Miami-Dade County 2026 COBRA Monthly Rates
(The COBRA Rates Below DO NOT Include the 2% Admin. Fee)

MEDICAL PLANS	Single	EE + Spouse	EE+ Children	Family
AETNA ADVANTAGE POS	$ 2,231.21	$ 4,257.30	$ 3,928.71	$ 5,699.00
AETNA ADVANTAGE HMO	$ 1,124.27	$ 2,377.82	$ 2,200.96	$ 2,905.51
AETNA SELECT ADVANTAGE HMO	$ 1,041.74	$ 2,204.73	$ 2,040.55	$ 2,694.38
AETNA FIRST CHOICE ADVANTAGE HMO	$ 877.33	$ 1,859.68	$ 1,720.96	$ 2,273.55
AETNA POS	$ 2,231.21	$ 4,257.30	$ 3,928.71	$ 5,699.00
AETNA HIGH OPT HMO	$ 1,124.27	$ 2,377.82	$ 2,200.96	$ 2,905.51
AETNA MDC SELECT HMO	$ 1,041.74	$ 2,204.73	$ 2,040.55	$ 2,694.38
AETNA MDC JACKSON FIRST HMO	$ 877.33	$ 1,859.68	$ 1,720.96	$ 2,273.55

DENTAL	Single		EE + 1	Family
Delta Dental DPPO - Standard (STD)	$28.91		$57.25	$92.30
Delta Dental DPPO - Enriched (ENR)	$40.72		$80.55	$129.93
Delta Dental DHMO - Standard (STD)	$10.43		$17.25	$26.44
Delta Dental DHMO - Enriched (ENR)	$11.74		$19.46	$30.94

VISION	Single		EE + 1	Family
Humana - Standard (STD)	$7.36		$14.72	$26.44
Humana - Enriched (ENR)	$13.39		$26.76	$49.22