FIRST COAST WORKFORCE

EFFECTIVE JANUARY 01, 2019

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	DEDUCTIBLE MAX OUT OF POCKET (Individual /Family) (Individual /Family)	ER VISIT
Visit \$10750	\$750 / 1,500 \$1,500 Med + 1,000 Phar	DED + 20%
	\$3,000 Med + 2,000 Phar	

FIRST COAST WORKFORCE

EFFECTIVE JANUARY 01, 2019

DENTAL

BU 2222

24.95

33.33

46.92

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

Platinum DPPO	EE Only	13.82
Platinum DPPO	EE & Spouse	33.75
Platinum DPPO	EE & Children	44.44
Platinum DPPO	EE & Family	61.93

EE & Spouse

EE & Children

EE & Family

Gold DPPO

Gold DPPO

Gold DPPO

VISION

PLAN	COVERAGE	Per Pay
FLAN		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