CITY OF MIAMI SPRINGS
INSURANCE COVERAGE PREMIUMS (GENERAL EMPLOYEES AND FOP MEMBERS)
EFFECTIVE 10/1/17

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	$572.99	$264.46	$572.99	$264.46	$0.00	$0.00
Employee + Spouse	$1,272.04	$587.10	$922.52	$425.78	$349.53	$161.32
Employee + Child(ren)	$1,071.49	$494.53	$822.24	$379.50	$249.25	$115.04
Employee + Family	$1,673.13	$772.21	$1,123.06	$518.34	$550.07	$253.88

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	$661.78	$305.44	$620.66	$286.46	$41.12	$18.98
Employee + Spouse	$1,469.15	$678.07	$1,021.07	$471.26	$448.08	$206.81
Employee + Child(ren)	$1,237.53	$571.17	$905.26	$417.81	$332.27	$153.36
Employee + Family	$1,932.39	$891.87	$1,252.69	$578.16	$679.70	$313.71

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	$661.78	$305.44	$661.78	$305.44	$0.00	$0.00
Employee + Spouse	$1,469.15	$678.07	$1,109.86	$512.24	$359.29	$165.83
Employee + Child(ren)	$1,237.53	$571.17	$905.26	$417.81	$332.27	$153.36
Employee + Family	$1,932.39	$891.87	$1,252.69	$578.16	$679.70	$313.71

NEIGHBORHOOD HEALTH PARTNERSHIP POS						
	New Premium		City Portion		Employee Portion	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Employee	$582.45	$268.82	$572.99	$264.46	$9.46	$4.37
Employee + Spouse	$1,293.04	$596.79	$933.02	$430.62	$360.03	$166.17
Employee + Child(ren)	$1,089.18	$502.70	$831.09	$383.58	$258.10	$119.12
Employee + Family	$1,700.76	$784.97	$1,136.88	$524.71	$563.89	$260.25

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	$864.13	$398.83	$572.99	$264.46	$291.14	$134.37
Employee + Spouse	$1,918.36	$885.40	$1,245.68	$574.93	$672.69	$310.47
Employee + Child(ren)	$1,615.91	$745.80	$1,094.45	$505.13	$521.46	$240.67
Employee + Family	$2,523.27	$1,164.59	$1,548.13	$714.52	$975.14	$450.06

CIGNA DENTAL DMHO						
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						
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

HUMANA COMPBENEFITS/VISION CARE						
	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