



# 2020 Full-time FlexPlan Rate Sheet

January 1, 2020 - December 31, 2020

## 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:          |
| <b>10-month (20 Deductions)</b> | Annual Salary* \$ ___ ÷ 52 weeks x .60 (60% of eligible earnings) ÷ \$10 x \$.097 x 12 ÷ 20 = \$ ___ |
| <b>11-month (24 Deductions)</b> | Annual Salary* \$ ___ ÷ 52 weeks x .60 (60% of eligible earnings) ÷ \$10 x \$.097 x 12 ÷ 24 = \$ ___ |
| <b>12-month (26 Deductions)</b> | 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:          |
| <b>10-month (20 Deductions)</b> | Annual Salary* \$ _____ ÷ \$100 x \$.651 ÷ 20 = \$ _____   |
| <b>11-month (24 Deductions)</b> | Annual Salary* \$ _____ ÷ \$100 x \$.651 ÷ 24 = \$ _____   |
| <b>12-month (26 Deductions)</b> | 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

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

|                   | 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

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

|                 | 10-month (20 Deductions) | 11-month (24 Deductions) | 12-month (26 Deductions) |
|-----------------|--------------------------|--------------------------|--------------------------|
| ARAG Legal Plan | \$8.16                   | \$6.80                   | \$6.28                   |

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

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

|                  | 10-month (20 Deductions) | 11-month (24 Deductions) | 12-month (26 Deductions) |
|------------------|--------------------------|--------------------------|--------------------------|
| Hyatt Legal Plan | \$8.58                   | \$7.15                   | \$6.60                   |



# 2020 Full-time FlexPlan Rate Sheet

## January 1, 2020 - December 31, 2020

### 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   |



# 2020 Full-time FlexPlan Rate Sheet

## January 1, 2020 - December 31, 2020

### 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    |



# 2020 Full-time FlexPlan Rate Sheet

January 1, 2020 - December 31, 2020

## MetLife - Accidental Death and Dismemberment (AD&D)

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    |