



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

**Benefits & Employment
Services** INSPIRING A NEW WAVE OF
EDUCATORS & EMPLOYEES

7770 W. Oakland Park Blvd., Sunrise, Florida 33351
754-321-3100

2027 OPEN ENROLLMENT FOR RETIREES

We are excited to announce that the District's Open Enrollment will take place from **Thursday, October 1, 2026 through Friday, October 23, 2026**; therefore, your deadline to make your Open Enrollment elections is **Friday, October 23, 2026**. This is an excellent opportunity for you to review your current plan options and make any necessary changes for you and/or dependent(s), if needed.

If you lost coverage for any of the plans (for example, did not elect Health, Dental and/or Vision during 2026 or did not make the monthly premium payments in 2026), you are not eligible to re-enroll during any subsequent Open Enrollment period.

Last year, it was noted in the Open Enrollment packet that the Open Enrollment materials would be available **online** on both the Benefits Department's Open Enrollment page and the Benefits Outsource, Inc. (BOI) online platform.

Enclosed with this Retiree Open Enrollment Notice is a copy of the Federal Notices for your records.

To obtain the additional Open Enrollment materials, listed below, please visit the Benefits Department's website at **www.browardschools.com/benefits** and click on the **Open Enrollment** link. You may also review the information on BOI's enrollment platform.

The following Open Enrollment Materials can be found online:

- Retiree Open Enrollment Notice
- Health, Dental and Vision Brochures
- Retiree Rate Sheet
- Dependent Verification FAQ & Form
- Federal Notices
- Benefits Outsource, Inc. (BOI) User Guide

BENEFITS OUTSOURCE, INC. (BOI) ON-LINE OPEN ENROLLMENT

In order to review your current benefits or make changes for 2027, you **must** log-in to the Benefits Outsource, Inc. (BOI) platform. The platform will provide you with a seamless enrollment, billing and payment process. It also provides a secure, easy and convenient way of electing group health benefits for you and your eligible dependent(s). You will also have the ability to access your account 24/7. Instructions on how to complete this process are noted towards the end of this document.

Open Enrollment elections made through the Benefits Outsource, Inc. (BOI) online platform in October 2026 will take effect, January 1, 2027.

The comprehensive BOI Open Enrollment User Guide is included at the end of this document. The Guide will also be available during the month of October on the **BOI online platform**, as well as the Benefits Department's website at **www.browardschools.com/benefits** by clicking on the **Open Enrollment link**.

Please refer to page 3 for further instructions on how to register as a first-time user or log-in instructions for those who already have an online account.

PAPER ENROLLMENT REQUIREMENTS

- **FRS PENSION CHECK PREMIUM DEDUCTION**

- As a Retiree, if you have your medical premium(s) deducted from your FRS pension check, you will **continue** to complete a paper Open Enrollment Form, which is included in your Open Enrollment packet, if applicable.

- **ADULT CHILD 26-30**

- If you have an Adult Child 26-30 dependent enrolled, a separate Adult Child 26-30 Open Enrollment packet, including the paper Affidavit Form will be mailed to you.

BENEFITS OF THE BOI ON-LINE OPEN ENROLLMENT PLATFORM

As a reminder, the comprehensive online BOI Open Enrollment User Guide with instructions on completing your Open Enrollment elections is included at the end of this document. The Guide will be available during the month of October on the **BOI online platform**, as well as the Benefits Department's website at **www.browardschools.com/benefits** by clicking on the **Open Enrollment link**.

Please carefully review the information in Retiree Open Enrollment Notice. If you have not already created an online account, you are required to login online by using a computer or smartphone and follow the step-by-step instructions as noted below in the section entitled, **"ONLINE LOG-IN PROCESS"**.

