CITY OF MIAMI SPRINGS
INSURANCE COVERAGE PREMIUMS (GENERAL EMPLOYEES AND FOP MEMBERS)
EFFECTIVE 10/1/16

NEIGHBORHOOD HEALTH PARTNERSHIP HMO (LOW PLAN)

	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$559.23	$258.11	$559.23	$258.11	$0.00	$0.00
Employee + Spouse	$1,241.49	$573.00	$900.36	$415.55	$341.13	$157.44
Employee + Child(ren)	$1,045.76	$482.66	$802.50	$370.38	$243.27	$112.28
Employee + Family	$1,632.95	$753.67	$1,096.09	$505.89	$536.86	$247.78

NEIGHBORHOOD HEALTH PARTNERSHIP HMO (HIGH PLAN) GENERAL EMPLOYEES

	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$645.89	$298.10	$604.77	$279.12	$41.12	$18.98
Employee + Spouse	$1,433.87	$661.79	$996.55	$459.95	$437.32	$201.84
Employee + Child(ren)	$1,207.82	$557.46	$883.53	$407.78	$324.30	$149.67
Employee + Family	$1,885.99	$870.46	$1,222.61	$564.28	$663.38	$306.18

NEIGHBORHOOD HEALTH PARTNERSHIP HMO (HIGH PLAN) UNIFORMED POLICE ONLY

	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$645.89	$298.10	$645.89	$298.10	$0.00	$0.00
Employee + Spouse	$1,433.87	$661.79	$996.55	$459.95	$437.32	$201.84
Employee + Child(ren)	$1,207.82	$557.46	$883.53	$407.78	$324.29	$149.67
Employee + Family	$1,885.99	$870.46	$1,222.61	$564.28	$663.38	$306.18

NEIGHBORHOOD HEALTH PARTNERSHIP POS

	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$568.47	$262.37	$559.23	$258.11	$9.24	$4.26
Employee + Spouse	$1,262.00	$582.46	$910.62	$420.28	$351.39	$162.18
Employee + Child(ren)	$1,063.04	$490.63	$811.14	$374.37	$251.91	$116.26
Employee + Family	$1,659.04	$765.71	$1,109.14	$511.91	$549.91	$253.80

UNITED HEALTHCARE (CHOICE) For retirees/employees who require out of network coverage

	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$733.56	$338.57	$602.77	$278.20	$130.79	$60.36
Employee + Spouse	$1,628.50	$751.62	$1,093.87	$504.86	$534.64	$246.75
Employee + Child(ren)	$1,371.75	$633.12	$965.49	$445.61	$406.26	$187.50
Employee + Family	$2,142.00	$988.62	$1,350.62	$623.36	$791.39	$365.25

CIGNA DENTAL CARE

DHMO Prepaid Plan CDO/KASV7	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$13.41	$6.19	$13.41	$6.19	$0.00	$0.00
Employee + 1	$20.54	$9.48	$16.98	$7.83	$3.57	$1.65
Employee + 2 Plus	$31.84	$14.70	$22.63	$10.44	$9.22	$4.25

CIGNA DENTAL PPO (Optional)

DPPO Plan	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$30.70	$14.17	$13.41	$6.19	$17.29	$7.98
Employee + 1	$65.36	$30.17	$39.39	$18.18	$25.98	$11.99
Employee + 2 Plus	$97.70	$45.09	$55.56	$25.64	$42.15	$19.45

COMPBENEFITS/VISION CARE

(Same Plan)	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$4.62	$2.13	$4.62	$2.13	$0.00	$0.00
Employee + Spouse	$13.12	$6.06	$8.87	$4.09	$4.25	$1.96
Employee + Child(ren)	$13.12	$6.06	$8.87	$4.09	$4.25	$1.96
Employee + Family	$13.12	$6.06	$8.87	$4.09	$4.25	$1.96