2022 Plan Rates ACTIVE EMPLOYEES

Medical Rates				
Per Pay Period	UF Health Direct Plan	BlueCare HMO 65	Blue Care HMO 48	Blue Options PPO 5782
Employee Only	\$0.00	\$0.00	\$13.33	\$15.27
Employee + Spouse	\$111.45	\$108.62	\$126.18	\$144.50
Employee + Child	\$96.02	\$96.35	\$112.43	\$128.74
Family	\$213.62	\$215.43	\$244.70	\$280.22
Dental Rates				
Fire				
Per Pay Period	Base	Silver	Gold	Platinum
Employee Only	\$1.11	\$4.70	\$10.52	\$14.92
Employee + Spouse	\$5.69	\$14.41	\$26.05	\$34.85
Employee + Child(ren)	\$7.82	\$19.63	\$34.43	\$45.54
Employee + Family	\$13.92	\$28.15	\$48.02	\$63.03
Police				
Per Pay Period	Base	Silver	Gold	Platinum
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$4.58	\$9.71	\$15.53	\$19.93
Employee + Child(ren)	\$6.71	\$14.93	\$23.91	\$30.63
Employee + Family	\$12.81	\$23.45	\$37.50	\$48.12
Appointed				
Per Pay Period	Base	Silver	Gold	Platinum
Employee Only	\$6.11	\$9.70	\$15.52	\$19.92
Employee + Spouse	\$10.69	\$19.41	\$31.05	\$39.85
Employee + Child(ren)	\$12.82	\$24.63	\$39.43	\$50.54
Employee + Family	\$18.92	\$33.15	\$53.02	\$68.03
<u>Vison Rates</u>				
Per Pay Period	Premier	Basic	_	
Employee Only	\$4.45	\$2.45		
Employee + Spouse	\$7.21	\$3.88		
Employee + Child	\$7.07	\$3.96		
Family	\$11.63	\$6.38		
Supplemental Products				
Per Pay Period	Accident	Hospital Indemnity	_	
Employee Only	\$5.52	\$13.75		
Employee + Spouse	\$9.41	\$34.40		
Employee + Child	\$11.12	\$22.46		
Family	\$15.02	\$43.11		
Critical Illness				

Based on Age and Volume. See Enrollment Site for Your Applicable Rate

Per Pay Period