

School Board of Broward County, Florida
LEAVES MONTHLY INSURANCE RATES
Effective: JANUARY 1, 2018

AETNA HEALTH PLANS	EMPLOYEE	1 DEPENDENT	2 or MORE DEP	EXCESS
Aetna Premier HMO	\$565.56	\$610.92	\$1,073.26	\$0.00
Aetna Premier Plus HMO	\$654.77	\$693.29	\$1,218.65	\$0.00
Aetna Premier Choice HSA	\$471.58	\$405.54	\$801.67	\$0.00
AETNA KIDS PLAN	1 CHILD	2 CHILDREN	3 + CHILDREN	
Aetna Kids Plan Basic (0 - 4)	\$477.36	\$954.74	\$1,432.10	
Aetna Kids Plan Basic (5 - 26)	\$207.55	\$415.11	\$622.66	
Aetna Kids Plan Enhanced (0 - 4)	\$799.28	\$1,598.57	\$2,397.86	
Aetna Kids Plan Enhanced (5 - 26)	\$347.50	\$695.01	\$1,042.51	
DENTAL	EMPLOYEE	1 DEPENDENT	2 or MORE DEP	EXCESS*
CompBenefits/Humana DHMO (Basic)	\$8.76	\$6.40	\$11.56	\$0.00
CompBenefits/Humana DHMO (Enhanced)	\$10.76	\$8.80	\$15.56	\$0.00
CompBenefits/Humana PPO (Basic)	\$33.06	\$26.76	\$56.44	\$22.26
CompBenefits/Humana PPO (Enhanced)	\$39.22	\$35.92	\$78.32	\$28.42
	EMPLOYEE	1 DEPENDENT	2 or MORE DEP	EXCESS*
MetLife DHMO (Basic)	\$10.76	\$7.68	\$14.24	\$0.00
MetLife DHMO (Enhanced)	\$14.50	\$10.54	\$19.12	\$3.70
MetLife PPO (Basic)	\$37.58	\$37.64	\$78.26	\$26.78
MetLife PPO (Enhanced)	\$46.29	\$46.36	\$114.88	\$35.49
VISION	EMPLOYEE	1 DEPENDENT	2 or MORE DEP	
Aetna Vision (Basic)	\$3.48	\$4.24	\$9.72	
Aetna Vision (Enhanced)	\$5.84	\$7.06	\$16.28	
CompBenefits/Humana (Basic)	\$3.46	\$4.94	\$10.90	
CompBenefits/Humana (Enhanced)	\$4.96	\$7.00	\$15.54	

Please Note:

***Excess - Employee Only** Cost for those employees on an Active Leave (e.g. FMLA or WC)

For **ALL** employees with dependent coverage, please **add** the **EMPLOYEE** cost and **DEPENDENT** cost in order to determine the total premium for each plan.

Example:

Premier Plus Plan - Family Coverage

Employee Rate	\$654.77
Family Rate	\$1,218.65 (2 or MORE DEP)
Total Monthly Premium Cost	<u>\$1,873.42</u>