



2021 Full-time FlexPlan Rate Sheet

January 1, 2021 - December 31, 2021

Disability Insurance Plans

The Standard Employee Coverage

Short-Term	
Standard Upgrade	Determine your premium by choosing a payroll cycle and following ONE of the formulas below:
10-month (20 Deductions)	Annual Salary* \$ ____ ÷ 52 weeks x .60 (60% of eligible earnings) ÷ \$10 x \$.097 x 12 ÷ 20 = \$ ____
11-month (24 Deductions)	Annual Salary* \$ ____ ÷ 52 weeks x .60 (60% of eligible earnings) ÷ \$10 x \$.097 x 12 ÷ 24 = \$ ____
12-month (26 Deductions)	Annual Salary* \$ ____ ÷ 52 weeks x .60 (60% of eligible earnings) ÷ \$10 x \$.097 x 12 ÷ 26 = \$ ____
Long-Term	
	Determine your premium by choosing a payroll cycle and following ONE of the formulas below:
10-month (20 Deductions)	Annual Salary* \$ _____ ÷ \$100 x \$.651 ÷ 20 = \$ _____
11-month (24 Deductions)	Annual Salary* \$ _____ ÷ \$100 x \$.651 ÷ 24 = \$ _____
12-month (26 Deductions)	Annual Salary* \$ _____ ÷ \$100 x \$.651 ÷ 26 = \$ _____

Dental Plans

DeltaCare USA DHMO Plans

	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$7.83	\$4.84	\$6.53	\$4.03	\$6.02	\$3.72
Employee & Family	\$19.99	\$12.32	\$16.66	\$10.27	\$15.38	\$9.48

Delta Dental Indemnity PPO Plans

	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$18.82	\$11.68	\$15.69	\$9.73	\$14.48	\$8.98
Employee & Family	\$56.29	\$35.77	\$46.91	\$29.81	\$43.30	\$27.51

UnitedHealthcare Solstice DHMO Plans

(This benefit is not offered to employees represented by Fraternal Order of Police (FOP))

	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$5.92	\$4.42	\$4.94	\$3.69	\$4.56	\$3.40
Employee & Family	\$15.22	\$11.33	\$12.69	\$9.44	\$11.71	\$8.71

UnitedHealthcare Indemnity PPO Plans

(This benefit is not offered to employees represented by Fraternal Order of Police (FOP))

	10-month (20 Deductions)		11-month (24 Deductions)		12-month (26 Deductions)	
	High	Standard	High	Standard	High	Standard
Employee Only	\$20.63	\$10.77	\$17.20	\$8.98	\$15.87	\$8.28
Employee & Family	\$62.99	\$32.99	\$52.50	\$27.50	\$48.46	\$25.38



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Vision Plan

EyeMed Vision Care

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$3.36	\$2.80	\$2.58
Employee & Family	\$8.39	\$7.00	\$6.46

Identity Theft Protection Plan (Note: These premiums will be deducted on a post-tax basis).

ID Watchdog Identity Theft Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$3.36	\$2.80	\$2.58
Employee & Family	\$5.64	\$4.70	\$4.34

Hospital Indemnity Coverage

MetLife Hospital Indemnity Coverage

Coverage at \$50.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$1.09	\$0.91	\$0.84
Employee & Family	\$2.74	\$2.29	\$2.11
Coverage at \$150.00 Per Day	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee Only	\$3.22	\$2.69	\$2.48
Employee & Family	\$8.13	\$6.78	\$6.25

Legal Coverage (Note: These premiums will be deducted on a post-tax basis).

ARAG Legal Plan

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee & Family	\$8.16	\$6.80	\$6.28

MetLife Legal Plan*

	10-month (20 Deductions)	11-month (24 Deductions)	12-month (26 Deductions)
Employee & Family	\$8.58	\$7.15	\$6.60

* (This benefit is not offered to employees represented by United Teachers of Dade (UTD))



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MetLife - Life Insurance Benefit