ONLINE LOG-IN PROCESS

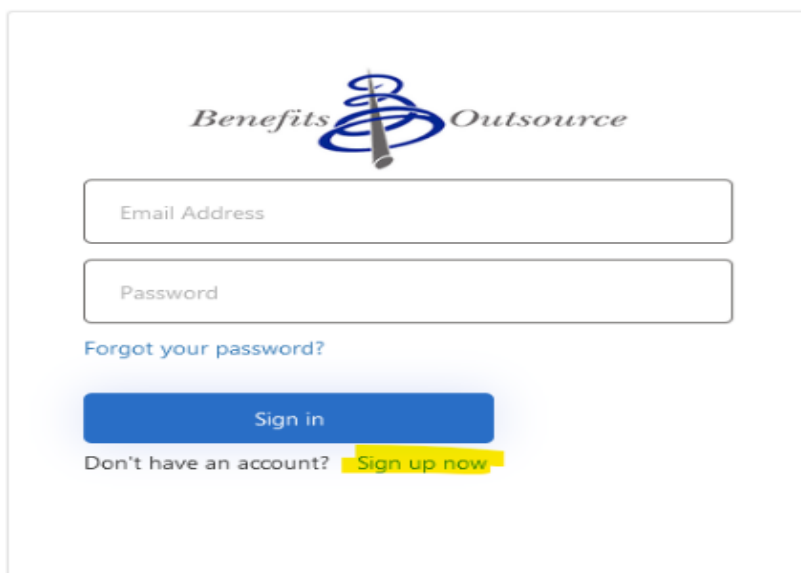
Members Who Already Have Online Access

If you are currently utilizing the BOI portal to pay your monthly insurance premium(s), you will access the portal with your same login credentials at <https://boibenefits.wealthcarecobra.com>.

Members Who Currently Do Not Have Online Access

If you have not created a login, please follow the steps below to set up your account.

- a. Go to <https://boibenefits.wealthcarecobra.com> and click '**Sign up now**'.



- b. Enter your email address and click '**Send verification code**'.
- c. A verification code will be sent to you via email; enter the code in the field provided. You will then be prompted to create a password.
- d. Click '**Connect to New Account**'.
- e. For security purposes, you will be asked to provide your zip code, date of birth and social security number. Once completed, your account will appear.
- f. Click '**View Account**'.

Convenient Method of Premium Payment - Automatic Debit Program

Retirees (except those who have medical premium(s) deducted from your FRS pension check) and Adult Child 26-30 members who are currently enrolled in the automatic debit (ACH) program, payments from your checking or savings account will continue at the 2027 premium rate(s) for your current or new benefits elections. Payment will continue without interruption.

- Direct billing will continue for those who are **not** enrolled in the ACH program.

After creating your online account, all **new members** may conveniently sign up for the automatic debit (ACH) Premium Payment Program through the online platform.

Update Your Contact Information

Please ensure your contact information is correct (address, phone number, and email) with Benefits Outsource, Inc. (BOI), which you can update through the online platform during the Open Enrollment (OE) period or anytime throughout the year by following the steps below:

- Log on to boibenefits.com/addressupdate to make changes to your contact information during the year.
- If your medical premium(s) is **deducted from your FRS pension check**, email your contact changes to Minerva Henery at mrhenry@aetna.com.

NOT MAKING AN OPEN ENROLLMENT CHANGE?

If you are **NOT** making any changes to your **current** benefits, no action is required. Your current coverage(s) will roll over to plan year 2027.

- If you do not have an online account, we highly recommend that you create your account, in order to have a seamless enrollment, billing and payment process.
- If making changes to your benefits, please log-in to the BOI online portal at <https://boibenefits.wealthcarecobra.com> by following the instructions noted on page three (3) of this document. As a reminder, the Open Enrollment period begins on **Thursday, October 1st and ends on Friday, October 23, 2026**.

ADDING NEW UNVERIFIED DEPENDENT(S)?

If you have previously verified your currently enrolled dependent(s) or would like to re-enroll a previously verified eligible dependent, you are not required to complete the Dependent Verification process again.

