

FIRST COAST WORKFORCE

BU 2222

EFFECTIVE JANUARY 1, 2023

FCW - HEALTH

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

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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
VISION Plan Basic		
	Employee Only	1.80
	Employee & Spouse	3.44
	Employee & Child(ren)	3.22
	Employee & Family	5.50
VISION Plan Premier		
	Employee Only	3.50
	Employee & Spouse	5.63
	Employee & Child(ren)	5.26
	Employee & Family	8.96