

COBRA INSURANCE RATES

EFFECTIVE JANUARY 1, 2019

HEALTH

BLUE CROSS BLUE SHIELD HEALTH PLAN

BLUECARE HMO 48		Per Month	Per Pay Period
	Former Employee Only	604.52	302.26
	Spouse Only	604.52	302.26
	Child Only	604.52	302.26
	Former Employee & Spouse	1244.23	622.11
	Former Employee & family	1849.89	924.94
	Former Employee & Child(ren)	1159.04	579.52
	Spouse & Child(ren)	1159.04	579.52
	Children (Each)	604.52	302.26

FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	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%

BLUE CROSS BLUE SHIELD HEALTH PLAN

BLUECARE HD HMO 65		Per Month	Per Pay Period
	Former Employee Only	570.26	285.13
	Spouse Only	570.26	285.13
	Child Only	570.26	285.13
	Former Employee & Spouse	1173.03	586.51
	Former Employee & family	1745.00	872.50
	Former Employee & Child(ren)	1092.61	546.31
	Spouse & Child(ren)	1092.61	546.31
	Children (Each)	570.26	285.13

FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%

BLUE CROSS BLUE SHIELD HEALTH PLAN

BLUEOPTIONS POS/PPO 05782		Per Month	Per Pay Period
	Former Employee Only	692.84	346.42
	Spouse Only	692.84	346.42
	Child Only	692.84	346.42
	Former Employee & Spouse	1424.85	712.43
	Former Employee & family	2118.46	1,059.23
	Former Employee & Child(ren)	1327.17	663.58
	Spouse & Child(ren)	1327.17	663.58
	Children (Each)	692.84	346.42

FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
IN-NETWORK	\$30/ 40	\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay + 30%
OUT-OF-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay + 30%

HEALTH

UF HEALTH DIRECT CARE PLAN

PLAN	COVERAGE	Per Month	Per Pay Period
	Former Employee Only	570.26	285.13
	Spouse Only	570.26	285.13
	Child Only	570.26	285.13
	Former Employee & Spouse	1173.03	586.51
	Former Employee & family	1745.00	872.50
	Former Employee & Child(ren)	1092.61	546.31
	Spouse & Child(ren)	1092.61	546.31
	Children (Each)	570.26	285.13

UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$10 / 30	\$750 / 1,500	\$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar	DED + 20%

DENTAL

PLAN	COBRA SUBSCRIBERS	PER MONTH	PER PAY PERIOD
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DELTA - DELTA

DHMO	Former Employee Only	12.45	6.23
DHMO	Former Spouse Only	12.45	6.23
DHMO	Former Child Only	12.45	6.23
DHMO	Former EE & Spouse	21.79	10.90
DHMO	Former EE & Family	38.59	19.30
DHMO	Former EE & Children	26.15	13.08
DHMO	Former Spouse & Child(ren)	26.15	13.08
DHMO	Former Children (Each)	12.45	6.23
Silver DPPO	Former Employee Only	19.79	9.90
Silver DPPO	Former Spouse Only	19.79	9.90
Silver DPPO	Former Child Only	19.79	9.90
Silver DPPO	Former EE & Spouse	39.59	19.80
Silver DPPO	Former EE & Family	67.63	33.82
Silver DPPO	Former EE & Children	50.24	25.12
Silver DPPO	Former Spouse & Child(ren)	50.24	25.12
Silver DPPO	Former Children (Each)	19.79	9.90
Gold DPPO	Former Employee Only	31.66	15.83
Gold DPPO	Former Spouse Only	31.66	15.83
Gold DPPO	Former Child Only	31.66	15.83
Gold DPPO	Former EE & Spouse	63.34	31.67
Gold DPPO	Former EE & Family	108.16	54.08
Gold DPPO	Former EE & Children	80.44	40.22
Gold DPPO	Former Spouse & Child(ren)	80.44	40.22
Gold DPPO	Former Children (Each)	31.66	15.83

DENTAL

PLAN	COBRA SUBSCRIBERS	PER MONTH	PER PAY PERIOD
DELTA - DELTA			
Platinum DPPO	Former Employee Only	40.63	20.32
Platinum DPPO	Former Spouse Only	40.63	20.32
Platinum DPPO	Former Child Only	40.63	20.32
Platinum DPPO	Former EE & Spouse	81.29	40.65
Platinum DPPO	Former EE & Family	138.78	69.39
Platinum DPPO	Former EE & Children	103.10	51.55
Platinum DPPO	Former Spouse & Child(ren)	103.10	51.55
Platinum DPPO	Former Children (Each)	40.63	20.32

VISION

PLAN	COBRA SUBSCRIBERS	PER MONTH	PER PAY PERIOD
VISION - EYEMED			
VISION BASIC			
	Former Employee Only	5.04	2.52
	Spouse Only	5.04	2.52
	Child Only	5.04	2.52
	Former Employee & Spouse	8.00	4.00
	Former Employee & family	13.16	6.58
	Former Employee & Child(ren)	8.17	4.08
	Spouse & Child(ren)	8.17	4.08
	Children (Each)	5.04	2.52
VISION PREMIER			
	Former Employee Only	7.68	3.84
	Spouse Only	7.68	3.84
	Child Only	7.68	3.84
	Former Employee & Spouse	12.45	6.22
	Former Employee & family	20.07	10.04
	Former Employee & Child(ren)	12.20	6.10
	Spouse & Child(ren)	12.20	6.10
	Children (Each)	7.68	3.84