- If you wish to enroll a **new unverified** eligible dependent, you **must** first present a completed **Dependent Verification Form and supporting document(s)** such as a copy of your marriage certificate to verify a spouse or a copy birth certificate to verify a child, **in person or by mail to the Benefits Department by Wednesday, October 21, 2026, at 7770 W. Oakland Park Blvd., Sunrise, FL 33351**. You may also send your documents by email to: benefits@browardschools.com by **Wednesday, October 21, 2026**, in order to allow staff time to review, verify and respond to you, should any additional information be required; ensuring that you will have enough time to add your eligible dependent(s), **no later than Friday, October 23, 2026** through the BOI online portal at <https://boibenefits.wealthcarecobra.com>. **There will be no exceptions.**
- The **Dependent Verification FAQ & Form** document can be obtained by logging onto www.browardschools.com/benefits and by clicking on the **Open Enrollment link** or accessing the BOI platform.

- After reviewing your document(s), staff will provide you with a receipt, if you submit the documents in person. For documents sent by email, a response will be provided confirming receipt.
- Please note, completion of the Dependent Verification Form **does not** constitute enrollment of your dependent(s).
- You **MUST** complete the enrollment of your dependent(s) and/or any changes by logging into the BOI Online Platform at **<https://boibenefits.wealthcarecobra.com>** by **Friday, October 23, 2026**.
- Coverage for dependent(s) added during Open Enrollment and any other changes, if applicable, will become effective, **January 1, 2027**.

MEDICAL PLAN

For 2027, you will continue to have a choice of five (5) great Medical Plan options: The Premier, Premier Plus and the Premier Choice Health Savings Account (HSA) and the Kids Basic ages 5-26 and Kids Enhanced ages 5-26 Plans.

Eligible dependent children remain covered through the end of the month in which they reach age 26, unless they qualify for the Adult Child 26-30 Health Plan. If the eligibility criteria are met, adult children can be enrolled or remain covered in the plan until the end of the year, in which they reach age 30. Please visit the Benefits Department's website at **www.browardschools.com/benefits** and select the 2027 Open Enrollment link to access the "Retiree with Adult Child" Affidavit Form.

For further information regarding the Medical Plan choices being offered in 2027, please refer to the Aetna Booklet, if applicable, which will be located on the Open Enrollment page at **www.browardschools.com/benefits** or the BOI platform. You may also visit Aetna's website at **www.aetna.com** or contact an Aetna Representative at 954-858-3262 or Customer Service at 1-800-562-7822.

MEDICAL PREMIUMS

There will be **NO** rate increases for **ALL** Medical Plans (Premier, Premier Plus and Premier Choice), as well as the Aetna Kids Basic Plan, ages 5-26 and Aetna Kids Enhanced Plan, ages 5-26 for 2027. The Premier Choice HSA Plan provides those who cover dependents with an option to reduce their out-of-pocket monthly dependent premium cost.

The **2027 Retiree Monthly Rate Sheet** is available on the Benefits Department's website at **www.browardschools.com/benefits** by selecting the 2027 Open Enrollment link or the BOI platform.

DENTAL AND VISION PLANS

Aetna and CompBenefits (Humana) will continue to offer both Dental and Vision Plans for 2027. There will be rate changes for **ALL Dental and Vision Plans** for 2027.

As a reminder, dependent children are eligible to remain covered through the end of the month in which they reach age 26. The Adult Child 26-30 option is **not** applicable for the Dental and Vision Plans.

To view the Retiree Monthly Dental and Vision Rates for 2027, please log-on to **www.browardschools.com/benefits** by selecting the 2027 Open Enrollment link or access the BOI platform.

PREMIUM BILLING

As a reminder, after creating your online account, all **new members** may conveniently sign up for the automatic debit (ACH) Premium Payment Program through the online platform.

In addition, Retirees (except those who have medical premium(s) deducted from your FRS pension check) and Adult Child 26-30 members who are currently enrolled in automatic debit (ACH) program, payments from your checking or savings account will continue at the 2027 premium rate(s) for your current or new benefits elections. Payment will continue without interruption.

