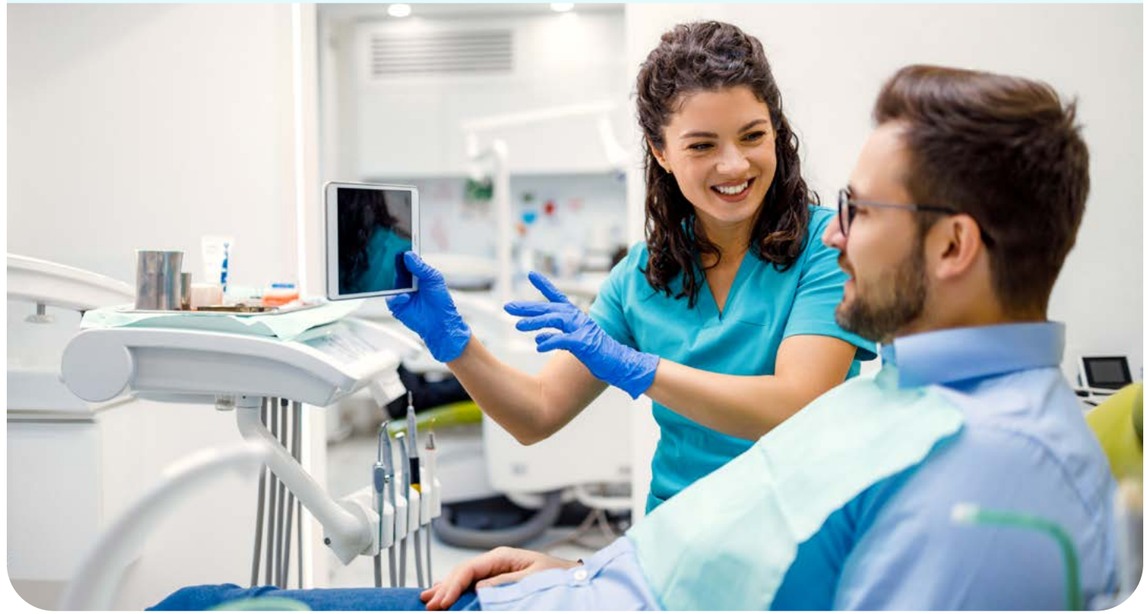
How to opt out

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 Vision℠ 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.

New for the 2027 plan year, members who visit an Aetna Vision℠ Preferred PLUS provider can get more benefits, including a $0 eye exam copay and additional $50 frame allowance. Look for the “PLUS Provider” mark when you search for a provider at **AetnaVision.com**.

You can also combine your vision plan benefits with AVP PLUS special offers, including:

- Up to $100 off a complete pair purchase at LensCrafters® or Pearle Vision®
- Up to $50 off a complete pair purchase at Target Optical®

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: LensCrafters®, Pearle Vision® and Target®. In addition, Aetna offers Mobile Vision Services.

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.

CVS Virtual Care®

From everyday illness to chronic conditions to mental health support, CVS Virtual Care can help.

- Most mental health visits are available within two weeks
- 24/7 virtual visits with a licensed provider for minor illnesses and injuries
- When needed, coordinate in-person care at MinuteClinic® locations* or in-network provider clinics

MinuteClinic®

Aetna® members can access MinuteClinic for a variety of illnesses, injuries and conditions. On-site health care providers can also write prescriptions, when medically appropriate.

Aetna members with non-HSA plans can also use MinuteClinic for walk-in services with applicable co-pays, based on the services provided.

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

Low-cost services:

- Asthma and allergies
- Bronchitis and upper respiratory infections
- Insect stings
- Sore throats and ear infections
- Minor cuts, blisters and wounds
- Dermatitis, rash and skin irritations

Standard cost services:

- Medication administered at visit
- Labs that are sent to a third-party lab
- Prescriptions filled at the pharmacy

*MinuteClinic® in-person services are not included with this product and are subject to plan benefit. For a list of participating walk-in clinics, use our online provider search tool. Includes select MinuteClinic services. Not all MinuteClinic services are covered or may be covered at negotiated contract rates. Not available in all states. Walk-in appointments aren't guaranteed. Online scheduling recommended. Check your plan documents for more detail. Members enrolled in the Premier Plus and Premier plans must meet their deductible before receiving covered primary care or non-preventive services at a copay. Members enrolled in the Premier Choice plan must meet their deductible and their out-of-pocket maximum before receiving covered primary care or non preventive services at no cost-share. Subject to change.



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

For your best health, we encourage you to have a relationship with a primary care physician or other doctor. Tell them about your visit to MinuteClinic®, or MinuteClinic can send a summary of your visit directly to them.

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 linguistica, por favor llame al numero de Servicios al Miembrol que figura en su tarjeta de identificacion de Aetna, y un representante de Aetna le conectara con un interprete. Si usted es sordo o tiene problemas de audicion, use su TTY y marcar 711 para el Servicio de Retransmision de Telecomunicaciones (TRS). Una vez conectago, por favor entrar o proporcionar el numero de telefono de Aetna que esta llamando.

Pharmacy benefits are administered through an affiliated pharmacy benefits manager, CVS Caremark®. CVS Caremark® Mail Service Pharmacy, Aetna® and MinuteClinic, LLC are part of the CVS Health® family of companies. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services. CVS Virtual Care services are only available in the USA. Limitations may apply based on services and location. Controlled substances not prescribed. Members enrolled in the Premier Plus and Premier plans must meet their deductible before receiving covered primary care or non-preventive services at a copay. Members enrolled in the Premier Choice plan must meet their deductible and their out-of-pocket maximum before receiving covered primary care or non preventive services at no cost-share. Adolescent mental health services are limited to Counseling only; Mental Health Medication Management and Psychiatry services remain available only for adults 18+. Refer to **Aetna.com** for more information about Aetna® plans.

Aetna.com

MOD SBBC-80533 (9/26) ©2026 Aetna Inc.

aetna®