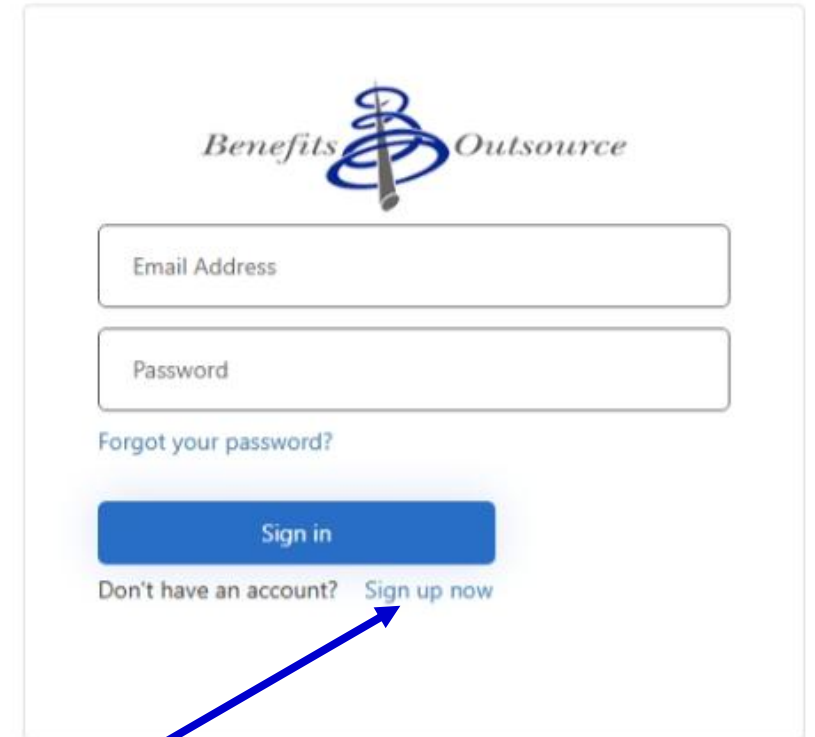




Open Enrollment Guide

LOGGING INTO THE PORTAL FOR THE 1ST TIME

PARTICIPANT



- Logging into the Member Portal for the **First Time**, the participant must access the member portal link:
<https://boibenefits.wealthcarecobra.com>
- Click “***Sign up now***”.
- Follow prompts to verify email.

PARTICIPANT

- Click **+ Connect to New Account**.
- Enter the following information:
 - Zip Code
 - Date of Birth
 - Social Security Number
- Once complete click **Submit**.
- Then, the participant record will show up.

LOGGING INTO THE PORTAL FOR THE 1ST TIME

Accounts

You have not been connected to any accounts yet.

[+ Connect to New Account](#)

Accounts

You have not been connected to any accounts yet.

[+ Connect to New Account](#)

Connect to your account

In order to connect to your account we need some information about the Primary Qualified Beneficiary of the account.

Zip Code or Postal Code

0/20

Date of Birth

MM/DD/YYYY



Social Security Number

0/9

[Close](#)

[Submit](#)

Accounts

Connected to account

Click "View Account" below to manage your account.



Primary Participant	Employer	Event Date	Coverage Type	
Test Person	SBBC-RETIRES	February 29, 2024	Retiree	View Account

[+ Connect to New Account](#)

STANDARD LOGIN

PARTICIPANT



Benefits  *Outsource*

Email Address

Password

[Forgot your password?](#)

[Sign in](#)

[Don't have an account? Sign up now](#)

- Returning Users, to access your account:
 - Member portal link:
<https://boibenefits.wealthcarecobra.com>
 - Enter Username: [Email Address]
 - Password: [Enter Password Created during initial sign-up]

STANDARD LOGIN

PARTICIPANT



Accounts

Primary Participant	Employer	Event Date	Coverage Type	
Primary Participant	SBBC-RETIRES	May 28, 2024	Retiree	View Account

[+ Connect to New Account](#)



Not Seeing Your Benefits Yet?