- Direct billing will continue for those who are **not** enrolled in the ACH program.

Should you have **billing questions**, please contact Benefits Outsource, Inc. (BOI) by phone at 954-680-7626 or fax 954-680-7630. You may send an email to: **retiree@boibenefits.com** or by mail to: **Benefits Outsource, Inc., 5599 South University Drive, Suite 201, Davie, FL 33328.**

Please note, for questions regarding **health premiums deducted from pension checks**, please contact an Aetna Rep directly at 954-858-3262 or by email to Minerva Henry at **mrhenry@aetna.com**.

To learn more about the various plan options, participating providers, copayments, etc., you may contact the carrier(s) directly or visit their website, as noted on page seven (7).

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| If you will be enrolling into Medicare and wish to discontinue your health coverage and
| you have a dependent(s) enrolled in your Health Plan or one of the Aetna Kids Health
| Plans, please contact Benefits Outsource, Inc., for direct pay members at 954-680-7626
| or by email to: retiree@boibenefits.com to request COBRA for your dependent(s). If
| your health premium is deducted from your pension check, please contact Aetna directly
| at 954-858-3262 to make this request by email to Minerva Henry at mrhenry@aetna.com.
|

IMPORTANT REMINDERS

If you wish to enroll new unverified dependent(s) for 2027, please email your Dependent Verification documents to: benefits@browardschools.com or by mail or submit in person to the Benefits Department at 7770 W. Oakland Park Blvd., Sunrise, FL 33351 by Wednesday, October 21, 2026. If this deadline is not met, unverified dependent(s) will not be enrolled in your plan(s), effective January 1, 2027.

Please refer to page 4 of this document for further guidance on completing this process.

CARRIER'S GENERAL CONTACT INFORMATION

Third-Party Administrator (Premium Billing)

Benefits Outsource, Inc. (BOI)
5599 S. University Drive, Suite 201
Davie, FL 33328

Phone: 954-680-7626 or 1-888-877-2780
Fax: 954-680-7630
Email: retiree@boibenefits.com

