

**CITY OF MIAMI SPRINGS
INSURANCE COVERAGE PREMIUMS (GENERAL EMPLOYEES AND FOP MEMBERS)
EFFECTIVE 10/1/2023**

FY 2023-24

HUMANA MEDICAL - HMO SILVER PLAN						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>
Employee	\$928.08	\$428.34	\$928.08	\$428.34	\$0.00	\$0.00
Employee + Spouse	\$2,060.34	\$950.93	\$1,494.21	\$689.64	\$566.13	\$261.29
Employee + Child(ren)	\$1,735.51	\$801.00	\$1,331.80	\$614.67	\$403.72	\$186.33
Employee + Family	\$2,709.99	\$1,250.76	\$1,819.04	\$839.55	\$890.96	\$411.21
HUMANA MEDICAL - HMO GOLD PLAN						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>
Employee	\$1,012.59	\$467.35	\$928.08	\$428.34	\$84.51	\$39.00
Employee + Spouse	\$2,247.96	\$1,037.52	\$1,588.02	\$732.93	\$659.94	\$304.59
Employee + Child(ren)	\$1,893.55	\$873.95	\$1,410.82	\$651.15	\$482.74	\$222.80
Employee + Family	\$2,956.78	\$1,364.67	\$1,942.43	\$896.51	\$1,014.35	\$468.16
HUMANA MEDICAL - POLICE HMO (UNIFORMED POLICE ONLY)						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>
Employee	\$1,012.59	\$467.35	\$1,012.59	\$467.35	\$0.00	\$0.00
Employee + Spouse	\$2,247.96	\$1,037.52	\$1,672.53	\$771.94	\$575.43	\$265.58
Employee + Child(ren)	\$1,893.55	\$873.95	\$1,495.33	\$690.15	\$398.23	\$183.80
Employee + Family	\$2,956.78	\$1,364.67	\$2,026.94	\$935.51	\$929.84	\$429.16
HUMANA MEDICAL - POS PLAN						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>
Employee	\$977.18	\$451.01	\$928.08	\$428.34	\$49.10	\$22.66
Employee + Spouse	\$2,169.35	\$1,001.24	\$1,548.72	\$714.79	\$620.64	\$286.45
Employee + Child(ren)	\$1,827.32	\$843.38	\$1,377.70	\$635.86	\$449.62	\$207.52
Employee + Family	\$2,853.37	\$1,316.94	\$1,890.73	\$872.64	\$962.65	\$444.30
CIGNA DENTAL - DHMO PLAN						
DHMO PLAN	Full Premium		City Portion		Employee Portion	
	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>
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 - DPPO PLAN						
DPPO PLAN	Full Premium		City Portion		Employee Portion	
	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>
Employee	\$35.58	\$16.42	\$13.41	\$6.19	\$22.17	\$10.23
Employee + 1	\$75.74	\$34.96	\$44.58	\$20.57	\$31.17	\$14.38
Employee + 2 Plus	\$113.21	\$52.25	\$63.31	\$29.22	\$49.90	\$23.03
HUMANA VISION						
HUMANA VISION 130 PLAN	Full Premium		City Portion		Employee Portion	
	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>	<i>Monthly</i>	<i>Per Pay Period</i>
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

8/23/2023