- Click [+ Connect to New Account](#) to link your benefits. We will ask for your ZIP/postal code, date of birth, and Social Security number to securely match you with your available accounts.
- Once verified, your connected accounts will appear here.

- Participant signs in to the Member Portal.
- If the Participant's account is already connected, the Participant's name will appear. Click “[View Account](#)” to access the account.

BOI PORTAL – START OPEN ENROLLMENT

PARTICIPANT

- Open Enrollment banner will be available/visible during Open Enrollment period.
- Click **Documents** Tab to download and review all Open Enrollment Documentations.

! Open Enrollment is available from **October 1, 2026** until **October 23, 2026**.
If you do not take any actions, your benefits will auto enroll.

Start Open Enrollment

Payments

Make Payment

Next Payment Due

There are no payments due at this time. For help, please call our support at 954-680-7626.

⊕ Open Enrollment is available from **October 1, 2026** until **October 23, 2026**.
If you do not take any actions, your benefits will auto enroll.

Start Open Enrollment

Documents

- Download Aetna (Health) Booklet 2027.pdf
- Download Dental Brochure_2027.pdf
- Download Retiree & Cobra DV FAQ & Form_OE 2027_Website.pdf
- Download Retiree Cover Letter OE 2027.pdf
- Download Retiree Monthly Rates 2027.pdf
- Download Vision Brochure_2027.pdf

BOI PORTAL – START OPEN ENROLLMENT

PARTICIPANT

[Benefits](#)[Payments](#)[Communications](#)

Open Enrollment is available from **October 1, 2026** until **October 23, 2026**.

If you do not take any actions, your benefits will auto enroll.

Benefits

This information is your benefits coverage as of the date below. Select a different date to view other coverage.

10/06/2026



Plan

Enrolled

Medical

Aetna PREMIER HMO

Subscriber

Primary Participant

Subscriber

Primary Participant

Spouse

Spouse Participant

Dental

Humana CR3ESBE2 DPPO ENH R

Child

Daughter Participant

*** *NOTE: Recommendation*

- Click the **Benefits** tab.
- Review currently enrolled benefits, as of the date selected.
- Click **Start Open Enrollment**, only if a participant needs to make a change to their benefits.

PARTICIPANT

Open Enrollment

1 Primary Participant 2 Dependents 3 Benefits 4 Review

Review or complete the details for the Primary Participant.

First Name

Primary 7/100

Last Name

Participant 11/100

Social Security Number

XXX-XX-5678

Date of Birth

MM/DD/YYYY

01/01/1950

Gender

☒ Male

☐ Female

☐ Self-Describe

Primary Participant's Address

☒ US Address

☐ Non-US Address

Address

5555 Demo Address Lane 22/50

[+ Add Address Line](#)

Postal Code

33328 5/20

City

Demo 4/80

State

FL 2/50

Primary Phone Number

9545555555 10/14

Secondary Phone Number (Optional)

0/14

Email

demo@email.com 14/100

Tobacco User

☐ Yes

☒ No

Next

From the **Primary Participant** section, the participant will see their demographic information.

If applicable, update any incorrect information and click **Next**.

