

**CITY OF TALLAHASSEE
2018 RETIREE MONTHLY BENEFIT PREMIUMS**

Medical	Retiree Only	Retiree + 1	Retiree + Family	
CHP/Florida Blue				
	\$482.68	\$1,012.93	\$1,364.32	
Medicare	Individual/ Med	2 Party/ 1 Med	2 Party/ 2 Med	Family/Med
CHP – Medicare Advantage				
	\$198.32	\$677.33	\$400.42	\$1,092.59
Florida Blue - Post 65				
	\$419.88	\$883.17	\$883.17	\$1,217.77
Other/Voluntary Benefit Plans	Retiree Only	Retiree + 1	Retiree + Family	
Dental-Delta Dental				
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				
	\$4.14	\$8.26	\$15.40	
Legal-ARAG				
	\$19.18	\$25.30	\$25.30	
<p>Retiree Life (MetLife), Spouse Life (MetLife) and Long Term Care (CNA), 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.)</p>				