Employee Only

Under Age 65 - 100% of original policy

Amount	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
10-Months	\$ 1.20	\$ 2.40	\$ 3.60	\$ 4.80	\$ 6.00	\$ 7.20	\$ 8.40	\$ 9.60	\$ 10.80	\$ 12.00
11-Months	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00
12-Months	\$ 0.92	\$ 1.85	\$ 2.77	\$ 3.69	\$ 4.62	\$ 5.54	\$ 6.46	\$ 7.38	\$ 8.31	\$ 9.23

Age 65-69 - 65% reduction of original policy

Amount	\$ 6,500	\$ 13,000	\$ 19,500	\$ 26,000	\$ 32,500	\$ 39,000	\$ 45,500	\$ 52,000	\$ 58,500	\$ 65,000
10-Months	\$ 0.78	\$ 1.56	\$ 2.34	\$ 3.12	\$ 3.90	\$ 4.68	\$ 5.46	\$ 6.24	\$ 7.02	\$ 7.80
11-Months	\$ 0.65	\$ 1.30	\$ 1.95	\$ 2.60	\$ 3.25	\$ 3.90	\$ 4.55	\$ 5.20	\$ 5.85	\$ 6.50
12-Months	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40	\$ 3.00	\$ 3.60	\$ 4.20	\$ 4.80	\$ 5.40	\$ 6.00

Age 70+ - 50% reduction of original policy

Amount	\$ 5,000	\$ 10,000	\$ 15,000	\$ 20,000	\$ 25,000	\$ 30,000	\$ 35,000	\$ 40,000	\$ 45,000	\$ 50,000
10-Months	\$ 0.60	\$ 1.20	\$ 1.80	\$ 2.40	\$ 3.00	\$ 3.60	\$ 4.20	\$ 4.80	\$ 5.40	\$ 6.00
11-Months	\$ 0.50	\$ 1.00	\$ 1.50	\$ 2.00	\$ 2.50	\$ 3.00	\$ 3.50	\$ 4.00	\$ 4.50	\$ 5.00
12-Months	\$ 0.46	\$ 0.92	\$ 1.38	\$ 1.85	\$ 2.31	\$ 2.77	\$ 3.23	\$ 3.69	\$ 4.15	\$ 4.62



2021 Full-time FlexPlan Rate Sheet

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MetLife - Accidental Death and Dismemberment (AD&D)

Employee Only (This benefit is not offered to employees represented by AFSCME)

Under Age 65 - 100% of original policy

Amount	\$ 25,000	\$ 50,000	\$ 75,000	\$ 100,000	\$ 125,000	\$ 150,000	\$ 175,000	\$ 200,000	\$ 225,000	\$ 250,000
10-Months	\$ 0.20	\$ 0.39	\$ 0.59	\$ 0.78	\$ 0.98	\$ 1.17	\$ 1.37	\$ 1.56	\$ 1.76	\$ 1.95
11-Months	\$ 0.16	\$ 0.33	\$ 0.49	\$ 0.65	\$ 0.81	\$ 0.98	\$ 1.14	\$ 1.30	\$ 1.46	\$ 1.63
12-Months	\$ 0.15	\$ 0.30	\$ 0.45	\$ 0.60	\$ 0.75	\$ 0.90	\$ 1.05	\$ 1.20	\$ 1.35	\$ 1.50
Amount	\$ 275,000	\$ 300,000	\$ 325,000	\$ 350,000	\$ 375,000	\$ 400,000	\$ 425,000	\$ 450,000	\$ 475,000	\$ 500,000
10-Months	\$ 2.15	\$ 2.34	\$ 2.54	\$ 2.73	\$ 2.93	\$ 3.12	\$ 3.32	\$ 3.51	\$ 3.71	\$ 3.90
11-Months	\$ 1.79	\$ 1.95	\$ 2.11	\$ 2.28	\$ 2.44	\$ 2.60	\$ 2.76	\$ 2.93	\$ 3.09	\$ 3.25
12-Months	\$ 1.65	\$ 1.80	\$ 1.95	\$ 2.10	\$ 2.25	\$ 2.40	\$ 2.55	\$ 2.70	\$ 2.85	\$ 3.00