BOI PORTAL – OE DEPENDENTS

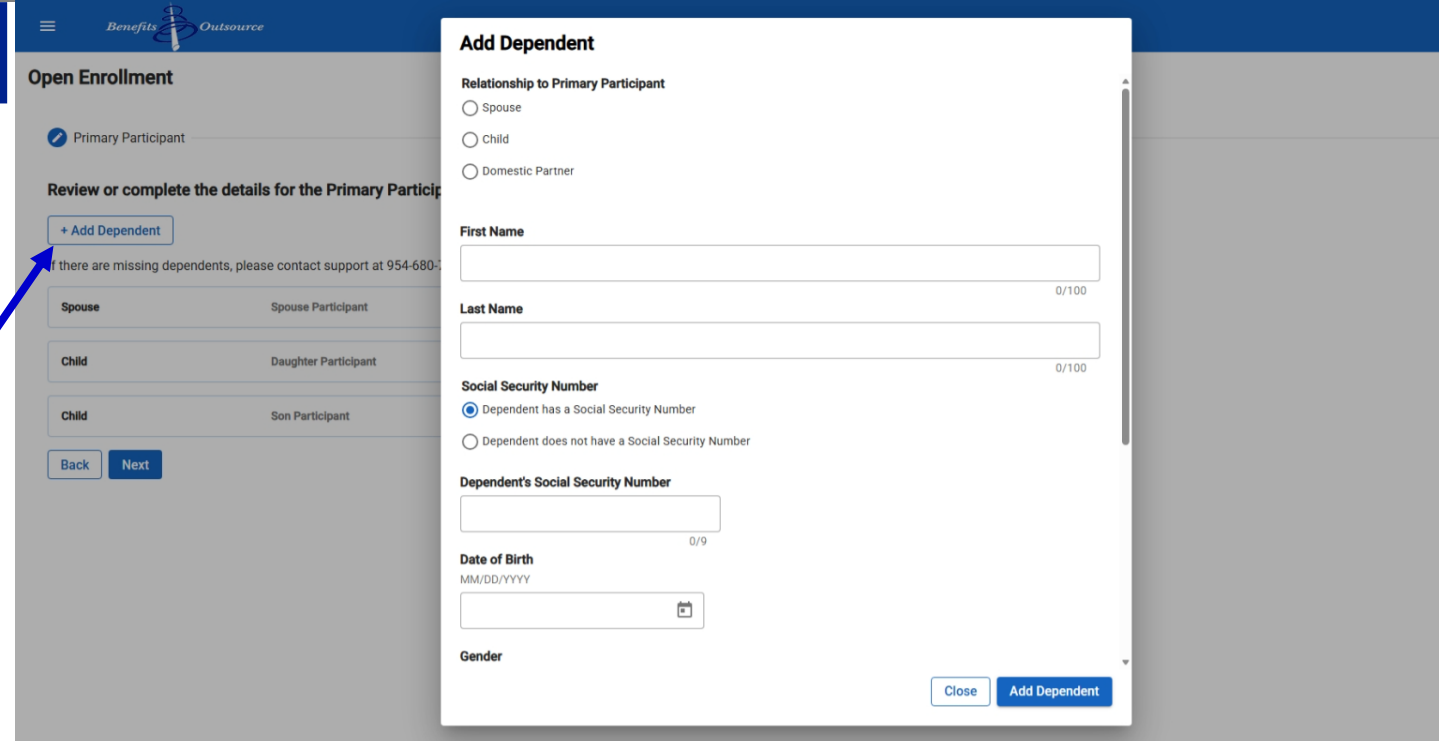
PARTICIPANT

- From the **Dependents** section, the participant will see their dependents.

- They can add dependents by clicking **+Add Dependent**.

- Note:** All new dependents will need to be verified by SBBC. Please refer to your **Open Enrollment Notice** for further guidance.

- If applicable, they can update any incorrect information and click **Next**.



