

NORTHEAST FLORIDA REGIONAL COUNCIL

EFFECTIVE JANUARY 1, 2024

BU : 5555

NEF - HEALTH

| PLAN | COVERAGE | Per Pay Period | | |
|---|------------------------------------|--|--|-----------------------|
| FLORIDA BLUE HEALTH PLAN FOR ACTIVE FULL TIME EMPLOYEES ONLY | | | | |
| PLAN | COVERAGE | PREMIUM | | |
| FLORIDA BLUE - BLUECARE 48 HMO | | | | Per Pay Period |
| HMO | Employee Only | 7.17 | | |
| | Employee & Spouse | 163.96 | | |
| | Employee & Child(ren) | 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% |
| FLORIDA BLUE - BLUECARE 65 HIGH DEDUCTIBLE HMO | | | | Per Pay Period |
| HD HMO | Employee Only | 7.42 | | |
| | Employee & Spouse | 146.50 | | |
| | Employee & Child(ren) | 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% |
| FLORIDA BLUE - BLUE OPTIONS 05782 (POS/PPO) | | | | Per Pay Period |
| QPOS / PPO | Employee Only | 51.09 | | |
| | Employee & Spouse | 208.23 | | |
| | Employee & Child(ren) | 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 |
| | 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% |
| FLORIDA BLUE - UF HEALTH EPO 03768 | | | | Per Pay Period |
| HMO | Employee Only | 7.42 | | |
| | Employee & Spouse | 146.50 | | |
| | Employee & Child(ren) | 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 | \$250 / \$500 | \$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar | DED + 20% |

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EFFECTIVE JANUARY 1, 2024

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NEF - DENTAL

| PLAN | COVERAGE | Per Pay Period |
|---------------|---------------|----------------|
| DHMO | EE Only | 5.49 |
| DHMO | EE & Spouse | 10.97 |
| DHMO | EE & Children | 12.34 |
| DHMO | EE & Family | 19.85 |
| | | |
| Silver DPPO | EE Only | 9.38 |
| Silver DPPO | EE & Spouse | 18.77 |
| Silver DPPO | EE & Children | 23.82 |
| Silver DPPO | EE & Family | 32.07 |
| | | |
| Gold DPPO | EE Only | 15.02 |
| Gold DPPO | EE & Spouse | 30.03 |
| Gold DPPO | EE & Children | 38.14 |
| Gold DPPO | EE & Family | 51.28 |
| | | |
| Platinum DPPO | EE Only | 19.26 |
| Platinum DPPO | EE & Spouse | 38.54 |
| Platinum DPPO | EE & Children | 48.88 |
| Platinum DPPO | EE & Family | 65.80 |

NEF - 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 |