

Miami-Dade County 2015 COBRA Monthly Rates

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

MEDICAL PLAN - REDESIGN

(Non-Bargaining, AFSCME Aviation, AFSCME General, AFSCME Solid Waste, GSAF and IAFF Union Employees)

AVMED POS PLAN

Single	1289.36
EE+ Child(ren)	2249.56
EE+ Spouse	2454.67
Family	3331.88

AVMED SELECT NETWORK HMO

Single	620.19
EE+ Child(ren)	1205.73
EE+ Spouse	1301.75
Family	1587.56

AVMED HIGH OPT HMO

Single	666.89
EE+ Child(ren)	1296.50
EE+ Spouse	1399.73
Family	1707.05

MEDICAL PLAN - NO REDESIGN

(AFSCME Water & Sewer, PBA Rank and File\Supervisory Units, and TWU union employees)

AVMED POS PLAN

Single	1333.20
EE+ Child(ren)	2326.09
EE+ Spouse	2538.17
Family	3445.21

AVMED LOW OPTION HMO

Single	648.17
EE+ Child(ren)	1260.74
EE+ Spouse	1361.21
Family	1660.26

AVMED HIGH OPT HMO

Single	689.56
EE+ Child(ren)	1340.61
EE+ Spouse	1447.35
Family	1765.13

DENTAL & VISION

Applies to All Bargaining Unit

DELTA

	Standard	Enriched
Single	31.84	41.69
2 Persons	63.00	82.43
Family	101.54	132.91

HUMANA OHS

	Standard	Enriched
Single	8.16	15.12
2 Persons	13.50	25.07
Family	20.62	39.80

MET DHMO

	Standard	Enriched
Single	10.21	14.86
2 Persons	16.87	24.63
Family	25.82	39.16

METLIFE VISION

Single	4.22
2 Persons	8.47
Family	15.54