

# FIRST COAST WORKFORCE

## BU 2222

### EFFECTIVE JANUARY 1, 2022

## FCW - HEALTH

PLAN	COVERAGE	Per Pay Period
<b>BLUE CROSS BLUE SHIELD HEALTH PLAN</b>		
<b>HMO</b>	<b>ACTIVE EMPLOYEES-FULL TIME</b>	
	Employee Only	29.63
	Employee & Spouse	152.48
	Employee & Child(ren)	142.04
	Employee & Family	226.70
<b>FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit</b>	<b>CO PAY (PCP/Specialist)</b> \$25 / 35	<b>DEDUCTIBLE (Individual /Family)</b> \$300 / 600
		<b>MAX OUT OF POCKET (Individual /Family)</b> \$2,500 / 5,000
		<b>ER VISIT</b> \$300 CoPay+ 30%
<b>HD HMO</b>	<b>ACTIVE EMPLOYEES-FULL TIME</b>	
	Employee Only	-
	Employee & Spouse	143.75
	Employee & Child(ren)	133.90
	Employee & Family	213.85
<b>FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit</b>	<b>CO PAY (PCP/Specialist)</b> \$25 / DED + 30%	<b>DEDUCTIBLE (Individual /Family)</b> \$1,500 / 3,000
		<b>MAX OUT OF POCKET (Individual /Family)</b> \$5,000 / 10,000
		<b>ER VISIT</b> DED + 30%
<b>QPOS / PPO</b>	<b>ACTIVE EMPLOYEES-FULL TIME</b>	
	Employee Only	118.87
	Employee & Spouse	244.46
	Employee & Child(ren)	227.70
	Employee & Family	363.46
<b>FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit</b>	<b>CO PAY (PCP/Specialist)</b>	<b>DEDUCTIBLE (Individual /Family)</b>
	IN-NETWORK \$30/ 40	\$750 / 1,500
	OUT-OF-NETWORK DED + 50%	\$1,000 / 2,000
		<b>MAX OUT OF POCKET (Individual /Family)</b> \$6,000 / 12,000
		<b>ER VISIT</b> \$300 CoPay + 30%
		<b>MAX OUT OF POCKET (Individual /Family)</b> \$9,000 / 18,000
		<b>ER VISIT</b> \$300 CoPay + 30%
<b>UF HEALTH DIRECT CARE PLAN</b>		
<b>HMO</b>	<b>ACTIVE EMPLOYEES-FULL TIME</b>	
	Employee Only	-
	Employee & Spouse	143.75
	<b>Employee &amp; Child(ren)</b>	133.90
	Employee & Family	213.85
<b>UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit</b>	<b>CO PAY (PCP/Specialist)</b> \$10 / 30	<b>DEDUCTIBLE (Individual /Family)</b> \$250 / \$500
		<b>MAX OUT OF POCKET (Individual /Family)</b> \$1,500 Med + 1,000 Phar
		<b>ER VISIT</b> DED + 20%
		<b>MAX OUT OF POCKET (Individual /Family)</b> \$3,000 Med + 2,000 Phar

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**EFFECTIVE JANUARY 1, 2022**

## FCW - DENTAL

PLAN	COVERAGE	Per Pay Period
DHMO	EE Only	(0.00)
DHMO	EE & Spouse	5.48
DHMO	EE & Children	6.85
DHMO	EE & Family	14.36
Silver DPPO	EE Only	3.89
Silver DPPO	EE & Spouse	13.28
Silver DPPO	EE & Children	18.33
Silver DPPO	EE & Family	26.58
Gold DPPO	EE Only	9.53
Gold DPPO	EE & Spouse	24.54
Gold DPPO	EE & Children	32.65
Gold DPPO	EE & Family	45.79
Platinum DPPO	EE Only	13.77
Platinum DPPO	EE & Spouse	33.05
Platinum DPPO	EE & Children	43.39
Platinum DPPO	EE & Family	60.31

## FCW - VISION

PLAN	COVERAGE	Per Pay Period
<b>VISION Plan Basic</b>		
	Employee Only	1.80
	Employee & Spouse	3.44
	Employee & Child(ren)	3.22
	Employee & Family	5.50
<b>VISION Plan Premier</b>		
	Employee Only	3.50
	Employee & Spouse	5.63
	Employee & Child(ren)	5.26
	Employee & Family	8.96