

Medical Plans

AvMed Advantage Plans*

■ First Choice Advantage HMO / Select Advantage HMO / HMO Advantage / POS Advantage

Applicable to Non-Bargaining, GSAF Professional and Supervisors, and IAFF **HIRED PRIOR TO JANUARY 1, 2019**.

Applicable to AFSCME Aviation, AFSCME General, AFSCME Solid Waste **HIRED PRIOR TO JANUARY 1, 2020**.

Applicable to Transit Workers Union (TWU) **HIRED PRIOR TO JANUARY 1, 2021**.

Applicable to AFSCME Water & Sewer **HIRED PRIOR TO JULY 1, 2021**.

Applicable to PBA Rank/File and PBA Supervisory Employees **HIRED PRIOR TO JANUARY 1, 2022****.

■ First Choice Advantage HMO / Select Advantage HMO***

Applicable to Non-Bargaining, GSAF Professional and Supervisors, and IAFF **HIRED ON OR AFTER JANUARY 1, 2019**.

Applicable to AFSCME Aviation, AFSCME General, AFSCME Solid Waste **HIRED ON OR AFTER JANUARY 1, 2020**.

Applicable to Transit Workers Union (TWU) **HIRED ON OR AFTER JANUARY 1, 2021**.

Applicable to AFSCME Water & Sewer **HIRED ON OR AFTER JULY 1, 2021**.

Applicable to PBA Rank/File and PBA Supervisory Employees **HIRED ON OR AFTER JANUARY 1, 2022**.

TIER LEVEL	First Choice Advantage HMO/ Jackson First HMO	Select Advantage HMO/ Select Network HMO	HMO Advantage/ High Option HMO	POS Advantage/ POS Plan**
EMPLOYEE ONLY	\$0.00	\$0.00	\$75.00	\$100.00
EMPLOYEE + CHILD(REN)	\$112.02	\$141.00	\$180.17	\$285.86
EMPLOYEE + SPOUSE	\$134.71	\$166.00	\$208.35	\$344.54
EMPLOYEE + FAMILY	\$197.84	\$236.00	\$287.77	\$595.59

* Advantage Plans available to those Bargaining Units which have negotiated these plans as part of their collective bargaining agreements.

** POS Advantage Plan is available only to those PBA Rank/File & Supervisory Employees hired prior to January 1, 2019.

*** HMO Advantage and POS Advantage are not available to employees hired on or after the date shown for their respective bargaining unit.

Dental Plans

Delta Dental PPO/DeltaCare DHMO

Biweekly Dental Rates

PLAN	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + FAMILY	
	STD	ENR	STD	ENR	STD	ENR
DELTACARE USA	\$0.00	\$0.56	\$3.03	\$3.99	\$7.11	\$9.09
DELTA DENTAL DPPO	\$0.00	\$5.46	\$13.11	\$23.89	\$29.33	\$46.74

Other Plan Rates

HUMANA VISION		
	STD	ENR
EMPLOYEE ONLY	\$3.40	\$4.19
EMPLOYEE + 1	\$6.79	\$8.38
EMPLOYEE + FAMILY	\$12.20	\$15.41

ARAG LEGAL INSURANCE	
EMPLOYEE ONLY	\$7.29
EMPLOYEE + 1	\$9.34
EMPLOYEE + FAMILY	\$9.61

Other Plan Rates (continued)

FLEXIBLE SPENDING ACCOUNTS (FSA)		
	Contribution Limit	Administrative Fees Per Pay Period
Healthcare FSA Only	\$2,750	\$0.00
Dependent Care FSA Only	*\$5,000	\$0.00
Both Health & Dependent Care		\$0.00

FSA Contribution Limits:

Healthcare FSA:

Minimum Deposit: \$10 per pay period, or \$260 per year
 Maximum Deposit: \$105.76 per pay period, or \$2,750 per year

Dependent Care FSA:

Minimum Deposit: \$10 per pay period, or \$260 per year
 Maximum Deposit: \$192.31 per pay period, or \$5,000 per year

* Maximum Dependent Care FSA annual deposit depends on participant's tax filing status:

- Married and filing separately \$2,500
- Single and head of household \$5,000
- Single and not head of household \$2,500
- Married and filing jointly \$5,000

METLIFE Short Term Disability (STD)	Premium Per \$100 Weekly Benefit*
Low Opt (\$500 max weekly benefit)	\$1.46
High Opt (\$1,000 max weekly benefit)	\$1.46

METLIFE Long Term Disability (LTD)	Premium Per \$100 of Covered Monthly Payroll*
Low Opt (\$2,000 max monthly benefit)	\$0.239
High Opt (\$4,000 max monthly benefit)	\$0.285
Premier (\$7,000 max monthly benefit)	\$0.397

*STD and LTD rates valid through 12/31/2021, to be used as a point of reference. 2022 rates were not available at the time of publishing. Please refer to www.miamidade.gov/benefits for updated rate information for 2022.