



PART-TIME EMPLOYEES

2026 FLEXPLAN RATE SHEET

	Standard	High
DeltaCare USA DHMO Plans		
Employee Only	\$ 9.76	\$ 15.80
Employee & Family	\$ 24.84	\$ 40.32
Delta Dental Indemnity PPO Plans		
Employee Only	\$ 23.55	\$ 37.96
Employee & Family	\$ 72.13	\$ 113.52
UnitedHealthcare Solstice DHMO Plans		
Note: Not offered to employees represented by Fraternal Order of Police (FOP)		
Employee Only	\$ 7.82	\$ 10.48
Employee & Family	\$ 20.03	\$ 26.91
UnitedHealthcare Indemnity PPO Plans		
Note: Not offered to employees represented by Fraternal Order of Police (FOP)		
Employee Only	\$ 19.62	\$ 37.58
Employee & Family	\$ 60.11	\$ 114.75
EyeMed Vision Care		
Employee Only	\$ 6.05	
Employee & Family	\$ 15.11	
ID Watchdog ID Theft Protection (These premiums will be deducted on a post-tax basis.)		
Employee Only	\$ 5.60	
Employee & Family	\$ 9.40	
The Standard - Short & Long Term Disability		
Short-Term Disability	\$ 10.82	
Short-Term Disability (Upgrade)	\$ 17.57	
Long-Term Disability	\$ 25.65	
MetLife Hospital Indemnity Coverage		
\$50 / Day		
Employee Only	\$ 1.81	
Employee & Family	\$ 4.57	
\$150 / Day		
Employee Only	\$ 5.37	
Employee & Family	\$ 13.55	
ARAG Legal Plan (These premiums will be deducted on a post-tax basis.)		
Employee & Family	\$ 13.60	
MetLife Legal Plan (These premiums will be deducted on a post-tax basis.)		
Note: Not offered to employees represented by United Teachers of Dade (UTD)		
Employee & Family	\$ 14.30	



PART-TIME (B,E,F,L) EMPLOYEES

2026 AD&D COVERAGE RATE SHEET

MetLife - Accidental Death & Dismemberment (Employee Only)

UNDER Age 65 -100% of original policy										
Amounts	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Monthly Cost	\$ 0.33	\$ 0.65	\$ 0.98	\$ 1.30	\$ 1.63	\$ 1.95	\$ 2.28	\$ 2.60	\$ 2.93	\$ 3.25
Amounts	\$275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$425,000	\$450,000	\$475,000	\$500,000
Monthly Cost	\$ 3.58	\$ 3.90	\$ 4.23	\$ 4.55	\$ 4.88	\$ 5.20	\$ 5.53	\$ 5.85	\$ 6.18	\$ 6.50
Age 65-69 - 65% reduction of original policy										
Amounts	\$16,250	\$32,500	\$48,750	\$65,000	\$81,250	\$97,500	\$113,750	\$130,000	\$146,250	\$162,500
Monthly Cost	\$ 0.21	\$ 0.42	\$ 0.63	\$ 0.85	\$ 1.06	\$ 1.27	\$ 1.48	\$ 1.69	\$ 1.90	\$ 2.11
Amounts	\$178,750	\$195,000	\$211,250	\$227,500	\$243,750	\$260,000	\$276,250	\$292,500	\$308,750	\$325,000
Monthly Cost	\$ 2.32	\$ 2.54	\$ 2.75	\$ 2.96	\$ 3.17	\$ 3.38	\$ 3.59	\$ 3.80	\$ 4.01	\$ 4.23
Age 70+ - 50% reduction of original policy										
Amounts	\$12,500	\$25,000	\$37,500	\$50,000	\$62,500	\$75,000	\$87,500	\$100,000	\$112,500	\$125,000
Monthly Cost	\$ 0.16	\$ 0.33	\$ 0.49	\$ 0.65	\$ 0.81	\$ 0.98	\$ 1.14	\$ 1.30	\$ 1.46	\$ 1.63
Amounts	\$137,500	\$150,000	\$162,500	\$175,000	\$187,500	\$200,000	\$212,500	\$225,000	\$237,500	\$250,000
Monthly Cost	\$ 1.79	\$ 1.95	\$ 2.11	\$ 2.28	\$ 2.44	\$ 2.60	\$ 2.76	\$ 2.93	\$ 3.09	\$ 3.25

