

CITY OF CORAL GABLES



Excluded & Teamsters Monthly Medical Insurance Rates

Effective 10/1/18

HMO BLUECARE 57	FLORIDA BLUE PREMIUM	CITY SUBSIDY (Employee cost \$7, \$') &	EMPLOYEE MONTHLY COST	EMPLOYEE BI-WEEKLY RATES
Employee	\$ 780.21	\$ 780.21	-0-	-0-
Employee + Spouse	\$ 1,348.19	\$780.21+ \$284.33	\$ 283.88	\$14%, ')
Employee + Child(ren)	\$ 1,220.25	\$780.21+ \$220.28	\$ 219.94	\$ 1\$ ", ,)
Employee + Family	\$ 1,587.72	\$780.21+ \$404.23	\$ 403.28	\$ &\$%* (
HMO BLUECARE 56				
	FLORIDA BLUE PREMIUM	CITY SUBSIDY (Employee cost \$7, \$') &	EMPLOYEE MONTHLY COST	EMPLOYEE BI-WEEKLY RATES
Employee	\$ 920.23	\$780.21	\$ 140.02	\$ + \$" \$%
Employee + Spouse	\$ 1,590.16	\$780.21+ \$284.33	\$ 525.62	\$ & & ', %
Employee + Child(ren)	\$ 1,392.22	\$780.21+ \$220.28	\$ 391.73	\$ %) ", +
Employee + Family	\$ 1,872.66	\$780.21+ \$404.23	\$ 688.22	\$ 3((' %%
PPO BLUEOPTIONS				
	FLORIDA BLUE PREMIUM	CITY SUBSIDY (Employee cost \$7, \$') &	EMPLOYEE MONTHLY COST	EMPLOYEE BI-WEEKLY RATES
Employee	\$ 1,034.05	\$780.21	\$ 253.84	\$ 1& " &
Employee + Spouse	\$ 1,786.82	\$780.21+ \$284.33	\$ 722.28	\$ 3* %%(
Employee + Child(ren)	\$ 1,618.05	\$780.21+ \$220.28	\$ 617.56	\$ ' \$, "+,
Employee + Family	\$ 2,104.27	\$780.21+ \$404.23	\$ 919.83	\$ 4) -" &

Please note that the City of Coral Gables provides a subsidy in the amount of \$780.43 (monthly) for group medical insurance. The rates above reflect/take into account the subsidy.

Excluded & Teamsters Bi-weekly Dental and Vision Rates



**FLORIDA COMBINED LIFE PRE-PAID PPO
DENTAL INSURANCE (DHMO)**

Employee	\$ 6.57	\$ 25.14
Employee + Spouse	\$ 13.51	\$ 51.23
Employee + Child(ren)	\$ 10.91	\$ 45.60
Employee + Family	\$ 19.11	\$ 62.48

HUMANA VISION

Employee	\$ 2.50
Employee + Spouse	\$ 4.99
Employee + Child(ren)	\$ 4.74
Employee + Family	\$ 7.45