

## 2024 Plan Rates

### ACTIVE EMPLOYEES

#### Medical Rates

<i>Per Pay Period</i>	UF Health Direct Plan	BlueCare HMO 65	Blue Care HMO 48	Blue Options PPO 5782
Employee Only	\$0.00	\$0.00	\$25.00	\$37.50
Employee + Spouse	\$111.45	\$108.62	\$145.11	\$173.40
Employee + Child	\$96.02	\$96.35	\$129.29	\$154.49
Family	\$213.62	\$215.43	\$293.64	\$336.27

#### Dental Rates

##### **Fire**

<i>Per Pay Period</i>	Basic	Bronze	Silver	Gold
Employee Only	\$1.81	\$3.89	\$9.23	\$13.25
Employee + Spouse	\$6.92	\$12.78	\$23.45	\$31.51
Employee + Child(ren)	\$9.30	\$17.57	\$31.13	\$41.31
Employee + Family	\$16.10	\$25.38	\$43.58	\$57.34

##### **Police**

<i>Per Pay Period</i>	Basic	Bronze	Silver	Gold
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$5.11	\$8.89	\$14.23	\$18.26
Employee + Child(ren)	\$7.50	\$13.68	\$21.91	\$28.06
Employee + Family	\$14.30	\$21.49	\$34.36	\$44.09

##### **Appointed**

<i>Per Pay Period</i>	Basic	Bronze	Silver	Gold
Employee Only	\$6.81	\$8.89	\$14.23	\$18.25
Employee + Spouse	\$11.92	\$17.78	\$28.45	\$36.51
Employee + Child(ren)	\$14.30	\$22.57	\$36.13	\$46.31
Employee + Family	\$21.10	\$30.38	\$48.58	\$62.34

#### Vison Rates

<i>Per Pay Period</i>	Basic	Premier
Employee Only	\$2.35	\$4.27
Employee + Spouse	\$3.72	\$6.92
Employee + Child	\$3.80	\$6.79
Family	\$6.12	\$11.16

#### Supplemental Products

<i>Per Pay Period</i>	Accident	Hospital Indemnity
Employee Only	\$5.23	\$12.60
Employee + Spouse	\$8.92	\$27.19
Employee + Child	\$10.47	\$20.00
Family	\$14.16	\$34.59

#### Critical Illness

*Per Pay Period* Based on Age and Volume. See Enrollment Site for Your Applicable Rate

#### Identity theft

<i>Per Pay Period</i>	Benefit Essential	Benefit Premier Plus
Employee Only	\$3.50	\$6.25
Family	\$6.99	\$10.74

#### Legal Service

<i>Per Pay Period</i>	Defender Plan
All Tiers	\$9.38

## 2024 Plan Rates

### RETIREES

#### Medical

<i>Per Pay Period</i>	UF Health Direct Plan	BlueCare HMO 65	Blue Care HMO 48	Blue Options PPO 5782
Employee Only	\$201.21	\$208.70	\$247.78	\$281.45
Employee + Spouse	\$412.35	\$429.29	\$509.98	\$578.81
Employee + Child	\$386.14	\$399.86	\$475.07	\$539.12
Family	\$598.73	\$638.61	\$758.23	\$860.57

#### Dental

<i>Per Pay Period</i>	Basic	Bronze	Silver	Gold
Employee Only	\$6.81	\$8.89	\$14.23	\$18.25
Employee + Spouse	\$11.92	\$17.78	\$28.45	\$36.51
Employee + Child(ren)	\$14.30	\$22.57	\$36.13	\$46.31
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Employee Only	\$3.50	\$6.25
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All Tiers	\$9.38