Health

Aetna
Aetna Website

954-858-3262 or 800-562-7822
www.aetna.com

Dental

Aetna
Aetna Website

954-858-3262 or 800-562-7822
www.aetnaresource.com/p/SBBC

CompBenefits (Humana) Member Services
CompBenefits (Humana) Website

954-527-4088 or 866-890-4464
<https://your.humana.com/sbbc>

Vision

Aetna
Aetna Website

954-858-3262 or 800-562-7822
www.aetnavision.com

CompBenefits (Humana) Member Services
CompBenefits (Humana) Website

954-527-4088 or 800-865-3676
<https://your.humana.com/sbbc>

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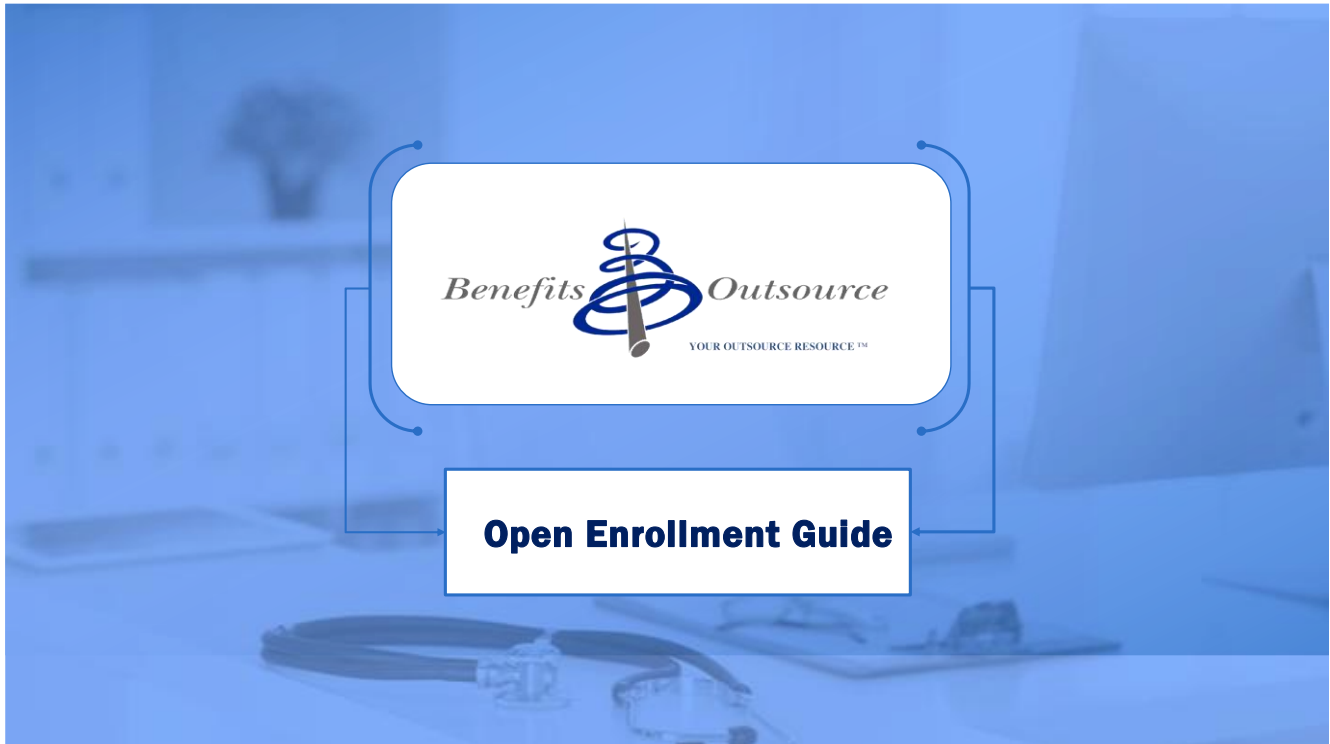
AVAILABILITY OF SUMMARY HEALTH INFORMATION

As a Retiree, the health benefits available to you provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary Plan Document (SPD), which summarizes important information about your health coverage options in a standard format, to help you compare across options.

The SPD is available on the Benefits Department's website at **www.browardschools.com/benefits**, select the **"BCPS Benefits" tab**, and then click on the **Health link**. A paper copy is also available free of charge, by calling 754-321-3100.

Enclosures





LOGGING INTO THE PORTAL FOR THE 1ST TIME

PARTICIPANT





Email Address

Password

Forgot your password?

Sign in

Don't have an account? Sign up now

- 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

Date of Birth

MM/DD/YYYY

Social Security Number

0/9

[Cancel](#)

[Submit](#)

Accounts

Connected to account

[Click "View Account" below to manage your account.](#)

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

[+ Connect to New Account](#)

PARTICIPANT

STANDARD LOGIN

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

- 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.

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.

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](#)

For help, please call our support at 954-680-7626.

BOI PORTAL- START OPEN ENROLLMENT

PARTICIPANT



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

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

*** *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.

Benefits

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

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

BOI PORTAL- OE PRIMARY PARTICIPANT

PARTICIPANT



Open Enrollment

Primary Participant

Dependents

Benefits

Review

Review or complete the details for the Primary Participant.

First Name

Primary

Last Name

Participant

Social Security Number

XXX-XX-XX

Date of Birth

01/01/1950

Gender

☒ Male

☐ Female

☐ Self-Descriptor

Primary Participant's Address

☒ US Address

☐ Non-US Address

Address

5555 Demo Address Lane

+ Add Address Line

Postal Code

33528

City

Demo

State

FL

Primary Phone Number

9543333333

Secondary Phone Number (Optional)

014

Email

demo@gmail.com

Tobacco User

☒ Yes

☐ No

Next

For help, please call our support at 844-640-7430.

