



2022 COBRA MONTHLY PREMIUMS

MEDICAL

Aetna Open Access Select/Best Choice Plan	Monthly Premium Effective 1/1/2022
Single	\$603.34
Member & Spouse	\$1267.01
Member & Children	\$905.02
Family	\$1870.35
Aetna Open Access Select EPO Plan	Monthly Premium Effective 1/1/2022
Single	\$593.94
Member & Spouse	\$1247.28
Member & Children	\$890.91
Family	\$1841.21
Aetna Choice® POS II - HDHP (High Deductible Health Plan)	Monthly Premium Effective 1/1/2022
Single	\$596.57
Member & Spouse	\$1252.79
Member & Children	\$894.86
Family	\$1849.36

DENTAL

RELIANCE STANDARD DENTAL (PPO)	Monthly Premium Effective 1/1/2022
Single	\$26.44
Member & Spouse	\$55.00
Member & Children	\$51.49
Family	\$87.35
AETNA DENTAL (HMO)	Monthly Premium Effective 1/1/2022
Single	\$16.70
Member & Spouse	\$31.72
Member & Children	\$30.03
Family	\$36.96

VISION

AETNA VISION	Monthly Premium Effective 1/1/2022
Single	\$4.26
Member & Spouse	\$8.38
Member & Children	\$7.65
Family	\$11.77

For more information regarding Broward Health Benefit plans, log onto: <https://employee.browardhealth.org/pages/employee-benefits>