Age 65-69 - 65% reduction of original policy

Amount	\$ 16,250	\$ 32,500	\$ 48,750	\$ 65,000	\$ 81,250	\$ 97,500	\$ 113,750	\$ 130,000	\$ 146,250	\$ 162,500
10-Months	\$ 0.13	\$ 0.25	\$ 0.38	\$ 0.51	\$ 0.63	\$ 0.76	\$ 0.89	\$ 1.01	\$ 1.14	\$ 1.27
11-Months	\$ 0.11	\$ 0.21	\$ 0.32	\$ 0.42	\$ 0.53	\$ 0.63	\$ 0.74	\$ 0.85	\$ 0.95	\$ 1.06
12-Months	\$ 0.10	\$ 0.20	\$ 0.29	\$ 0.39	\$ 0.49	\$ 0.59	\$ 0.68	\$ 0.78	\$ 0.88	\$ 0.98
Amount	\$ 178,750	\$ 195,000	\$ 211,250	\$ 227,500	\$ 243,750	\$ 260,000	\$ 276,250	\$ 292,500	\$ 308,750	\$ 325,000
10-Months	\$ 1.39	\$ 1.52	\$ 1.65	\$ 1.77	\$ 1.90	\$ 2.03	\$ 2.15	\$ 2.28	\$ 2.41	\$ 2.54
11-Months	\$ 1.16	\$ 1.27	\$ 1.37	\$ 1.48	\$ 1.58	\$ 1.69	\$ 1.80	\$ 1.90	\$ 2.01	\$ 2.11
12-Months	\$ 1.07	\$ 1.17	\$ 1.27	\$ 1.37	\$ 1.46	\$ 1.56	\$ 1.66	\$ 1.76	\$ 1.85	\$ 1.95

Age 70+ - 50% reduction of original policy

Amount	\$ 12,500	\$ 25,000	\$ 37,500	\$ 50,000	\$ 62,500	\$ 75,000	\$ 87,500	\$ 100,000	\$ 112,500	\$ 125,000
10-Months	\$ 0.10	\$ 0.20	\$ 0.29	\$ 0.39	\$ 0.49	\$ 0.59	\$ 0.68	\$ 0.78	\$ 0.88	\$ 0.98
11-Months	\$ 0.08	\$ 0.16	\$ 0.24	\$ 0.33	\$ 0.41	\$ 0.49	\$ 0.57	\$ 0.65	\$ 0.73	\$ 0.81
12-Months	\$ 0.08	\$ 0.15	\$ 0.23	\$ 0.30	\$ 0.38	\$ 0.45	\$ 0.53	\$ 0.60	\$ 0.68	\$ 0.75
Amount	\$ 137,500	\$ 150,000	\$ 162,500	\$ 175,000	\$ 187,500	\$ 200,000	\$ 212,500	\$ 225,000	\$ 237,500	\$ 250,000
10-Months	\$ 1.07	\$ 1.17	\$ 1.27	\$ 1.37	\$ 1.46	\$ 1.56	\$ 1.66	\$ 1.76	\$ 1.85	\$ 1.95
11-Months	\$ 0.89	\$ 0.98	\$ 1.06	\$ 1.14	\$ 1.22	\$ 1.30	\$ 1.38	\$ 1.46	\$ 1.54	\$ 1.63
12-Months	\$ 0.83	\$ 0.90	\$ 0.98	\$ 1.05	\$ 1.13	\$ 1.20	\$ 1.28	\$ 1.35	\$ 1.43	\$ 1.50



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Employee + Family (This benefit is not offered to employees represented by AFSCME)

Under Age 65 - 100% of original policy

Amount	\$ 25,000	\$ 50,000	\$ 75,000	\$100,000	\$125,000	\$ 150,000	\$ 175,000	\$200,000	\$ 225,000	\$ 250,000
10-Months	\$ 0.39	\$ 0.78	\$ 1.17	\$ 1.56	\$ 1.95	\$ 2.34	\$ 2.73	\$ 3.12	\$ 3.51	\$ 3.90
11-Months	\$ 0.33	\$ 0.65	\$ 0.98	\$ 1.30	\$ 1.63	\$ 1.95	\$ 2.28	\$ 2.60	\$ 2.93	\$ 3.25
12-Months	\$ 0.30	\$ 0.60	\$ 0.90	\$ 1.20	\$ 1.50	\$ 1.80	\$ 2.10	\$ 2.40	\$ 2.70	\$ 3.00
Amount	\$ 275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$ 425,000	\$450,000	\$ 475,000	\$ 500,000
10-Months	\$ 4.29	\$ 4.68	\$ 5.07	\$ 5.46	\$ 5.85	\$ 6.24	\$ 6.63	\$ 7.02	\$ 7.41	\$ 7.80
11-Months	\$ 3.58	\$ 3.90	\$ 4.23	\$ 4.55	\$ 4.88	\$ 5.20	\$ 5.53	\$ 5.85	\$ 6.18	\$ 6.50
12-Months	\$ 3.30	\$ 3.60	\$ 3.90	\$ 4.20	\$ 4.50	\$ 4.80	\$ 5.10	\$ 5.40	\$ 5.70	\$ 6.00

