2015 MONTHLY PREMIUM RATES

FOR RETIREES OVER AGE 65 AND/OR MEDICARE ELIGIBLE

MEDICAL COVERAGE

Monthly Rates	AvMed Low Opt. Plan	AvMed High Opt Plan	AvMed High Opt No RX Plan
Retiree over 65 Only	\$ 501.72	\$ 561.82	\$ 244.20
Retiree over 65 & Spouse/Domestic Partner Over 65		\$1102.52	\$ 479.24
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed POS Plan		\$1648.10	\$1330.48
Retiree over 65 & Spouse/Domestic Partner Under 65 on AvMed High Opt. HMO		\$ 1011.27	\$ 693.65
Retiree over 65 & Child(ren) on AvMed High Opt. HMO		\$1043.98	
Retiree over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed POS Plan		\$2030.72	
Retiree over 65 & Spouse/Domestic Partner Under 65, Child(ren) on AvMed High Opt. HMO		\$1367.52	\$1049.90

Dependent Coverage Only For Retiree over 65 w/ Non-County Medicare Plan	AvMed POS	AvMed HMO High Opt	AvMed Select
Spouse/Domestic Partner Under 65	\$1086.28	\$ 449.45	\$ 403.67
Child(ren)		\$ 482.16	\$ 438.95
Spouse/Domestic Partner Under 65 and Child(ren)	\$2030.33	\$ 931.61	\$ 842.62

Additional rates/options available upon request.

DENTAL COVERAGE

	Delta Dental Plan		
Monthly Rates	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	Standard Enriched			
\$	10.01	\$	14.57	
\$	16.54	\$	24.15	
\$	25.31	\$	38.39	

Humana* - Oral Health Services			
Star	Standard Enriched		riched
\$	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 COVERAGE

Your life insurance coverage is reduced when you reach age 65. The coverage options are \$15,000 or \$20,000.

		Monthly Rates	
Life Insurance Benefit	Age 65-69	Age 70-74	Age 75+
\$15,000	\$ 8.55	\$ 14.10	\$ 19.50
\$20,000	\$ 11.40	\$ 18.80	\$ 26.00