From the **Primary Participant** section, the participant will see their demographic information. If applicable, update any incorrect information and click **Next**.

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**.

BOI PORTAL – OE DEPENDENTS

Benefits Outsource

Add Dependent

Relationship to Primary Participant

☐ Spouse
☐ Child
☐ Domestic Partner

First Name

Last Name

Social Security Number

☒ Dependent has a Social Security Number
☐ Dependent does not have a Social Security Number

Dependent's Social Security Number

Date of Birth

Gender

Open Enrollment

Primary Participant

Review or complete the details for the Primary Participant's dependents.

If there are missing dependents, please contact support at 954-680-7626.

Spouse

Child

Child

- 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.

BOI PORTAL – OE BENEFITS

Benefits Outsource

Open Enrollment

Primary Participant

Select who is covered under each benefit plan.

Dental \$111.72

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

Select Dental Plan

☐ HUMANA COMP BENEFITS CROSSBECZ DHMD ENH R
☒ HUMANA COMP BENEFITS CROSSBECZ DRPO ENH R
☐ Aetna AET R BASIC DRPO
☐ HUMANA COMP BENEFITS CROSSBECZ DHMD BAS R
☐ HUMANA COMP BENEFITS CROSSBECZ DRPO BAS R
☐ Aetna AET R ENHANCED DRPO
☐ Aetna AET R BASIC DHMD
☐ Aetna AET R ENHANCED DHMD
☐ Opt Out of Dental

Covered People

Covered People	Cost ** (Monthly)
Primary Participant Only	\$57.28
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.

Medical \$1,864.46

☒ 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)
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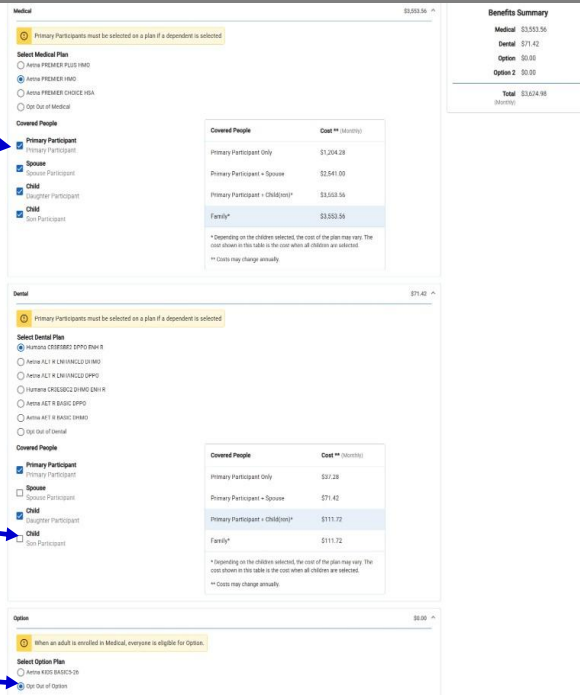
Benefits Summary

Dental	\$111.72
Medical	\$1,864.46
Vision	\$18.90
Option	\$816.74
Total	\$2,891.82

BOI PORTAL- OE BENEFITS

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 \$1,204.28

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

Select Medical Plan

☐ Amtra PREMIER PLUS HMO

☒ Amtra PREMIER HMO

☐ Amtra PREMIER CHOICE HSA

☐ Opt Out of Medical

Covered People

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 DENTURE DFFO Plan R

☐ Amtra A.C. R UNLIMITED (HMO)

☐ Amtra A.C. R UNLIMITED (PPO)

☐ Humana DENTURE DFFO (HMO)

☐ Amtra A.C. R BASIC (PPO)

☐ Amtra A.C. R BASIC (HMO)

☐ Opt Out of Dental

Covered People

Covered People	Cost ** (Monthly)
Primary Participant Only	\$71.42
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

