

## Miami-Dade County 2021 COBRA Monthly Rates

(The COBRA Rates Below Include the 2% Admin. Fee)

MEDICAL PLANS	Single	EE + Spouse	EE+ Children	Family
AVMED POS	\$ 1,767.86	\$ 3,365.69	\$ 3,084.45	\$ 4,568.49
AVMED HIGH OPT HMO	\$ 914.43	\$ 1,919.21	\$ 1,777.68	\$ 2,340.61
AVMED SELECT NETWORK HMO	\$ 850.38	\$ 1,784.91	\$ 1,653.22	\$ 2,176.78
AVMED JACKSON FIRST HMO	\$ 807.89	\$ 1,695.67	\$ 1,570.56	\$ 2,067.92
POS ADVANTAGE	\$ 1,767.86	\$ 3,365.69	\$ 3,084.45	\$ 4,568.49
HMO ADVANTAGE	\$ 914.43	\$ 1,919.21	\$ 1,777.68	\$ 2,340.61
SELECT ADVANTAGE HMO	\$ 850.38	\$ 1,784.91	\$ 1,653.22	\$ 2,176.78
FIRST CHOICE ADVANTAGE HMO	\$ 807.89	\$ 1,695.67	\$ 1,570.56	\$ 2,067.92

DENTAL PLANS	Single	EE + 1	Family
Delta Dental DPPO - Standard (STD)	\$29.61	\$58.59	\$94.43
Delta Dental DPPO - Enriched (ENR)	\$41.69	\$82.42	\$132.91
Delta Dental DHMO - Standard (STD)	\$10.28	\$16.98	\$25.99
Delta Dental DHMO - Enriched (ENR)	\$11.52	\$19.09	\$30.37

VISION PLAN	Single	EE + 1	Family
Humana - Standard (STD)	\$7.51	\$15.01	\$26.97
Humana - Enriched (ENR)	\$9.26	\$18.51	\$34.05