Age 65-69 - 65% reduction of original policy

Amount	\$ 16,250	\$ 32,500	\$ 48,750	\$ 65,000	\$ 81,250	\$ 97,500	\$ 113,750	\$ 130,000	\$ 146,250	\$ 162,500
10-Months	\$ 0.25	\$ 0.51	\$ 0.76	\$ 1.01	\$ 1.27	\$ 1.52	\$ 1.77	\$ 2.03	\$ 2.28	\$ 2.54
11-Months	\$ 0.21	\$ 0.42	\$ 0.63	\$ 0.85	\$ 1.06	\$ 1.27	\$ 1.48	\$ 1.69	\$ 1.90	\$ 2.11
12-Months	\$ 0.20	\$ 0.39	\$ 0.59	\$ 0.78	\$ 0.98	\$ 1.17	\$ 1.37	\$ 1.56	\$ 1.76	\$ 1.95
Amount	\$ 178,750	\$195,000	\$ 211,250	\$ 227,500	\$243,750	\$ 260,000	\$ 276,250	\$ 292,500	\$ 308,750	\$ 325,000
10-Months	\$ 2.79	\$ 3.04	\$ 3.30	\$ 3.55	\$ 3.80	\$ 4.06	\$ 4.31	\$ 4.56	\$ 4.82	\$ 5.07
11-Months	\$ 2.32	\$ 2.54	\$ 2.75	\$ 2.96	\$ 3.17	\$ 3.38	\$ 3.59	\$ 3.80	\$ 4.01	\$ 4.23
12-Months	\$ 2.15	\$ 2.34	\$ 2.54	\$ 2.73	\$ 2.93	\$ 3.12	\$ 3.32	\$ 3.51	\$ 3.71	\$ 3.90

Age 70+ - 50% reduction of original policy

Amount	\$ 12,500	\$ 25,000	\$ 37,500	\$ 50,000	\$ 62,500	\$ 75,000	\$ 87,500	\$100,000	\$ 112,500	\$ 125,000
10-Months	\$ 0.20	\$ 0.39	\$ 0.59	\$ 0.78	\$ 0.98	\$ 1.17	\$ 1.37	\$ 1.56	\$ 1.76	\$ 1.95
11-Months	\$ 0.16	\$ 0.33	\$ 0.49	\$ 0.65	\$ 0.81	\$ 0.98	\$ 1.14	\$ 1.30	\$ 1.46	\$ 1.63
12-Months	\$ 0.15	\$ 0.30	\$ 0.45	\$ 0.60	\$ 0.75	\$ 0.90	\$ 1.05	\$ 1.20	\$ 1.35	\$ 1.50
Amount	\$ 137,500	\$150,000	\$162,500	\$ 175,000	\$ 187,500	\$ 200,000	\$ 212,500	\$ 225,000	\$ 237,500	\$ 250,000
10-Months	\$ 2.15	\$ 2.34	\$ 2.54	\$ 2.73	\$ 2.93	\$ 3.12	\$ 3.32	\$ 3.51	\$ 3.71	\$ 3.90
11-Months	\$ 1.79	\$ 1.95	\$ 2.11	\$ 2.28	\$ 2.44	\$ 2.60	\$ 2.76	\$ 2.93	\$ 3.09	\$ 3.25
12-Months	\$ 1.65	\$ 1.80	\$ 1.95	\$ 2.10	\$ 2.25	\$ 2.40	\$ 2.55	\$ 2.70	\$ 2.85	\$ 3.00