

## **TWO**THOUSAND**TWENTYSIX**

# **OPEN**ENROLLMENT

# 2026 GROUP INSURANCE BIWEEKLY RATES

## **MEDICAL**

TIER LEVEL	AETNA FIRST CHOICE ADVANTAGE HMO	AETNA SELECT ADVANTAGE HMO	AETNA ADVANTAGE HMO	AETNA ADVANTAGE POS
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

### **DENTAL**

PLAN	EMPLOYEE ONLY		EMPLOYEE + 1		EMPLOYEE + FAMILY	
	STD	ENR	STD	ENR	STD	ENR
DELTACARE USA	\$0.00	\$0.61	\$3.15	\$4.17	\$7.39	\$9.47
DELTA DENTAL DPPO	\$0.00	\$5.45	\$13.08	\$23.84	\$29.26	\$46.63

HUMANA VISION			
	STD	ENR	
EMPLOYEE ONLY	\$3.40	\$6.18	
EMPLOYEE + 1	\$6.79	\$12.35	
EMPLOYEE + FAMILY	\$12.20	\$22.71	

FLEXIBLE SPENDING ACCOUNTS (FSA)		
	Contribution Limit	
HEALTHCARE FSA ONLY	\$3,400	
DEPENDENT CARE FSA ONLY	\$5,000	

METLIFE SHORT TERM DISABILITY (STD)	PREMIUM PER \$100 WEEKLY BENEFIT	
Low Opt (\$500 max weekly benefit)	\$1.45	
High Opt (\$1,000 max weekly benefit)	\$1.45	

METLIFE LONG TERM DISABILITY (LTD)	PREMIUM PER \$100 OF COVERED MONTHLY PAYROLL	
Low Opt (\$2,000 max monthly benefit)	\$1.75	
High Opt (\$4,000 max monthly benefit)	\$2.10	
Premier (\$7,000 max monthly benefit)	\$2.92	

ARAG LEGAL INSURANCE		
EMPLOYEE ONLY	\$7.21	
EMPLOYEE + 1	\$9.24	
EMPLOYEE + FAMILY	\$9.50	



Visit the Miami-Dade County Benefits Open Enrollment website