Northeast Florida Regional Council

Health Insurance Premiums
Full-Time Employees
BU 5555
Effective January 1, 2026

NEF- FL Blue Health

Plan Name	Plan Options	Plan Premiums
Bluecare 48 HMO		**Per Pay Period**
	Employee Only	$ 7.17
	Employee & Spouse	$ 163.96
	Employee & Child(ren)	$ 143.08
	Employee & Family	$ 312.40

Bluecare 65 HMO HDHP		**Per Pay Period**
	Employee Only	$ 7.42
	Employee & Spouse	$ 146.50
	Employee & Child(ren)	$ 126.79
	Employee & Family	$ 286.69

BlueOptions 05782 PPO		**Per Pay Period**
	Employee Only	$ 51.09
	Employee & Spouse	$ 208.23
	Employee & Child(ren)	$ 184.29
	Employee & Family	$ 378.23

BlueOptions 03768 UF Health EPO		**Per Pay Period**
	Employee Only	$ 7.42
	Employee & Spouse	$ 146.50
	Employee & Child(ren)	$ 126.79
	Employee & Family	$ 286.69

Bluecare 128/129 HMO QHDHP		**Per Pay Period**
	Employee Only	$ 7.87
	Employee & Spouse	$ 155.27
	Employee & Child(ren)	$ 134.50
	Employee & Family	$ 303.92

Northeast Florida Regional Council

Insurance Premiums
Full-Time Employees

BU 5555

Effective January 1, 2026

NEF - Humana Dental

Plan Name	Plan Options	Per Pay Period
DHMO	EE Only	$ 5.81
DHMO	EE & Spouse	$ 11.63
DHMO	EE & Children	$ 13.07
DHMO	EE & Family	$ 21.03
Silver DPPO	EE Only	$ 10.34
Silver DPPO	EE & Spouse	$ 20.71
Silver DPPO	EE & Children	$ 26.27
Silver DPPO	EE & Family	$ 35.35
Gold DPPO	EE Only	$ 15.92
Gold DPPO	EE & Spouse	$ 31.83
Gold DPPO	EE & Children	$ 40.43
Gold DPPO	EE & Family	$ 54.34
Platinum DPPO	EE Only	$ 20.43
Platinum DPPO	EE & Spouse	$ 40.84
Platinum DPPO	EE & Children	$ 51.81
Platinum DPPO	EE & Family	$ 69.74

NEF - 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