# First Coast Workforce Development Consortium

## Health Insurance Premiums
## Active Full-Time Employees Only
## BU 2222
### Effective January 1, 2026

## FCW - FL Blue Health

| Plan Name | Plan Options | Plan Premiums |
|---|---|---|
| **Bluecare 48 HMO** | | **Per Pay Period** |
| | Employee Only | $ 29.63 |
| | Employee & Spouse | $ 152.48 |
| | Employee & Child(ren) | $ 142.04 |
| | Employee & Family | $ 226.70 |

| **Bluecare 65 HMO HDHP** | | **Per Pay Period** |
|---|---|---|
| | Employee Only | $ - |
| | Employee & Spouse | $ 143.75 |
| | Employee & Child(ren) | $ 133.90 |
| | Employee & Family | $ 213.85 |

| **BlueOptions 05782 PPO** | | **Per Pay Period** |
|---|---|---|
| | Employee Only | $ 118.87 |
| | Employee & Spouse | $ 244.46 |
| | Employee & Child(ren) | $ 227.70 |
| | Employee & Family | $ 363.46 |

| **BlueOptions 03768 UF Health EPO** | | **Per Pay Period** |
|---|---|---|
| | Employee Only | $ - |
| | Employee & Spouse | $ 143.75 |
| | Employee & Child(ren) | $ 133.90 |
| | Employee & Family | $ 213.85 |

| **Bluecare 128/129 HMO QHDHP** | | **Per Pay Period** |
|---|---|---|
| | Employee Only | $ - |
| | Employee & Spouse | $ 152.35 |
| | Employee & Child(ren) | $ 142.04 |
| | Employee & Family | $ 226.70 |

# First Coast Workforce Development Consortium

## Insurance Premiums
## Full-Time Employees

## BU 2222

### Effective January 1, 2026

## FCW - Humana Dental

| Plan Name | Plan Options | Per Pay Period |
|---|---|---|
| DHMO | EE Only | $ - |
| DHMO | EE & Spouse | $ 5.48 |
| DHMO | EE & Children | $ 6.85 |
| DHMO | EE & Family | $ 14.36 |
| | | |
| Silver DPPO | EE Only | $ 4.29 |
| Silver DPPO | EE & Spouse | $ 14.08 |
| Silver DPPO | EE & Children | $ 19.34 |
| Silver DPPO | EE & Family | $ 27.93 |
| | | |
| 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 | $ 33.04 |
| Platinum DPPO | EE & Children | $ 43.39 |
| Platinum DPPO | EE & Family | $ 60.31 |

## FCW - VSP Vision

| Plan Name | Plan Options | Per Pay Period |
|---|---|---|
| **Vision Basic** | | |
| | Employee Only | $ 1.97 |
| | Employee & Spouse | $ 3.75 |
| | Employee & Child(ren) | $ 3.51 |
| | Employee & Family | $ 6.00 |
| | | |
| **Vision Premier** | | |
| | Employee Only | $ 3.82 |
| | Employee & Spouse | $ 6.22 |
| | Employee & Child(ren) | $ 5.74 |
| | Employee & Family | $ 9.77 |