

FIRST COAST WORKFORCE

EFFECTIVE JANUARY 01, 2019

HEALTH BU 2222

PLAN	COVERAGE	Per Pay Period										
BLUE CROSS BLUE SHIELD HEALTH PLAN												
ACTIVE EMPLOYEES-FULL TIME												
HMO	Employee Only	29.63										
	Employee & Spouse	152.48										
	Employee & Children	142.04										
	Employee & Family	226.70										
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit</td> <td style="width: 15%;">CO PAY (PCP/Specialist)</td> <td style="width: 15%;">DEDUCTIBLE (Individual /Family)</td> <td style="width: 15%;">MAX OUT OF POCKET (Individual /Family)</td> <td style="width: 25%;">ER VISIT</td> </tr> <tr> <td></td> <td style="text-align: center;">\$25 / 35</td> <td style="text-align: center;">\$300 / 600</td> <td style="text-align: center;">\$2,500 / 5,000</td> <td style="text-align: center;">\$300 CoPay+ 30%</td> </tr> </table>			FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT		\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay+ 30%
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT								
	\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay+ 30%								
ACTIVE EMPLOYEES-FULL TIME												
HD HMO	Employee Only	-										
	Employee & Spouse	143.75										
	Employee & Children	133.90										
	Employee & Family	213.85										
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FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT								
	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%								
ACTIVE EMPLOYEES-FULL TIME												
QPOS / PPO	Employee Only	118.87										
	Employee & Spouse	244.46										
	Employee & Children	227.70										
	Employee & Family	363.46										
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit												
	IN-NETWORK	\$30/ 40	\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay + 30%							
	OUT-OF-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay + 30%							
UF HEALTH DIRECT CARE PLAN												
ACTIVE EMPLOYEES-FULL TIME												
	Employee Only	-										
	Employee & Spouse	143.75										
	Employee & Children	133.90										
	Employee & Family	213.85										
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UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT								
	\$10 / 30	\$750 / 1,500	\$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar	DED + 20%								

FIRST COAST WORKFORCE

EFFECTIVE JANUARY 01, 2019

DENTAL BU 2222

PLAN	COVERAGE	Per Pay Period
DHMO	EE Only	0.00
DHMO	EE & Spouse	4.58
DHMO	EE & Children	6.72
DHMO	EE & Family	12.81
Silver DPPO	EE Only	3.60
Silver DPPO	EE & Spouse	13.30
Silver DPPO	EE & Children	18.53
Silver DPPO	EE & Family	27.05
Gold DPPO	EE Only	9.42
Gold DPPO	EE & Spouse	24.95
Gold DPPO	EE & Children	33.33
Gold DPPO	EE & Family	46.92
Platinum DPPO	EE Only	13.82
Platinum DPPO	EE & Spouse	33.75
Platinum DPPO	EE & Children	44.44
Platinum DPPO	EE & Family	61.93

VISION

PLAN	COVERAGE	Per Pay Period
ACTIVE	VISION Option Basic	
	Employee Only	2.47
	Employee & Spouse	3.92
	Employee & Child(ren)	4.00
	Employee & Family	6.45
ACTIVE	VISION Option Premier	
	Employee Only	3.77
	Employee & Spouse	6.10
	Employee & Child(ren)	5.98
	Employee & Family	9.84