Miami-Dade County 2012 COBRA Monthly Rates

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

MEDICAL

AVMED POS PLAN

Single	1193.42
EE+ Child(ren)	2082.22
EE+ Spouse	2272.04
Family	3084.01

AVMED LOW OPT HMO

Single	580.22
EE+ Child(ren)	1128.56
EE+ Spouse	1218.48
Family	1486.18

AVMED HIGH OPT HMO

Single	617.27
EE+ Child(ren)	1200.05
EE+ Spouse	1295.59
Family	1580.04

DENTAL

Delta

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

HUMANA OHS

	Standard	Enriched
Single	8.15	15.10
2 Persons	13.49	25.06
Family	20.63	39.81

MET DHMO

	Standard	Enriched
Single	8.87	12.92
2 Persons	14.67	21.42
Family	22.45	34.05

OPTIX VISION

Single	2 Persons	Family
4.55	9.11	16.73