



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