☐ Amtra HSA (HSA) 50

☒ Opt Out of Option

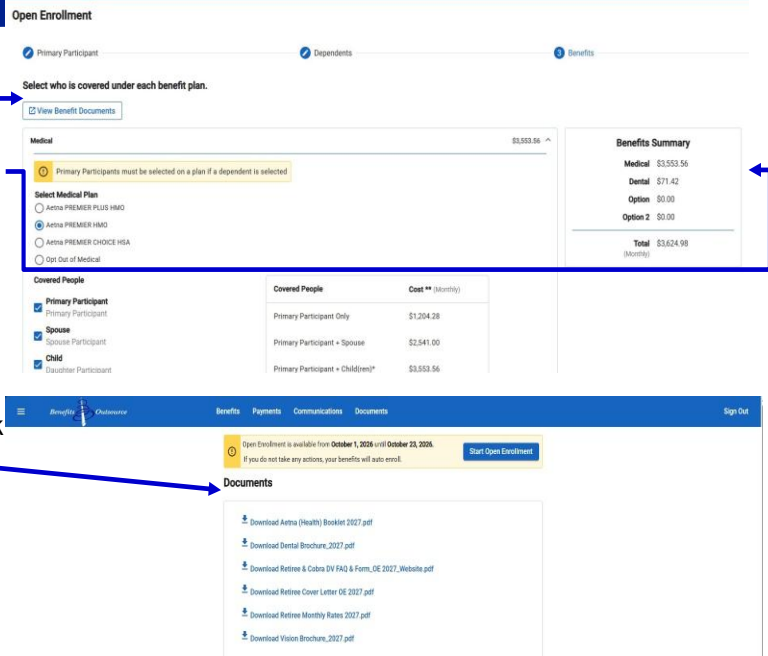
Benefits Summary

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

BOI PORTAL- OE BENEFITS

PARTICIPANT

- 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.



Open Enrollment

Primary Participant Dependents Benefits

Select who is covered under each benefit plan.

[View Benefit Documents](#)

Medical \$1,204.28

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

Select Medical Plan

☐ Amtra PREMIER PLUS HMO

☒ Amtra PREMIER HMO

☐ Amtra PREMIER CHOICE HSA

☐ Opt Out of Medical

Covered People

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
Total: \$3,624.98 (Monthly)

Documents

Open Enrollment is available from October 1, 2024, until October 23, 2024. If you do not take any actions, your benefits will auto enroll. [Start Open Enrollment](#)

- Download Amtra (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 – OE BENEFITS

PARTICIPANT

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

DENTAL Primary Plan

☒ Humana CR3ESB2 DPPO ENH R
☐ Aetna AET R ENHANCED DHMO
☐ Aetna AET R ENHANCED DPPO
☐ Humana CR3ESB2Z 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 BASICS-26
☒ Opt Out of Option

Option 2 \$0.00 ^

Select Option 2 Plan

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

[Back](#) [Next](#)

For help, please call our support at 954-680-7626.

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

☒ Primary Participant ☒ Dependents ☒ Benefits ☒ **4 Review**

Benefit Plan Election Summary

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

Dental
Humana CR3ESB2 DPPO

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](#)

Total (Monthly) **\$3,624.98**

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	
	Child	
	Son Participant	
Dental Humana CR3ESBE2 DPPO ENH R	Primary Participant	
	Primary Participant	
	Child	
	Daughter Participant	
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**.

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	
Dental Humana CR3ESBE2 DPPO ENH R	Subscriber	
	Primary Participant	
	Child	
	Daughter Participant	
Total (Monthly)		\$3,624.98

For help, please call our support at 954-680-7626.

OPEN ENROLLMENT CONFIRMATION

PARTICIPANT

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	\$3,553.56
	Child Son Participant	
Dental Humana CR3ESBE2 DPP0 ENH R	Subscriber Primary Participant	
	Child Daughter Participant	\$71.42
Total (Monthly)		\$3,624.98

- 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