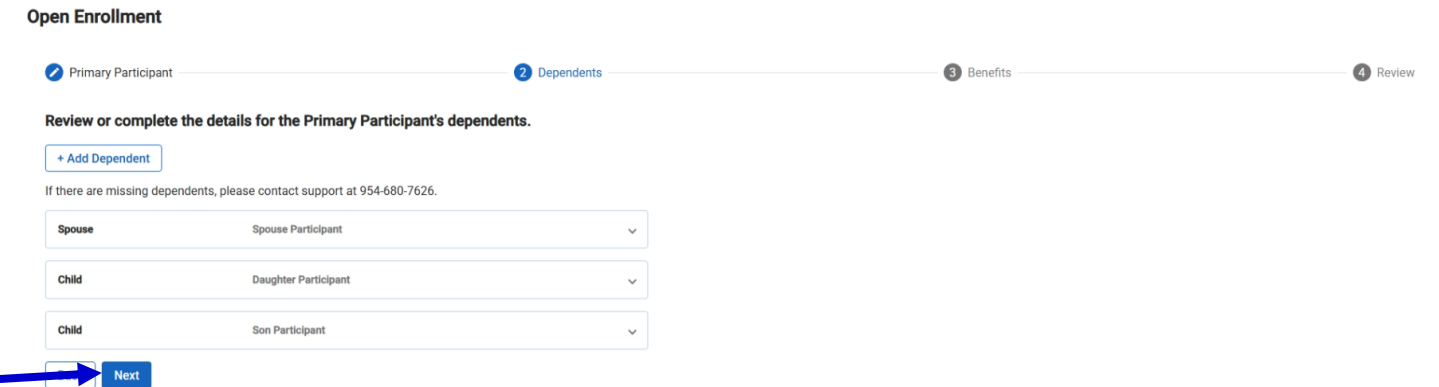
The screenshot shows the 'Open Enrollment' section of the BOI Portal. A modal titled 'Add Dependent' is open, displaying the following fields:

- Relationship to Primary Participant:** Radio buttons for Spouse, Child, and Domestic Partner.
- First Name:** Text input field (0/100).
- Last Name:** Text input field (0/100).
- Social Security Number:** Radio buttons for 'Dependent has a Social Security Number' (selected) and 'Dependent does not have a Social Security Number'.
- Dependent's Social Security Number:** Text input field (0/9).
- Date of Birth:** Text input field (MM/DD/YYYY) with a calendar icon.
- Gender:** Text input field.

At the bottom of the modal are 'Close' and 'Add Dependent' buttons. In the background, the 'Open Enrollment' section shows a progress bar with four steps: 1. Primary Participant, 2. Dependents (active), 3. Benefits, and 4. Review. Below the progress bar, it says 'Review or complete the details for the Primary Participant's dependents.' and includes a '+ Add Dependent' button and a note: 'If there are missing dependents, please contact support at 954-680-7626.' Below this is a table of dependents:

Relationship	Participant Type
Spouse	Spouse Participant
Child	Daughter Participant
Child	Son Participant

At the bottom of the table are 'Back' and 'Next' buttons.



This screenshot shows the 'Open Enrollment' section of the BOI Portal, specifically the 'Dependents' step. It displays a progress bar with four steps: 1. Primary Participant, 2. Dependents (active), 3. Benefits, and 4. Review. Below the progress bar, it says 'Review or complete the details for the Primary Participant's dependents.' and includes a '+ Add Dependent' button and a note: 'If there are missing dependents, please contact support at 954-680-7626.' Below this is a table of dependents:

Relationship	Participant Type
Spouse	Spouse Participant
Child	Daughter Participant
Child	Son Participant

At the bottom of the table are 'Back' and 'Next' buttons. A blue arrow points to the 'Next' button.

PARTICIPANT

- From the **Benefits** section, the participant will see each benefit plan type they are eligible for (Ex: Medical, Dental, and/or Vision) as well as the list of people who can be covered under each Plan (if they had dependents listed).
- This is the time for participants to change, add, and/or remove benefits.
- *** Note: Retirees **cannot** select benefits they are not currently enrolled in.



Benefits
Payments
Communications
Documents

Open Enrollment

☒ Primary Participant
 ☒ Dependents
 ☒ **Benefits**

Select who is covered under each benefit plan.

