

FIRST COAST WORKFORCE

BU 2222

EFFECTIVE JANUARY 1, 2024

FCW - HEALTH

FLORIDA BLUE HEALTH PLAN FOR ACTIVE FULL TIME EMPLOYEES ONLY

| PLAN | COVERAGE | PREMIUM |
|---|--|---|
| FLORIDA BLUE - BLUECARE 48 HMO | | Per Pay Period |
| HMO | 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% |
| FLORIDA BLUE - BLUECARE 65 HIGH DEDUCTIBLE HMO | | Per Pay Period |
| HD HMO | 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% |
| FLORIDA BLUE - BLUE OPTIONS 05782 (POS/PPO) | | Per Pay Period |
| QPOS / PPO | 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) | DEDUCTIBLE (Individual /Family) |
| | IN-NETWORK \$30/ 40 | \$750 / 1,500 |
| | OUT-OF-NETWORK DED + 50% | \$1,000 / 2,000 |
| | | MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000 |
| | | ER VISIT \$300 CoPay + 30% |
| | | MAX OUT OF POCKET (Individual /Family) \$9,000 / 18,000 |
| | | ER VISIT \$300 CoPay + 30% |
| FLORIDA BLUE - UF HEALTH EPO 03768 | | Per Pay Period |
| HMO | 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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EFFECTIVE JANUARY 1, 2024

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 |