NORTHEAST FLORIDA REGIONAL COUNCIL

EFFECTIVE JANUARY 01, 2018 BU: 5555

			HEALTH	
COVERAGE				Per Pay
COVERAGE				Period
IRECT CARE	PLAN			
		VIE.		
				7.42
· · · ·			146.50	
				126.79
<u> </u>				286.69
p.cycc a . a	y			200.00
	CO PAY	DEDUCTIBLE	MAX OUT OF POCKET	ER VISIT
•	(PCP/Specialist)	(Individual /Family)	(Individual /Family)	
t of 1 ocket and	\$10 / 50	\$750 / 1.500	\$1.500 Med + 1.000 Phar	DED + 20%
	******	4 ,		
			43,000 inica + 2,000 i ilai	
ACTIVE EMPLO	YEES-FULL TII	ME		
Employee Only	1			7.17
Employee & Sp	ouse			163.96
Employee & Ch	nildren			143.08
Employee & Fa	mily			312.40
Pay, Deductible,	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 EMPLO	OYEES-FULL TII	ME		
ACTIVE EMPLOEMPLOEMPLOEMPLOEMPLOEMPLOEMPLOEMPLO		ME		7.42
	,	ME		7.42 146.50
Employee Only	ouse	ME		
Employee Only Employee & Sp	oouse nildren	ME		146.50
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible,	oouse nildren	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	146.50 126.79
Employee Only Employee & Sp Employee & Ch Employee & Fa	oouse hildren mily CO PAY	DEDUCTIBLE		146.50 126.79 286.69
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible,	couse hildren mily CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	(Individual /Family)	146.50 126.79 286.69 ER VISIT
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30%	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family)	146.50 126.79 286.69 ER VISIT
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit	couse mildren mily CO PAY (PCP/Specialist) \$25 / DED + 30%	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family)	146.50 126.79 286.69 ER VISIT DED + 30%
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee Only	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30%	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family)	146.50 126.79 286.69 ER VISIT DED + 30%
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee Only Employee & Sp	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TII	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family)	146.50 126.79 286.69 ER VISIT DED + 30% 51.09 208.23
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee Only Employee & Sp Employee & Ch	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TIP couse nildren	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family)	146.50 126.79 286.69 ER VISIT DED + 30% 51.09 208.23 184.29
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee Only Employee & Sp Employee & Ch Employee & Fa	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TIP couse nildren mily	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000	146.50 126.79 286.69 ER VISIT DED + 30% 51.09 208.23 184.29 378.23
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee Only Employee & Sp Employee & Ch	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TIP couse nildren	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family)	146.50 126.79 286.69 ER VISIT DED + 30% 51.09 208.23 184.29
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee Only Employee & Ch Employee & Ch Employee & Fa Pay, Deductible,	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30% DYEES-FULL TII couse nildren mily CO PAY	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000 ME DEDUCTIBLE (Individual /Family)	(Individual /Family) \$5,000 / 10,000 MAX OUT OF POCKET (Individual /Family)	146.50 126.79 286.69 ER VISIT DED + 30% 51.09 208.23 184.29 378.23
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee & Ch Employee & Ch Employee & Ch Employee & Fa Pay, Deductible, and ER Visit	couse mildren mily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TIP couse mildren mily CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000 ME DEDUCTIBLE (Individual /Family) \$750 / 1,500	(Individual /Family) \$5,000 / 10,000 MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000	146.50 126.79 286.69 ER VISIT DED + 30% 51.09 208.23 184.29 378.23 ER VISIT \$300 CoPay + 30%
Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit ACTIVE EMPLO Employee Only Employee & Sp Employee & Ch Employee & Fa Pay, Deductible, and ER Visit IN-NETWORK	couse nildren mily CO PAY (PCP/Specialist) \$25 / DED + 30% CO PAY (PCP/Specialist) couse nildren mily CO PAY (PCP/Specialist) \$30/ 40	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000 ME DEDUCTIBLE (Individual /Family)	(Individual /Family) \$5,000 / 10,000 MAX OUT OF POCKET (Individual /Family)	146.50 126.79 286.69 ER VISIT DED + 30% 51.09 208.23 184.29 378.23 ER VISIT
	Employee & Spendoyee & Chemployee & Famployee & Famployee & Famployee & Famployee & Famployee & Famployee & Chemployee & Chemployee & Spendoyee & Chemployee & Chemployee & Famployee & Fa	RECT CARE PLAN ACTIVE EMPLOYEES-FULL TII Employee & Spouse Employee & Children Employee & Family TCARE CoPay, (PCP/Specialist) t of Pocket and \$10 / 50 BLUE SHIELD HEALTH PL ACTIVE EMPLOYEES-FULL TII Employee & Spouse Employee & Children Employee & Children Employee & Family Pay, Deductible, (PCP/Specialist) and ER Visit	RECT CARE PLAN ACTIVE EMPLOYEES-FULL TIME Employee & Spouse Employee & Children Employee & Family CO PAY DEDUCTIBLE TCARE CoPay, (PCP/Specialist) (Individual /Family) t of Pocket and \$10 / 50 \$750 / 1,500 BLUE SHIELD HEALTH PLAN ACTIVE EMPLOYEES-FULL TIME Employee Only Employee & Spouse Employee & Children Employee & Children Employee & Family Pay, Deductible, (PCP/Specialist) (Individual /Family) Pay, Deductible, (PCP/Specialist) (Individual /Family)	RECT CARE PLAN ACTIVE EMPLOYEES-FULL TIME Employee Only Employee & Spouse Employee & Children Employee & Family CO PAY DEDUCTIBLE (Individual /Family) \$10 / 50 \$750 / 1,500 \$1,500 Med + 1,000 Phar **TCARE CoPay, (PCP/Specialist) \$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar **BLUE SHIELD HEALTH PLAN ACTIVE EMPLOYEES-FULL TIME Employee & Spouse Employee & Children Employee & Family Pay, Deductible, CO PAY (PCP/Specialist) (Individual /Family) MAX OUT OF POCKET (Individual /Family) Pay, Deductible, (PCP/Specialist) (Individual /Family) (Individual /Family)

NORTHEAST FLORIDA REGIONAL COUNCIL

EFFECTIVE JANUARY 01, 2018 BU: 5555

DENTAL

PLAN	COVERAGE	Per Pay Period
DHMO	EE Only	6.10
DHMO	EE & Spouse	10.68
DHMO	EE & Children	12.82
DHMO	EE & Family	18.91
	-	·
Silver DPPO	EE Only	9.70
Silver DPPO	EE & Spouse	19.40
Silver DPPO	EE & Children	24.63
Silver DPPO	EE & Family	33.15
Gold DPPO	EE Only	15.52
Gold DPPO	EE & Spouse	31.05
Gold DPPO	EE & Children	39.43
Gold DPPO	EE & Family	53.02
Platinum DPPO	EE Only	19.92
Platinum DPPO	EE & Spouse	39.85
Platinum DPPO	EE & Children	50.54
Platinum DPPO	EE & Family	68.03

VISION

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