

Redesign Plans

AVMED POS / AVMED HIGH OPTION HMO / AVMED SELECT NETWORK / AVMED JACKSON FIRST HMO

2016 Biweekly Medical Rates – Redesign Plans

Applicable to Non-Bargaining, AFSCME Aviation, AFSCME General, AFSCME Solid Waste, GSAF Professional & Supervisors, and IAFF employees.

TIER LEVEL	AVMED POS	AVMED HMO HIGH OPT	AVMED SELECT NETWORK	AVMED JACKSON FIRST HMO
EMPLOYEE ONLY	\$100.00	\$75.00	\$0.00	\$0.00
EMPLOYEE + CHILD (REN)	\$285.86	\$180.17	\$141.00	\$112.02
EMPLOYEE + SPOUSE	\$344.54	\$208.35	\$166.00	\$134.71
EMPLOYEE + FAMILY	\$595.59	\$287.77	\$236.00	\$197.84

Non-Redesign Plans

AVMED POS / AVMED HIGH OPTION HMO / AVMED LOW OPTION HMO / AVMED JACKSON FIRST HMO

2016 Biweekly Medical Rates – Non-Redesign Plans

Applicable to AFSCME Water & Sewer, PBA Rank & File\Supervisory, and Transport Workers Union*.

TIER LEVEL	AVMED POS	AVMED HMO HIGH OPT	AVMED HMO LOW OPT	AVMED JACKSON FIRST HMO*
EMPLOYEE ONLY	\$14.90	\$0.00	\$0.00	\$0.00*
EMPLOYEE + CHILD (REN)	\$285.86	\$180.17	\$169.83	\$112.02*
EMPLOYEE + SPOUSE	\$344.54	\$208.35	\$196.42	\$134.71*
EMPLOYEE + FAMILY	\$595.59	\$287.77	\$271.36	\$197.84*

*THE AVMED JACKSON FIRST HMO IS AVAILABLE TO TWU TRANSIT EMPLOYEES ONLY.

2016 Biweekly Rates – All Employees

Dental Plan Rates

PLAN	TYPE	EMPLOYEE ONLY		EMPLOYEE+1		EMPLOYEE + FAMILY	
		STD	ENR	STD	ENR	STD	ENR
DELTA	Indemnity Dental	\$.00	\$4.45	\$14.09	\$22.89	\$31.53	\$45.72
HUMANA-OHS	Prepaid Dental	\$.00	\$3.15	\$2.42	\$7.65	\$5.64	\$14.32
METLIFE DHMO	Prepaid Dental	\$.00	\$2.42	\$3.46	\$7.51	\$8.12	\$15.07

Other Plan Rates

METLIFE VISION PLAN		ARAG LEGAL PLAN		FLEXIBLE SPENDING ACCOUNTS (FSA) Administrative Fees Per Pay Period	
EMPLOYEE ONLY	\$1.91	EMPLOYEE ONLY	\$7.29	Healthcare FSA Only	\$2.02
EMPLOYEE + 1	\$3.83	EMPLOYEE + 1	\$9.34	Dependent Care FSA Only	\$2.02
EMPLOYEE + FAMILY	\$7.03	EMPLOYEE + FAMILY	\$9.61	Both Health & Dependent Care	\$2.02

METLIFE STD	Premium Per \$100 Weekly Benefit	METLIFE LTD	Premium Per \$100 of Covered Monthly Payroll
Low Option (\$500 max weekly benefit)	\$1.20	Low Option (\$2,000 max monthly benefit)	\$0.192
High Option (\$1,000 max weekly benefit)	\$1.20	High Option (\$4,000 max monthly benefit)	\$0.230
		Premier LTD (\$7,000 max monthly Benefit)	\$0.320

Imputed Income

The Internal Revenue Service (IRS) allows “tax free” health insurance subsidies for employees and their eligible dependents, but excludes amounts attributable to coverage of adult children above age 26, a domestic partner (DP), and dependents of a domestic partner. The County must include the fair market value of this coverage in the employee’s income, referred to as “imputed income” and this imputed income will be taxed accordingly. Go to www.miamidade.gov/benefits for additional information regarding imputed income tax. Please consult with a financial planner or tax consultant to see how that impacts your particular situation.