MetLife - Accidental Death & Dismemberment (Employee + Family)

UNDER Age 65 -100% of original policy										
Amounts	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Monthly Cost	\$ 0.65	\$ 1.30	\$ 1.95	\$ 2.60	\$ 3.25	\$ 3.90	\$ 4.55	\$ 5.20	\$ 5.85	\$ 6.50
Amounts	\$275,000	\$300,000	\$325,000	\$350,000	\$375,000	\$400,000	\$425,000	\$450,000	\$475,000	\$500,000
Monthly Cost	\$ 7.15	\$ 7.80	\$ 8.45	\$ 9.10	\$ 9.75	\$ 10.40	\$ 11.05	\$ 11.70	\$ 12.35	\$ 13.00
Age 65-69 - 65% reduction of original policy										
Amounts	\$16,250	\$32,500	\$48,750	\$65,000	\$81,250	\$97,500	\$113,750	\$130,000	\$146,250	\$162,500
Monthly Cost	\$ 0.42	\$ 0.85	\$ 1.27	\$ 1.69	\$ 2.11	\$ 2.54	\$ 2.96	\$ 3.38	\$ 3.80	\$ 4.23
Amounts	\$178,750	\$195,000	\$211,250	\$227,500	\$243,750	\$260,000	\$276,250	\$292,500	\$308,750	\$325,000
Monthly Cost	\$ 4.65	\$ 5.07	\$ 5.49	\$ 5.92	\$ 6.34	\$ 6.76	\$ 7.18	\$ 7.61	\$ 8.03	\$ 8.45
Age 70+ - 50% reduction of original policy										
Amounts	\$12,500	\$25,000	\$37,500	\$50,000	\$62,500	\$75,000	\$87,500	\$100,000	\$112,500	\$125,000
Monthly Cost	\$ 0.33	\$ 0.65	\$ 0.98	\$ 1.30	\$ 1.63	\$ 1.95	\$ 2.28	\$ 2.60	\$ 2.93	\$ 3.25
Amounts	\$137,500	\$150,000	\$162,500	\$175,000	\$187,500	\$200,000	\$212,500	\$225,000	\$237,500	\$250,000
Monthly Cost	\$ 3.58	\$ 3.90	\$ 4.23	\$ 4.55	\$ 4.88	\$ 5.20	\$ 5.53	\$ 5.85	\$ 6.18	\$ 6.50



PART-TIME (B,E,F,L) EMPLOYEES

2026 VOLUNTARY LIFE RATE SHEET

MetLife - Voluntary Life (Employee Only)

UNDER Age 65 -100% of original policy										
Amounts	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Monthly Cost	\$ 2.00	\$ 4.00	\$ 6.00	\$ 8.00	\$ 10.00	\$ 12.00	\$ 14.00	\$ 16.00	\$ 18.00	\$ 20.00
Age 65-69 - 65% reduction of original policy										
Amounts	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
Monthly Cost	\$ 1.30	\$ 2.60	\$ 3.90	\$ 5.20	\$ 6.50	\$ 7.80	\$ 9.10	\$ 10.40	\$ 11.70	\$ 13.00
Age 70+ - 50% reduction of original policy										
Amounts	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
Monthly Cost	\$ 1.00	\$ 2.00	\$ 3.00	\$ 4.00	\$ 5.00	\$ 6.00	\$ 7.00	\$ 8.00	\$ 9.00	\$ 10.00