

NORTHEAST FLORIDA REGIONAL COUNCIL

EFFECTIVE JANUARY 01, 2018

BU : 5555

HEALTH

PLAN	COVERAGE	Per Pay Period
UF HEALTH DIRECT CARE PLAN		
	ACTIVE EMPLOYEES-FULL TIME	
	Employee Only	7.42
	Employee & Spouse	146.50
	Employee & Children	126.79
	Employee & Family	286.69
UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$10 / 50	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%
BLUE CROSS BLUE SHIELD HEALTH PLAN		
	ACTIVE EMPLOYEES-FULL TIME	
HMO	Employee Only	7.17
	Employee & Spouse	163.96
	Employee & Children	143.08
	Employee & Family	312.40
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%
	ACTIVE EMPLOYEES-FULL TIME	
HD HMO	Employee Only	7.42
	Employee & Spouse	146.50
	Employee & Children	126.79
	Employee & Family	286.69
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%
	ACTIVE EMPLOYEES-FULL TIME	
QPOS / PPO	Employee Only	51.09
	Employee & Spouse	208.23
	Employee & Children	184.29
	Employee & Family	378.23
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%

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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

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