[View Benefit Documents](#)

Dental

\$111.72 ^

Primary Participants must be selected on a plan if a dependent is selected

Select Dental Plan

☐ HUMANA COMP BENEFITS CR3ESBC2 DHMO ENH R
☒ HUMANA COMP BENEFITS CR3ESBE2 DPPO ENH R
☐ Aetna AET R BASIC DPPO
☐ HUMANA COMP BENEFITS CR3ESBB2 DHMO BAS R
☐ HUMANA COMP BENEFITS CR3ESBB1 DPPO BAS R
☐ Aetna AET R ENHANCED DPPO
☐ Aetna AET R BASIC DHMO
☐ Aetna AET R ENHANCED DHMO
☐ Opt Out of Dental

Covered People

☒ **Primary Participant**
 Primary Participant
☒ **Child**
 Son Participant
☒ **Spouse**
 Spouse Participant
☒ **Child**
 Daughter Participant

Covered People	Cost ** (Monthly)
Primary Participant Only	\$37.28
Primary Participant + Spouse	\$71.42
Primary Participant + Child(ren)*	\$111.72
Family*	\$111.72

* Depending on the children selected, the cost of the plan may vary. The cost shown in this table is the cost when all children are selected.
** Costs may change annually.

Benefits Summary

Dental	\$111.72
Medical	\$1,884.46
Vision	\$18.90
Option	\$816.74
Total (Monthly)	\$2,831.82

Medical

\$1,884.46 ^

Primary Participants must be selected on a plan if a dependent is selected
To continue your Option1 at least one family member must be on Medical

Select Medical Plan

☐ Aetna PREMIER HMO
☐ Aetna PREMIER CHOICE HSA
☒ Aetna PREMIER PLUS HMO
☐ Opt Out of Medical

Covered People

Covered People	Cost ** (Monthly)
----------------	-------------------

PARTICIPANT

- Participants may select eligible dependents they would like to include. The system will show the monthly tier and associated costs.
- All dependents must be reviewed, and coverage selected accordingly.
Uncheck those that should not be enrolled.
- To remove a benefit the participant must select “**Opt Out**”.

Medical

\$3,553.56 ^

Primary Participants must be selected on a plan if a dependent is selected

Select Medical Plan

☐ Aetna PREMIER PLUS HMO
 ☒ Aetna PREMIER HMO
 ☐ Aetna PREMIER CHOICE HSA
 ☐ Opt Out of Medical

Covered People

☒ Primary Participant
Primary Participant
 ☒ Spouse
Spouse Participant
 ☒ Child
Daughter Participant
 ☒ Child
Son Participant

Covered People	Cost ** (Monthly)
Primary Participant Only	\$1,204.28
Primary Participant + Spouse	\$2,541.00
Primary Participant + Child(ren)*	\$3,553.56
Family*	\$3,553.56

* Depending on the children selected, the cost of the plan may vary. The cost shown in this table is the cost when all children are selected.
 ** Costs may change annually.

Dental

\$71.42 ^

Primary Participants must be selected on a plan if a dependent is selected

Select Dental Plan

☒ Humana CR3ESBE2 DPPO ENH R
 ☐ Aetna AET R ENHANCED DHMO
 ☐ Aetna AET R ENHANCED DPPO
 ☐ Humana CR3ESBC2 DHMO ENH R
 ☐ Aetna AET R BASIC DPPO
 ☐ Aetna AET R BASIC DHMO
 ☐ Opt Out of Dental

Covered People

☒ Primary Participant
Primary Participant
 ☐ Spouse
Spouse Participant
 ☒ Child
Daughter Participant
 ☐ Child
Son Participant

Covered People	Cost ** (Monthly)
Primary Participant Only	\$37.28
Primary Participant + Spouse	\$71.42
Primary Participant + Child(ren)*	\$111.72
Family*	\$111.72

* Depending on the children selected, the cost of the plan may vary. The cost shown in this table is the cost when all children are selected.
 ** Costs may change annually.

Option

\$0.00 ^

When an adult is enrolled in Medical, everyone is eligible for Option.

Select Option Plan

☐ Aetna KIDS BASICS-26
 ☒ Opt Out of Option

Benefits Summary

Medical	\$3,553.56
Dental	\$71.42
Option	\$0.00
Option 2	\$0.00
Total (Monthly)	\$3,624.98

PARTICIPANT



Benefits
Payments
Communications
Documents

Open Enrollment

Primary Participant
Dependents
3 Benefits

Select who is covered under each benefit plan.

