

**Miami-Dade County 2025 COBRA Monthly Rates**  
(The COBRA Rates Below Include the 2% Admin. Fee)

<b>MEDICAL PLANS</b>	<b>Single</b>	<b>EE + Spouse</b>	<b>EE+ Children</b>	<b>Family</b>
POS ADVANTAGE	\$ 2,169.02	\$ 4,138.62	\$ 3,819.19	\$ 5,540.13
HMO ADVANTAGE	\$ 1,092.93	\$ 2,311.53	\$ 2,139.61	\$ 2,824.52
SELECT ADVANTAGE HMO	\$ 1,012.70	\$ 2,143.27	\$ 1,983.67	\$ 2,619.27
FIRST CHOICE ADVANTAGE HMO	\$ 852.87	\$ 1,807.84	\$ 1,672.99	\$ 2,210.17
AVMED POS	\$ 2,169.02	\$ 4,138.62	\$ 3,819.19	\$ 5,540.13
AVMED HIGH OPT HMO	\$ 1,092.93	\$ 2,311.53	\$ 2,139.61	\$ 2,824.52
AVMED MDC SELECT HMO	\$ 1,012.70	\$ 2,143.27	\$ 1,983.67	\$ 2,619.27
AVMED MDC JACKSON FIRST HMO	\$ 852.87	\$ 1,807.84	\$ 1,672.99	\$ 2,210.17
<b>DENTAL</b>	<b>Single</b>	<b>EE + 1</b>	<b>Family</b>	
Delta Dental DPPO - Standard (STD)	\$28.08		\$55.61	\$89.66
Delta Dental DPPO - Enriched (ENR)	\$39.56		\$78.24	\$126.21
Delta Dental DHMO - Standard (STD)	\$10.13		\$16.76	\$25.68
Delta Dental DHMO - Enriched (ENR)	\$11.40		\$18.90	\$30.06
<b>VISION</b>	<b>Single</b>	<b>EE + 1</b>	<b>Family</b>	
Humana - Standard (STD)	\$7.51		\$15.01	\$26.97
Humana - Enriched (ENR)	\$9.26		\$18.51	\$34.05