

Miami-Dade County 2009 COBRA Monthly Rates

(The COBRA Rates Below Include the 2% Admin. Fee)

MEDICAL

AVMED POS PLAN

Single	909.87
EE+ Child(ren)	1587.51
EE+ Spouse	1732.22
Family	2351.27

JMH HIGH OPT HMO

Single	569.10
EE+ Child(ren)	1027.08
EE+ Spouse	1154.93
Family	1686.39

AVMED HIGH OPT HMO

Single	470.62
EE+ Child(ren)	914.92
EE+ Spouse	987.78
Family	1204.63

JMH LOW OPT HMO

Single	514.89
EE+ Child(ren)	929.28
EE+ Spouse	1044.96
Family	1525.81

AVMED LOW OPT HMO

Single	442.35
EE+ Child(ren)	860.40
EE+ Spouse	928.98
Family	1133.08

DENTAL

MetLife

	<u>Standard</u>	<u>Enriched</u>
Single	33.50	43.85
2 Person	66.26	86.70
Family	106.79	139.78

OHS

	<u>Standard</u>	<u>Enriched</u>
Single	8.80	11.56
2 Person	14.54	19.16
Family	22.25	30.45

ADP

	<u>Standard</u>	<u>Enriched</u>
Single	8.80	11.56
2 Person	14.54	19.16
Family	22.25	30.45

OPTIX VISION

Single
4.55

2 Persons
9.11

Family
16.73

Active Employee BW Rates

	Single	EE+ Children	EE + Spouse	Family	County
AvMed POS	12.35	220.03	265.19	458.42	399.36
AvMed High Opt	0.00	138.67	160.06	219.22	212.95
AvMed Low Opt	0.00	130.78	150.97	206.85	200.16
JMH High Opt	0.00	138.67	160.06	219.22	212.95
JMH High Low	0.00	130.78	150.97	206.85	200.16
OHS-S	0.00		2.60	6.09	3.98
OHS-E	1.25		4.69	9.80	3.98
ADP-S	0.00		2.60	6.09	3.98
ADP-E	1.25		4.69	9.80	3.98
MetLife-S	0.00		14.82	33.16	15.16
MetLife-E	4.68		24.07	48.09	15.16
OPTIX	2.06		4.12	7.57	0.00

Active Employee Monthly Rates W/O 2%

	Single	EE+ Children	EE + Spouse	Family
AvM POS	892.03	1556.38	1698.25	2305.17
AvM High Opt	461.39	896.98	968.41	1181.01
AvM Low Opt	433.68	843.53	910.76	1110.86
JMH High Opt	557.94	1006.94	1132.28	1653.32
JMH Low Opt	504.79	911.06	1024.47	1495.89
MetLife-S	32.85		64.96	104.69
MetLife-E	42.99		85.00	137.04
OHS-S	8.62		14.26	21.82
OHS-E	11.33		18.79	29.86
ADP-S	8.62		14.26	21.82
ADP-E	11.33		18.79	29.86
OPTIX	4.46		8.93	16.40