CITY OF TALLAHASSEE 2021 BENFIT RATES/PREMIUMS Retiree Monthly

Medical			
Capital Health Plan			
Individual	558.78		
Two Party	1,166.81		
Family	1,573.34		
Capital Health Plan Medicare Adv	antage		
Individual/Medicare	198.32		
Two Party/Both Medicare	400.42		
Two Party/1 Medicare	757.41		
Family Medicare	1,240.70		
FL Blue – Blue Options Plan 03564			
Individual	558.78		
Two Party	1,166.81		
Family	1,573.34		
FL Blue Medicare Advantage Plar	า		
Individual/Medicare	206.39		
Two Party/Both Medicare	416.56		
Two Party/1 Medicare	809.61		
Family Medicare/1 Medicare	1,228.23		
Family/2 Medicare + 1 Dep	938.34		
Family/2 Medicare + 2 or More Dep	1,472.38		
Voluntary/Other Benefit Plans	Retiree Only	Retiree + 1	Retiree + Family
Dental-Delta Dental (11)			
PPO Copay	21.30	40.50	53.48
PPO Premier	28.84	56.16	102.28
PPO Plus	31.24	60.86	110.82
Vision-Davis Vision (14)			
Vision Plan	4.28	8.54	15.94
Legal-ARAG (1L)			
Legal	19.18	25.30	25.30
Retiree Life (MetLife) and Spouse Life (MetLife) are based upon age and coverage level selected. See individual plan rate charts for more information. (NOTE: ChildLife (MetLife) is \$.56 per month for all children on plan -\$10,000.00.)			
Retirees cannot continue MetLife AD&D, MetLife Long Term Disability or Health			

Care/Dependent Care Spending Account