

MIAMI-DADE COUNTY - 2014 COBRA RATES

MEDICAL

BENEFIT PLAN

MONTHLY COST

AvMed POS

Single			\$	1,255.15
EE + Children			\$	2,189.89
EE + Spouse			\$	2,389.54
Family			\$	3,243.49

AvMed Hi

Single			\$	649.19
EE + Children			\$	1,262.11
EE + Spouse			\$	1,362.60
Family			\$	1,661.76

AvMed Low

Single			\$	610.23
EE + Children			\$	1,186.92
EE + Spouse			\$	1,281.49
Family			\$	1,563.05

OPTIX-VISION

BENEFIT PLAN

MONTHLY COST

Single			\$	4.56
2 Persons			\$	9.11
Family			\$	16.73

DENTAL

BENEFIT PLAN

MONTHLY COST

MONTHLY COST

Delta Dental

Standard

Enriched

Single			\$	31.84		\$	41.69
2 Persons			\$	63.00		\$	82.43
Family			\$	101.54		\$	132.91

OHS

Standard

Enriched

Single			\$	8.15		\$	15.12
2 Persons			\$	13.50		\$	25.06
Family			\$	20.62		\$	39.80

MetLife DHMO

Standard

Enriched

Single			\$	8.87		\$	12.92
2 Persons			\$	14.67		\$	21.42
Family			\$	22.45		\$	34.05