

School Board of Broward County, Florida
LEAVES MONTHLY INSURANCE RATES
Effective: JANUARY 1, 2026

AETNA HEALTH PLANS	EMPLOYEE	1 DEPENDENT	2 or MORE DEPS	EE FMLA/WC EXCESS*
Aetna Premier HMO	\$1,204.28	\$1,320.46	\$2,319.80	\$0.00
Aetna Premier Plus HMO	\$1,394.26	\$1,513.94	\$2,661.16	\$0.00
Aetna Premier Choice HSA	\$1,004.18	\$996.40	\$1,840.70	\$0.00
AETNA KIDS HEALTH PLANS	1 CHILD	2 CHILDREN	3 + CHILDREN	
Aetna Kids Basic (5 - 26)	\$874.42	\$1,748.96	\$2,623.40	
Aetna Kids Enhanced (5 - 26)	\$1,464.96	\$2,930.08	\$4,395.10	
AETNA DENTAL	EMPLOYEE	1 DEPENDENT	2 or MORE DEPS	EE FMLA/WC EXCESS*
Aetna DHMO (Basic)	\$9.98	\$6.80	\$14.08	\$0.00
Aetna DHMO (Enhanced)	\$11.86	\$9.44	\$17.74	\$1.06
Aetna PPO (Basic)	\$34.60	\$31.44	\$65.80	\$23.80
Aetna PPO (Enhanced)	\$44.92	\$43.72	\$100.78	\$34.12
COMPBENEFITS (HUMANA) DENTAL	EMPLOYEE	1 DEPENDENT	2 or MORE DEPS	EE FMLA/WC EXCESS*
CompBenefits/Humana DHMO (Basic)	\$7.34	\$5.36	\$9.70	\$0.00
CompBenefits/Humana DHMO (Enhanced)	\$9.02	\$7.38	\$13.04	\$0.00
CompBenefits/Humana PPO (Basic)	\$31.42	\$25.44	\$53.64	\$20.62
CompBenefits/Humana PPO (Enhanced)	\$37.28	\$34.14	\$74.44	\$26.48
AETNA VISION	EMPLOYEE	1 DEPENDENT	2 or MORE DEPS	EE FMLA/WC EXCESS*
Aetna Vision (Basic)	\$3.30	\$4.02	\$9.30	\$0.00
Aetna Vision (Enhanced)	\$5.74	\$6.96	\$16.04	\$0.00
COMPBENEFITS (HUMANA) VISION	EMPLOYEE	1 DEPENDENT	2 or MORE DEPS	EE FMLA/WC EXCESS*
CompBenefits/Humana (Basic)	\$3.02	\$4.30	\$9.52	\$0.00
CompBenefits/Humana (Enhanced)	\$4.58	\$6.46	\$14.32	\$0.00

Please Note:

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

For **ALL Employees** with dependent coverage, please **add** the **EMPLOYEE or EXCESS** cost, where applicable and **DEPENDENT** cost in order to determine the total premium for each plan option.

Example:

Premier Plus Plan - Family Coverage

Employee Rate	\$1,394.26
Family Rate	\$2,661.16 (2 or more dependents)
Total Monthly Premium Cost	<u>\$4,055.42</u>