## **COBRA INSURANCE RATES**

**EFFECTIVE JANUARY 1, 2019** 

# **HEALTH**

	ECARE HMO 48	3		Per Month	Per Pay Perio
	ormer Employee			604.52	302.26
	oouse Only			604.52	302.26
	Child Only			604.52	302.26
	Former Employee & Spouse			1244.23	622.11
	ormer Employee			1849.89	924.94
Former Employee & Child(ren)			1159.04	579.52	
	oouse & Child(r			1159.04	579.5
•	hildren (Each)	•		604.52	302.2
FLORIDA BLUE CoPay, I Out of Pocket and ER Vis		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 BLU	JE SHIELD H	EALTH PLAN			
	CARE HD HMO			Per Month	Per Pay Perio
Fo	ormer Employee	Only		570.26	285.13
Sp	oouse Only			570.26	285.1
Ch	hild Only			570.26	285.1
Fo	ormer Employee	e & Spouse		1173.03	586.5
Fo	ormer Employee	e & family		1745.00	872.5
Fo	ormer Employee	e & Child(ren)		1092.61	546.3
Sp	oouse & Child(r	en)		1092.61	546.3
Ch	hildren (Each)			570.26	285.13
		CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
					ER VISIT  DED + 30%
out of Pocket and ER Vis	sit	(PCP/Specialist) \$25 / DED + 30%	(Individual /Family)	(Individual /Family)	
BLUE CROSS BLU	sit	(PCP/Specialist)  \$25 / DED + 30%  EALTH PLAN	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000	DED + 30%
BLUE CROSS BLU	UE SHIELD H	(PCP/Specialist) \$25 / DED + 30%  EALTH PLAN PO	(Individual /Family)	(Individual /Family) \$5,000 / 10,000 Per Month	DED + 30%  Per Pay Perio
BLUE CROSS BLU BLUEO	UE SHIELD H	(PCP/Specialist) \$25 / DED + 30%  EALTH PLAN PO	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000 Per Month 692.84	DED + 30%  Per Pay Perio 346.4
BLUE CROSS BLU BLUEO Fo	UE SHIELD H PTIONS POS/P prmer Employee pouse Only	(PCP/Specialist) \$25 / DED + 30%  EALTH PLAN PO	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000 Per Month 692.84 692.84	DED + 30%  Per Pay Perio 346.4 346.4
BLUE CROSS BLUE BLUEO  Fo	UE SHIELD H	(PCP/Specialist) \$25 / DED + 30%  EALTH PLAN PO e Only	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000 Per Month 692.84 692.84 692.84	Per Pay Perio 346.4 346.4 346.4
BLUE CROSS BLU BLUEO Fo Sp Cr	UE SHIELD H PTIONS POS/P ormer Employee bouse Only hild Only	(PCP/Specialist)  \$25 / DED + 30%  EALTH PLAN PO e Only  e & Spouse	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000 Per Month 692.84 692.84 692.84 1424.85	Per Pay Perio 346.4 346.4 346.4 712.4
BLUE CROSS BLUE BLUEO  Fo  Sp  Cr  Fo	UE SHIELD H PTIONS POS/P prmer Employee pouse Only hild Only prmer Employee prmer Employee prmer Employee	(PCP/Specialist)  \$25 / DED + 30%  EALTH PLAN PO	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000  Per Month 692.84 692.84 692.84 1424.85 2118.46	Per Pay Perio 346.4 346.4 346.4 712.4 1,059.2
BLUE CROSS BLU BLUEO Fo Sp Cr Fo Fo	UE SHIELD H PTIONS POS/P Ormer Employed Douse Only hild Only Ormer Employed	(PCP/Specialist)  \$25 / DED + 30%  EALTH PLAN PO e Only  e & Spouse e & family e & Child(ren)	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000 Per Month 692.84 692.84 692.84 1424.85	Per Pay Perio 346.4 346.4 346.4 712.4 1,059.2 663.5
BLUE CROSS BLU BLUEO FO Sp Cr Fo Fo Sp	UE SHIELD HOPTIONS POS/POTMER Employed pouse Only bridd Only pormer Employed primer Employed p	(PCP/Specialist)  \$25 / DED + 30%  EALTH PLAN PO e Only  e & Spouse e & family e & Child(ren)	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000  Per Month 692.84 692.84 692.84 1424.85 2118.46 1327.17	Per Pay Period 346.4 346.4 712.4 1,059.2 663.5 663.5
BLUE CROSS BLU BLUEO FO Sp Cr Fo FO Sp Cr FO FO FO Sp Cr FO FO FO FO Sp	DE SHIELD HOPTIONS POS/POTMER Employed Douse Only Dougle Employed Dougle Employed Dougle Employed Dougle & Child(ren (Each)	(PCP/Specialist)  \$25 / DED + 30%  EALTH PLAN PO e Only  e & Spouse e & family e & Child(ren)	(Individual /Family) \$1,500 / 3,000	(Individual /Family) \$5,000 / 10,000  Per Month 692.84 692.84 692.84 1424.85 2118.46 1327.17 1327.17	Per Pay Period 346.4 346.4 712.4 1,059.2 663.5 663.5
Fo Sp Ch Fo Fo Sp	DE SHIELD HOPTIONS POS/POTMER Employed Douse Only Dougle Employed Dougle Employed Dougle Employed Dougle & Child(ren (Each)	(PCP/Specialist) \$25 / DED + 30%  EALTH PLAN PO De Only  e & Spouse e & family e & Child(ren) en)	(Individual /Family) \$1,500 / 3,000  05782  DEDUCTIBLE	(Individual /Family) \$5,000 / 10,000  Per Month 692.84 692.84 692.84 1424.85 2118.46 1327.17 1327.17 692.84  MAX OUT OF POCKET	Per Pay Period 346.43 346.43 346.43 1,059.23 663.53 346.43

				HE	ALTH
UF HEALTH [	DIRECT CARE PI	LAN			
PLAN	COVERAGE			Per Month	Per Pay Period
	Former Employ	ee 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 Employ	ee & 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		CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
Visit		\$10 / 30	\$750 / 1,500	\$1,500 Med + 1,000 Phar	DED + 20%
				\$3,000 Med + 2,000 Phar	

# **DENTAL**

PLAN	COBRA SUBSCRIBERS	PER MONTH	PER PAY PERIOD
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	1		
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