

2016 MONTHLY PREMIUM RATES FOR RETIREES UNDER AGE 65

MEDICAL INSURANCE

Monthly Rates		AvMed High Opt HMO	AvMed MDC Select HMO*	AvMed MDC Jackson First HMO*
Retiree or Spouse/Domestic Partner Under 65	\$1,165.23	\$ 490.30	\$ 441.65	\$ 409.35
Retiree Under 65 & Spouse/Domestic Partner Under 65	\$2,254.09	\$1,097.61	\$ 995.56	\$ 927.76
Retiree Under 65& Child(ren)	\$2,168.07	\$1,010.99	\$ 916.44	\$ 853.64
Retiree Under 65 & Spouse/Domestic Partner Under 65, plus Child(ren)	\$2,759.20	\$1,359.67	\$1,235.19	\$1,152.51

^{*}AvMed Plans not available outside Miami-Dade, Broward & Palm Beach Counties

Retiree Under 65 & Spouse/DP Medicare Eligible

Monthly Rates (Must be enrolled in Medicare Parts A and B to be eligible for any of the AvMed over 65 plans)	AvMed POS	AvMed High Opt HMO	AvMed MDC Select HMO*	AvMed MDC Jackson First HMO*
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - High Opt Plan	\$ 1,810.78	\$ 1,135.85	\$ 1,087.20	\$ 1,054.90
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - No RX Plan		\$ 770.89	\$ 722.24	\$ 689.94

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DENTAL INSURANCE

Monthly Rates for:	Delta Dental Plan			
	Standard	Enriched		
Retiree Only	\$ 31.22	\$ 40.87		
Retiree & one dependent	\$ 61.76	\$ 80.80		
Retiree & dependents	\$ 99.55	\$130.30		

MetLife* DHMO (Safeguard)				
Sta	ndard	Enriched		
\$	11.51	\$	16.76	
\$	19.02	\$	27.77	
\$	29.11	\$	44.15	

	Humana* Oral Health Services				
	Standard		Enriched		
ſ	\$	8.00	\$	14.82	
	\$	13.24	\$	24.58	
	\$	20.22	\$	39.02	

^{*} Metlife DHMO and Humana OHS plans are not available outside Miami-Dade, Broward & Palm Beach Counties

LIFE INSURANCE

The value of the Miami-Dade County Retiree Group Life Insurance Policy is one- time your base annual salary at the time of retirement. The 2016 rate is 19.5 cents per thousand dollars per month.

Example: Annual Salary $30,000.00 \times 0.000195 = 5.85 \text{ monthly premium.}$

Your Life Insurance coverage is reduced to either \$15,000.00 or \$20,000.00 when you reach age 65.