



2023 COBRA MONTHLY PREMIUMS

MEDICAL

Aetna Open Access Select/Best Choice Plan	Monthly Premium Effective 1/1/2023
Single	\$632.69
Member & Spouse	\$1328.63
Member & Children	\$949.02
Family	\$1961.31
Aetna Open Access Select EPO Plan	Monthly Premium Effective 1/1/2023
Single	\$622.82
Member & Spouse	\$1307.94
Member & Children	\$934.24
Family	\$1930.76
Aetna Choice® POS II - HDHP (High Deductible Health Plan)	Monthly Premium Effective 1/1/2023
Single	\$625.58
Member & Spouse	\$1313.72
Member & Children	\$938.38
Family	\$1939.30

DENTAL

RELIANCE STANDARD DENTAL (PPO)	Monthly Premium Effective 1/1/2023
Single	\$27.25
Member & Spouse	\$56.67
Member & Children	\$53.04
Family	\$90.00
AETNA DENTAL (HMO)	Monthly Premium Effective 1/1/2023
Single	\$16.70
Member & Spouse	\$31.72
Member & Children	\$30.03
Family	\$36.96

VISION

AETNA VISION	Monthly Premium Effective 1/1/2023
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>