

# NORTHEAST FLORIDA REGIONAL COUNCIL

EFFECTIVE JANUARY 01, 2019

## HEALTH BU 5555

PLAN	COVERAGE	Per Pay Period		
<b>BLUE CROSS BLUE SHIELD HEALTH PLAN</b>				
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
<b>HMO</b>	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay + 30%
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
<b>HD HMO</b>	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
<b>QPOS / PPO</b>	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$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%
<b>UF HEALTH DIRECT CARE PLAN</b>				
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$10 /30	\$750 / 1,500	\$1,500 Med + 1,000 Phar	DED + 20%
			\$3,000 Med + 2,000 Phar	

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**DENTAL BU 5555**

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 BU 5555**

PLAN	COVERAGE	Per Pay Period
<b>ACTIVE</b>	<b>VISION Option Basic</b>	
	Employee Only	2.47
	Employee & Spouse	3.92
	Employee & Child(ren)	4.00
	Employee & Family	6.45
<b>ACTIVE</b>	<b>VISION Option Premier</b>	
	Employee Only	3.77
	Employee & Spouse	6.10
	Employee & Child(ren)	5.98
	Employee & Family	9.84