

2015 MONTHLY PREMIUM RATES

FOR RETIREES UNDER AGE 65

MEDICAL INSURANCE

Monthly Rates for:	AvMed POS	AvMed High Opt HMO	AvMed Select
Retiree Only	\$ 1086.28	\$ 449.45	\$ 403.67
Retiree & Spouse/Domestic Partner Under 65	\$ 2103.79	\$ 1011.90	\$ 915.85
Retiree & Child(ren)	\$ 2030.33	\$ 931.61	\$ 842.62
Retiree & Spouse/Domestic Partner Under 65, plus Child(ren)	\$ 2555.18	\$ 1255.15	\$ 1138.00

Retiree Under 65 & Spouse/Domestic Partner Medicare Eligible	AvMed POS	AvMed HMO HO
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - High Opt Plan	\$ 1648.10	\$ 1011.27
Retiree under 65 & Spouse/Domestic Partner over 65 and/or Medicare Eligible - No RX Plan		\$ 693.65

Additional rates/options available upon request.

DENTAL INSURANCE

Monthly Rates for:	Delta Dental Plan		MetLife* DHMO (Safeguard)		Humana* - Oral Health Services	
	Standard	Enriched	Standard	Enriched	Standard	Enriched
Retiree Only	\$ 31.22	\$ 40.87	\$ 10.01	\$ 14.57	\$ 8.00	\$ 14.82
Retiree & one dependent	\$ 61.76	\$ 80.80	\$ 16.54	\$ 24.15	\$ 13.24	\$ 24.58
Retiree & dependents	\$ 99.55	\$130.30	\$ 25.31	\$ 38.39	\$ 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 2015 rate is **17 cents per thousand** dollars per month.

Example: Annual Salary \$30,000.00 x 0.00017 = \$5.10 monthly premium.

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