FIRST COAST WORKSOURCE

EFFECTIVE JANUARY 01, 2018 BU: 2222

				HEALTH	
5. 44.	001/50405				Per Pay
PLAN	COVERAGE				Period
	-				
JF HEALTH	DIRECT CARE	PLAN			
	ACTIVE EMPL	OYEES-FULL TII	ME		
	Employee Only	У			-
	Employee & S	pouse			143.75
	Employee & C				133.90
	Employee & Fa				213.85
UF HEALTH DIRE	CTCAPE CoPay	CO PAY	DEDUCTIBLE	MAX OUT OF POCKET	ER VISIT
	out of Pocket and	(PCP/Specialist)	(Individual /Family)	(Individual /Family)	
R Visit		\$10 / 50	\$750 / 1,500	\$1,500 Med + 1,000 Phar	DED + 20%
				\$3,000 Med + 2,000 Phar	
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	O DI LIE CLUE	D. LIE AL TILLO	ANI		
SLUE CROS	S BLUE SHIEL				
1016	_	OYEES-FULL TII	VIC	I	
НМО	Employee Only				29.63
	Employee & S				152.48
					142.04
	Employee & C				
	Employee & C				226.70
	Employee & Fa		DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	226.70 ER VISIT
	Employee & Fa	CO PAY			ER VISIT
	Employee & Fa	CO PAY (PCP/Specialist)	(Individual /Family)	(Individual /Family)	ER VISIT
	Employee & Face Pay, Deductible, t and ER Visit	CO PAY (PCP/Specialist)	(Individual /Family) \$300 / 600	(Individual /Family)	ER VISIT
	Employee & Face Pay, Deductible, t and ER Visit	CO PAY (PCP/Specialist) \$25 / 35	(Individual /Family) \$300 / 600	(Individual /Family)	ER VISIT
Max Out of Pocke	Employee & Factor Employee & F	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TIL	(Individual /Family) \$300 / 600	(Individual /Family)	ER VISIT \$300 CoPay+ 30%
lax Out of Pocke	Employee & Factor CoPay, Deductible, t and ER Visit ACTIVE EMPL Employee Only	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TIL V pouse	(Individual /Family) \$300 / 600	(Individual /Family)	\$300 CoPay+ 30%
Max Out of Pocke	Employee & Factor Employee & S	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TIL y pouse hildren	(Individual /Family) \$300 / 600	(Individual /Family)	ER VISIT \$300 CoPay+ 30% - 143.75 133.90
HD HMO	Employee & Factor ACTIVE EMPL Employee & S Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & Factor ACTIVE EMPL Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TIL y pouse hildren	(Individual /Family) \$300 / 600	(Individual /Family)	ER VISIT \$300 CoPay+ 30% - 143.75 133.90
HD HMO	Employee & Factor ACTIVE EMPL Employee & S Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & Factor ACTIVE EMPL Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TIL y pouse hildren amily CO PAY	(Individual /Family) \$300 / 600 ME DEDUCTIBLE	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET	ER VISIT \$300 CoPay+ 30% - 143.75 133.90 213.85
HD HMO	Employee & Factor ACTIVE EMPL Employee & S Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL Employee & C Employee & Factor ACTIVE EMPL Employee & Factor ACTIVE EMPL Employee & C Employee & C Employee & Factor ACTIVE EMPL	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist)	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family)	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30% - 143.75 133.90 213.85 ER VISIT
HD HMO	Employee & Factor ACTIVE EMPL Employee & Si Employee & Si Employee & Ci Employee & Ci Employee & Factor Active Employee & Ci Employee & Factor Employee & Fa	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30%	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30% - 143.75 133.90 213.85 ER VISIT
HD HMO FLORIDA BLUE O	Employee & Factor Replays and ER Visit ACTIVE EMPL Employee & S Employee & C Employee & C Employee & Factor Replays and ER Visit ACTIVE EMPL ACTIVE EMPL	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30%	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30% 143.75 133.90 213.85 ER VISIT DED + 30%
HD HMO	Employee & Factor ACTIVE EMPL Employee & CoPay, Deductible, tand ER Visit ACTIVE EMPL Employee & CoPay, Deductible, tand ER Visit ACTIVE EMPL Employee Only	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TII	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30% 143.75 133.90 213.85 ER VISIT DED + 30%
HD HMO FLORIDA BLUE (Max Out of Pocket	Employee & FacoPay, Deductible, t and ER Visit ACTIVE EMPL Employee & Si Employee & Ci Employee & FacoPay, Deductible, t and ER Visit ACTIVE EMPL Employee & Ci Employee & FacoPay, Deductible, t and ER Visit	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TII y pouse	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30% 143.75 133.90 213.85 ER VISIT DED + 30% 118.87 244.46
HD HMO FLORIDA BLUE O	Employee & Factor ACTIVE EMPL Employee & Copay, Deductible, tand ER Visit ACTIVE EMPL Employee & Copay, Deductible, tand ER Visit ACTIVE EMPL Employee & Factor Active EMPL Employee & Sopay, Deductible, tand ER Visit ACTIVE EMPL Employee & Sopay Employee & Sopay Employee & Copay Employee & Co	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TII y pouse hildren	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30% 143.75 133.90 213.85 ER VISIT DED + 30% 118.87 244.46 227.70
HD HMO FLORIDA BLUE (Max Out of Pocket) QPOS / PPO FLORIDA BLUE (CONTROL OF POCKET)	Employee & FacoPay, Deductible, t and ER Visit ACTIVE EMPL Employee & C Employee & C Employee & FacoPay, Deductible, t and ER Visit ACTIVE EMPL Employee & S Employee & C Employee & S Employee & C Employee & FacoPay, Deductible, S	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TII y pouse hildren	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30% 143.75 133.90 213.85 ER VISIT DED + 30% 118.87 244.46 227.70
HD HMO FLORIDA BLUE (Max Out of Pocke	Employee & Factor ACTIVE EMPL Employee & Copay, Deductible, tand ER Visit ACTIVE EMPL Employee & Copay, Deductible, tand ER Visit ACTIVE EMPL Employee & Factor ACTIVE EMPL Employee & Sopay, Deductible, tand ER Visit Employee & Copay, Deductible, tand ER Visit	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist)	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000 ME DEDUCTIBLE (Individual /Family)	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family) \$5,000 / 10,000 MAX OUT OF POCKET (Individual /Family)	ER VISIT \$300 CoPay+ 30%
HD HMO FLORIDA BLUE (Max Out of Pocke QPOS / PPO	Employee & FacoPay, Deductible, t and ER Visit ACTIVE EMPL Employee & C Employee & C Employee & FacoPay, Deductible, t and ER Visit ACTIVE EMPL Employee & S Employee & C Employee & S Employee & C Employee & FacoPay, Deductible, S	CO PAY (PCP/Specialist) \$25 / 35 OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$25 / DED + 30% OYEES-FULL TII y pouse hildren amily CO PAY (PCP/Specialist) \$30/ 40	(Individual /Family) \$300 / 600 ME DEDUCTIBLE (Individual /Family) \$1,500 / 3,000 ME DEDUCTIBLE	(Individual /Family) \$2,500 / 5,000 MAX OUT OF POCKET (Individual /Family) \$5,000 / 10,000 MAX OUT OF POCKET	\$300 CoPay+ 30%

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FIRST COAST WORKSOURCE

EFFECTIVE JANUARY 01, 2018 BU: 2222

DENTAL

PLAN	COVERAGE	Per Pay
I LAN	OOVERAGE	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
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