

Miami-Dade County 2010 COBRA Monthly Rates

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

MEDICAL

AVMED POS PLAN

Single	982.68
EE+ Child(ren)	1714.52
EE+ Spouse	1870.80
Family	2539.40

JMH HIGH OPT HMO

Single	598.12
EE+ Child(ren)	1079.46
EE+ Spouse	1213.82
Family	1772.39

AVMED HIGH OPT HMO

Single	508.28
EE+ Child(ren)	988.14
EE+ Spouse	1066.81
Family	1301.03

JMH LOW OPT HMO

Single	541.14
EE+ Child(ren)	976.68
EE+ Spouse	1098.24
Family	1603.62

AVMED LOW OPT HMO

Single	477.75
EE+ Child(ren)	929.25
EE+ Spouse	1003.30
Family	1223.73

DENTAL

Delta

	<u>Standard</u>	<u>Enriched</u>
Single	31.84	41.69
2 Person	63.00	82.43
Family	101.54	132.91

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