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	