

FIRST COAST WORKFORCE

BU 2222

EFFECTIVE JANUARY 1, 2020

FCW - HEALTH

PLAN	COVERAGE	Per Pay Period
BLUE CROSS BLUE SHIELD HEALTH PLAN		
HMO	ACTIVE EMPLOYEES-FULL TIME	
	Employee Only	29.63
	Employee & Spouse	152.48
	Employee & Child(ren)	142.04
	Employee & Family	226.70
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$25 / 35	DEDUCTIBLE (Individual /Family) \$300 / 600
		MAX OUT OF POCKET (Individual /Family) \$2,500 / 5,000
		ER VISIT \$300 CoPay+ 30%
HD HMO	ACTIVE EMPLOYEES-FULL TIME	
	Employee Only	-
	Employee & Spouse	143.75
	Employee & Child(ren)	133.90
	Employee & Family	213.85
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$25 / DED + 30%	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000
		MAX OUT OF POCKET (Individual /Family) \$5,000 / 10,000
		ER VISIT DED + 30%
QPOS / PPO	ACTIVE EMPLOYEES-FULL TIME	
	Employee Only	118.87
	Employee & Spouse	244.46
	Employee & Child(ren)	227.70
	Employee & Family	363.46
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) IN-NETWORK \$30/ 40 OUT-OF-NETWORK DED + 50%	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000
		MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000 \$9,000 / 18,000
		ER VISIT \$300 CoPay + 30% \$300 CoPay + 30%
UF HEALTH DIRECT CARE PLAN		
HMO	ACTIVE EMPLOYEES-FULL TIME	
	Employee Only	-
	Employee & Spouse	143.75
	Employee & Child(ren)	133.90
	Employee & Family	213.85
UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$10 / 30	DEDUCTIBLE (Individual /Family) \$750 / 1,500
		MAX OUT OF POCKET (Individual /Family) \$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar
		ER VISIT DED + 20%

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FCW - DENTAL

PLAN	COVERAGE	Per Pay Period
DHMO	EE Only	-
DHMO	EE & Spouse	4.88
DHMO	EE & Children	7.15
DHMO	EE & Family	13.65
Silver DPPO	EE Only	3.84
Silver DPPO	EE & Spouse	14.17
Silver DPPO	EE & Children	19.73
Silver DPPO	EE & Family	28.81
Gold DPPO	EE Only	10.03
Gold DPPO	EE & Spouse	26.57
Gold DPPO	EE & Children	35.50
Gold DPPO	EE & Family	49.97
Platinum DPPO	EE Only	14.71
Platinum DPPO	EE & Spouse	35.94
Platinum DPPO	EE & Children	47.33
Platinum DPPO	EE & Family	65.95

FCW - VISION

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