NORTHEAST FLORIDA REGIONAL COUNCIL

EFFECTIVE JANUARY 1, 2024

BU: 5555

NEF - HEALTH

PLAN		COVERAGE			Per Pay Period
FLO	RIDA BLUE HE	ALTH PLAN F	OR ACTIVE FUL	L TIME EMPLOYEES	ONLY
PLAN		COVERAGE			PREMIUM
FLORIDA BLUE	- BLUECARE 4	8 НМО			Per Pay Period
нмо	Employee Only				7.17
	Employee & Spo	use			163.96
	Employee & Chil	d(ren)			143.08
	Employee & Fam	nily			312.40
FLORIDA BLUE C	оРау,	00 PAV	DEDUCTION F	MAY OUT OF BOOKET	
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 6	5 HIGH DEDUC	TIBLE HMO		Per Pay Period
нр нмо	Employee Only				7.42
	Employee & Spo	use			146.50
	Employee & Chil	d(ren)			126.79
	Employee & Fam	nily			286.69
FLORIDA BLUE C	• .	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
Deductible, Max (and ER Visit	Out of Pocket	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%
FLORIDA BLUE	- BLUE OPTIO	NS 05782 (POS	/PPO)		Per Pay Period
QPOS / PPO	Employee Only	(2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			51.09
	Employee & Spo	use			208.23
Employee & C					184.29
	Employee & Fam				378.23
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket		CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
•		(i oi ropcolalist)	•		
•	IN-NETWORK	\$30/ 40	\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay + 30%
and ER Visit			\$750 / 1,500 \$1,000 / 2,000	\$6,000 / 12,000 \$9,000 / 18,000	\$300 CoPay + 30% \$300 CoPay + 30%
and ER Visit	IN-NETWORK	\$30/ 40 DED + 50%			-
and ER Visit	IN-NETWORK OUT-OF-NETWORK	\$30/ 40 DED + 50%			\$300 CoPay + 30%
and ER Visit FLORIDA BLUE	IN-NETWORK OUT-OF-NETWORK - UF HEALTH E	\$30/ 40 DED + 50% EPO 03768			\$300 CoPay + 30% Per Pay Period
and ER Visit FLORIDA BLUE	IN-NETWORK OUT-OF-NETWORK - UF HEALTH E Employee Only	\$30/ 40 DED + 50% EPO 03768			\$300 CoPay + 30% Per Pay Period 7.42
and ER Visit FLORIDA BLUE	IN-NETWORK OUT-OF-NETWORK - UF HEALTH E Employee Only Employee & Spo	\$30/ 40 DED + 50% EPO 03768 use d(ren)			\$300 CoPay + 30% Per Pay Period 7.42 146.50
and ER Visit FLORIDA BLUE	IN-NETWORK OUT-OF-NETWORK - UF HEALTH E Employee Only Employee & Spo Employee & Chil Employee & Fam CTCARE CoPay,	\$30/ 40 DED + 50% EPO 03768 use d(ren)			\$300 CoPay + 30% Per Pay Period 7.42 146.50 126.79

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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		
VIOION I IUII I ICIIIICI	Employee Only	\$ 3.50
	Employee & Spouse	\$ 5.63
	Employee & Child(ren)	\$ 5.26
	Employee & Family	\$ 8.96