

**CITY OF MIAMI SPRINGS
INSURANCE COVERAGE PREMIUMS (GENERAL EMPLOYEES AND FOP MEMBERS)
EFFECTIVE 10/1/2020**

FY 2020-21

CORRECTED 10/08/2020

HUMANA MEDICAL - HMO BRONZE PLAN						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$686.74	\$305.22	\$686.74	\$305.22	\$0.00	\$0.00
Employee + Spouse	\$1,524.58	\$677.59	\$1,133.50	\$503.78	\$391.08	\$173.81
Employee + Child(ren)	\$1,284.21	\$570.76	\$1,013.32	\$450.36	\$270.90	\$120.40
Employee + Family	\$2,005.30	\$891.24	\$1,373.86	\$610.60	\$631.44	\$280.64
HUMANA MEDICAL - HMO SILVER PLAN						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$742.42	\$329.96	\$742.42	\$329.96	\$0.00	\$0.00
Employee + Spouse	\$1,648.19	\$732.53	\$1,195.31	\$531.25	\$452.89	\$201.28
Employee + Child(ren)	\$1,388.34	\$617.04	\$1,065.38	\$473.50	\$322.96	\$143.54
Employee + Family	\$2,167.89	\$963.51	\$1,455.16	\$646.74	\$712.74	\$316.77
HUMANA MEDICAL - HMO GOLD PLAN						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$810.03	\$360.01	\$742.42	\$329.96	\$67.61	\$30.05
Employee + Spouse	\$1,798.28	\$799.24	\$1,270.35	\$564.60	\$527.93	\$234.64
Employee + Child(ren)	\$1,514.77	\$673.23	\$1,128.60	\$501.60	\$386.18	\$171.63
Employee + Family	\$2,365.31	\$1,051.25	\$1,553.87	\$690.61	\$811.45	\$360.64
HUMANA MEDICAL - POLICE HMO (UNIFORMED POLICE ONLY)						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$810.03	\$360.01	\$810.03	\$360.01	\$0.00	\$0.00
Employee + Spouse	\$1,798.28	\$799.24	\$1,337.96	\$594.65	\$460.32	\$204.59
Employee + Child(ren)	\$1,514.77	\$673.23	\$1,196.21	\$531.65	\$318.57	\$141.58
Employee + Family	\$2,365.31	\$1,051.25	\$1,621.48	\$720.66	\$743.84	\$330.59
HUMANA MEDICAL - POS PLAN						
GROUP NUMBER: 865234	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$781.71	\$347.43	\$742.42	\$329.96	\$39.29	\$17.46
Employee + Spouse	\$1,735.39	\$771.28	\$1,238.91	\$550.62	\$496.49	\$220.66
Employee + Child(ren)	\$1,461.79	\$649.68	\$1,102.11	\$489.82	\$359.69	\$159.86
Employee + Family	\$2,282.58	\$1,053.50	\$1,512.50	\$672.22	\$770.08	\$381.28
CIGNA DENTAL - DHMO PLAN						
DHMO PLAN	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$13.41	\$5.96	\$13.41	\$5.96	\$0.00	\$0.00
Employee + 1	\$20.54	\$9.13	\$16.98	\$7.54	\$3.57	\$1.58
Employee + 2 Plus	\$31.84	\$14.15	\$22.63	\$10.06	\$9.22	\$4.10
CIGNA DENTAL - DPPO PLAN						
DPPO PLAN	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$34.54	\$15.35	\$13.41	\$5.96	\$21.13	\$9.39
Employee + 1	\$73.53	\$32.68	\$43.47	\$19.32	\$30.06	\$13.36
Employee + 2 Plus	\$109.91	\$48.85	\$61.66	\$27.40	\$48.25	\$21.44
HUMANA VISION						
HUMANA VISION 130 PLAN	Full Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	\$4.62	\$2.05	\$4.62	\$2.05	\$0.00	\$0.00
Employee + Spouse	\$13.12	\$5.83	\$8.87	\$3.94	\$4.25	\$1.89
Employee + Child(ren)	\$13.12	\$5.83	\$8.87	\$3.94	\$4.25	\$1.89
Employee + Family	\$13.12	\$5.83	\$8.87	\$3.94	\$4.25	\$1.89