



Department of Risk Management GROUP BENEFITS DIVISION

2024 MONTHLY RETIREE RATES

EFFECTIVE JANUARY 1st, 2024 TO DECEMBER 31st, 2024

PLEASE NOTE:

- The Medicare eligible monthly premium applies to all retirees that are eligible to enroll in Medicare due to age or disability.
- The City's medical plan will be the secondary insurance coverage for all retirees that are **Medicare eligible and are enrolled** in Medicare.
- **If you are eligible for Medicare, please make sure that you enroll in Part A and Part B and submit a copy of Medicare Card to Risk Management immediately to pay discounted rates for Medical Plan.**
- These rates are subject to change at any time.

MEDICAL PLANS

DUAL CHOICE (POS) FOR NON-MEDICARE RETIREES:

| | <i>Retiree Contribution</i> | <i>City Contribution</i> | <i>Total</i> |
|----------------------------|-----------------------------|--------------------------|--------------|
| Single Coverage: | \$ 671.31 | \$ 55.01 | \$ 726.32 |
| Employee + Spouse: | \$ 1,476.87 | \$ 121.01 | \$ 1,597.88 |
| Employee + Child/Children: | \$ 1,241.91 | \$ 101.78 | \$ 1,343.69 |
| Family Coverage: | \$ 1,913.22 | \$ 156.79 | \$ 2,070.01 |

DUAL CHOICE (POS) FOR MEDICARE ENROLLED RETIREES:

(Proof of Enrollment in Part A & B are necessary for discounted rates. City Plan becomes secondary.)

| | <i>Retiree Contribution</i> | <i>City Contribution</i> | <i>Total</i> |
|----------------------------|-----------------------------|--------------------------|--------------|
| Single Coverage: | \$ 447.55 | \$ 278.77 | \$ 726.32 |
| Employee + Spouse: | \$ 984.60 | \$ 613.28 | \$ 1,597.88 |
| Employee + Child/Children: | \$ 827.96 | \$ 515.73 | \$ 1,343.69 |
| Family Coverage: | \$ 1,275.51 | \$ 794.50 | \$ 2,070.01 |

DENTAL PLANS:

| | CIGNA Dental DMO: | CIGNA Dental DPPO: |
|----------------------------|--------------------------|---------------------------|
| Single Coverage: | \$ 12.91 | \$ 33.37 |
| Employee + Spouse: | \$ 25.92 | \$ 68.72 |
| Employee + Child/Children: | \$ 26.85 | \$ 68.12 |
| Family Coverage: | \$ 37.29 | \$ 121.50 |

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