

2019 Retiree Healthcare Rate Sheet

Cigna Healthcare Plans Monthly Rates

Cigna Healthcare plans continue to be offered to retirees and dependents that are Under Age 65 or Over Age 65 and not Medicare eligible. The below monthly healthcare rates are pending final negotiations and ratification with the Unions and Board approval.

Coverage	OAP 10*		OAP 20		LocalPlus				
Retiree Only	\$	757.00	\$	718.00	\$	717.00			
Dependents Under Age 65 or Over Age 65 and not Medicare eligible.									
Spouse/Domestic Partner	\$	1,069.00	\$	1,016.00	\$	1,015.00			
Child(ren)	\$	752.00	\$	715.00	\$	\$ 714.00			
Family	\$	2,140.00	\$	2,032.00	\$	\$ 2,029.00			
Adult Dependent Child	\$	643.00	\$	610.00	\$	609.00			

^{*} This plan is not available to new enrollees.

Note: You must add the retiree only rate to the dependent rate to get the total monthly premium.

Medicare Advantage (Healthcare & Pharmacy) Plans Monthly Rates for Under Age 65 or Over Age 65 with Medicare Parts A & B

Provider	Plan		Rates				
AvMed Medicare Choice HMO*	Choice HMO (Miami-Dade County Only; Broward County Only)	\$	0.00				
AvMed Medicare Circle HMO*	Circle HMO (Miami-Dade County Only; Broward County Only)	\$	0.00				
Cigna Leon Cares	Zero Premium HMO Plan	\$	0.00				
Humana*	Zero Premium HMO	\$	0.00				
	Comprehensive PPO	\$	223.66				
UnitedHealthcare	Group National PPO	\$	0.00				
UnitedHealthcare	Premier Premium PPO	\$	378.97				

^{*}At the time of enrollment, a Primary Care Physician (PCP) is required for the AvMed Medicare Choice HMO, AvMed Medicare Circle HMO and the Humana Zero Premium HMO plans.

UnitedHealthcare Medicare Supplement Plans Monthly Rates for Over Age 65 with Medicare Parts A & B

Miami-Dade County Only

Please be advised that the Supplement rates are based on the applicant's date of birth, place of residence and tobacco usage. Rates for calendar year 2019 receive CMS approval in November. To receive your individual rate, please contact the healthcare company directly. Pre-65 Medicare recipients are not eligible for these supplement plans.

UnitedHealthcare Pharmacy Plans (Medicare Part D only)

Comprehensive	Preferred		Premier	Saver Plus	
\$ 115.00	\$ 7	6.60	\$ 284.74	\$	45.20