



PART-TIME EMPLOYEES 2025 FLEXPLAN RATE SHEET

	STANDARD	HIGH
DELTACARE USA DHMO PLANS		
Employee Only	\$ 8.87	\$ 14.36
Employee & Family	\$ 22.58	\$ 36.65
DELTA DENTAL INDEMNITY PPO PLANS		
Employee Only	\$ 21.41	\$ 34.51
Employee & Family	\$ 65.57	\$ 103.20
UNITEDHEALTHCARE SOLSTICE DHMO PLANS		
NOTE: Not offered to employees represented by Fraternal Order of Police (FOP)		
Employee Only	\$ 7.59	\$ 10.17
Employee & Family	\$ 19.45	\$ 26.13
UNITEDHEALTHCARE INDEMNITY PPO PLANS		
NOTE: Not offered to employees represented by Fraternal Order of Police (FOP)		
Employee Only	\$ 19.05	\$ 36.49
Employee & Family	\$ 58.36	\$ 111.41
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		\$ 10.92
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 EMPLOYEES 2025 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 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	\$ 0.65	\$ 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 EMPLOYEES 2025 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