[View Benefit Documents](#)

Medical \$3,553.56

! Primary Participants must be selected on a plan if a dependent is selected

Select Medical Plan

☐ Aetna PREMIER PLUS HMO

☒ Aetna PREMIER HMO

☐ Aetna PREMIER CHOICE HSA

☐ Opt Out of Medical

Covered People

☒ **Primary Participant**
Primary Participant

☒ **Spouse**
Spouse Participant

☒ **Child**
Daughter Participant

Covered People	Cost ** (Monthly)
Primary Participant Only	\$1,204.28
Primary Participant + Spouse	\$2,541.00
Primary Participant + Child(ren)*	\$3,553.56

Benefits Summary

Medical \$3,553.56

Dental \$71.42

Option \$0.00

Option 2 \$0.00

Total \$3,624.98
(Monthly)

- Once a Plan(s) is selected, the **Benefits Summary** section will display the premium due.

- Participants can also **View Benefits Documents**.

- Benefits Documents** link will pop up into another tab. Participant will be directed to all plan documents that are downloadable.



Benefits
Payments
Communications
Documents
Sign Out

! Open Enrollment is available from **October 1, 2026** until **October 23, 2026**.
If you do not take any actions, your benefits will auto enroll. [Start Open Enrollment](#)

Documents

- [Download Aetna \(Health\) Booklet 2027.pdf](#)
- [Download Dental Brochure_2027.pdf](#)
- [Download Retiree & Cobra DV FAQ & Form_OE 2027_Website.pdf](#)
- [Download Retiree Cover Letter OE 2027.pdf](#)
- [Download Retiree Monthly Rates 2027.pdf](#)
- [Download Vision Brochure_2027.pdf](#)

PARTICIPANT

- Once all desired Plans and dependents are selected, click **Next**.

Select Benefit Plan

- ☒ Humana CR3ESBE2 DPPO ENH R
- ☐ Aetna AET R ENHANCED DHMO
- ☐ Aetna AET R ENHANCED DPPO
- ☐ Humana CR3ESBC2 DHMO ENH R
- ☐ Aetna AET R BASIC DPPO
- ☐ Aetna AET R BASIC DHMO
- ☐ Opt Out of Dental

Covered People

- ☒ **Primary Participant**
Primary Participant
- ☐ **Spouse**
Spouse Participant
- ☒ **Child**
Daughter Participant
- ☐ **Child**
Son Participant

Covered People	Cost ** (Monthly)
Primary Participant Only	\$37.28
Primary Participant + Spouse	\$71.42
Primary Participant + Child(ren)*	\$111.72
Family*	\$111.72

* Depending on the children selected, the cost of the plan may vary. The cost shown in this table is the cost when all children are selected.

** Costs may change annually.

Option

\$0.00 ^

Select Option Plan

- ☐ Aetna KIDS BASIC5-26
- ☒ Opt Out of Option

Option 2

\$0.00 ^

Select Option 2 Plan

- ☐ Aetna KIDS ENHANCED 5-26
- ☒ Opt Out of Option2

Back

Next

BOI PORTAL – OE REVIEW

PARTICIPANT

- From the **Review** section, the participant will see the plan(s), enrolled participant(s) and cost.
- Participant can either click **Back** to edit selection or click the **agree to the Terms and Conditions** box and the click **Submit Election**.
- ***Note:** Print or take a screenshot of your changes before clicking "Submit Election."

Open Enrollment

1 Primary Participant — 2 Dependents — 3 Benefits — 4 Review

Benefit Plan Election Summary

Plan	Enrolled	Cost
	Primary Participant Primary Participant	
	Spouse Spouse Participant	
Medical Aetna PREMIER HMO	Child	\$3,553.56

Dental
Humana CR3ESBE2 DPP0

Option

Option 2

☐ I agree to the Terms and Conditions

Back Submit Election

Terms and Conditions

I hereby elect to continue in the health benefits continuation plan for myself and eligible qualified dependents listed and agree to pay the premium as required. I understand that continuation coverage will terminate under several circumstances, including: the date I or a continued dependent become covered under another group health plan, become entitled to Medicare, or on the date on which the group health/dental plan ends.

Close

Dental
Humana CR3ESBE2 DPP0

Option

Option 2

☐ I agree to the Terms and Conditions

Back Submit Election

Total
(Monthly)

\$3,624.98

☒ I agree to the Terms and Conditions

Back Submit Election

BOI PORTAL – OE REVIEW

PARTICIPANT

- *****Note:** *Print or take a screenshot of your changes before clicking "Submit Election."*
- Participants can manually print/capture the change utilizing their devices.
 - Computer (depending on browser)
 - Right click > Print
 - File > Print
 - Smart Phone
 - Screen capture
 - Share > Print

Open Enrollment

1 Primary Participant — 2 Dependents — 3 Benefits — 4 Review

Benefit Plan Election Summary

Plan	Enrolled	Cost
Medical Aetna PREMIER HMO	Primary Participant Primary Participant	
	Spouse Spouse Participant	
	Child Daughter Participant	\$3,553.56
	Child Son Participant	
Dental Humana CR3ESBE2 DPPO ENH R	Primary Participant Primary Participant	
	Child Daughter Participant	\$71.42
Option	Not Covered	-
Option 2	Not Covered	-
Total (Monthly)		\$3,624.98

☒ I agree to the Terms and Conditions

[Back](#)

[Submit Election](#)

BOI PORTAL – OPEN ENROLLMENT EDITS

PARTICIPANT

The participant will be taken to the **Benefits** screen. If desired, they may click **Edit Elections** to make any changes by the **Open Enrollment deadline of Friday, October 23, 2026**.

As reminder, new dependent(s) **must** be verified with **Broward County Public Schools' Benefits Department by Wednesday, October 21, 2026**. **There will be no exceptions**. Refer to the **Open Enrollment Notice** for further guidance or the Benefits Department website at **browardschools.com/benefits** and click the **Open Enrollment link** to review the **Retiree & COBRA DV FAQ** document.

All **Open Enrollment changes** will be effective **January 1, 2027**.

ⓘ Open Enrollment is available from **October 1, 2026** until **October 23, 2026**.

[Edit Elections](#)

Elections Submitted
Your elections have been submitted successfully. X

Benefits

This information is your benefits coverage as of the date below. Select a different date to view other coverage.

01/01/2027

Plan	Enrolled	Cost
Medical Aetna PREMIER HMO	Subscriber Primary Participant	\$3,553.56
	Spouse Spouse Participant	
	Child Daughter Participant	
	Child Son Participant	
Dental Humana CR3ESBE2 DPPO ENH R	Subscriber Primary Participant	\$71.42
	Child Daughter Participant	
Total (Monthly)		\$3,624.98

OPEN ENROLLMENT CONFIRMATION

PARTICIPANT

- Participant can view their changes online via the Benefits tab. To view 2027 benefits, change the date to 1/1/2027.

- Participants can manually print/capture the change utilizing their devices.
 - Computer (depending on browser)
 - Right click > Print
 - File > Print
 - Smart Phone
 - Screen capture
 - Share > Print



Benefits
Payments
Communications
Documents
Sign Out


 Open Enrollment is available from **October 1, 2026** until **October 23, 2026**.
 [Edit Elections](#)

Elections Submitted
 Your elections have been submitted successfully.

Benefits

This information is your benefits coverage as of the date below. Select a different date to view other coverage.

01/01/2027 

Plan	Enrolled	Cost
Medical Aetna PREMIER HMO	Subscriber Primary Participant	
	Spouse Spouse Participant	
	Child Daughter Participant	
	Child Son Participant	\$3,553.56
Dental Humana CR3ESBE2 DPP0 ENH R	Subscriber Primary Participant	
	Child Daughter Participant	\$71.42
Total (Monthly)		\$3,624.98