

NEW RATE ALERT

## 2025 Benefit Plan Premiums

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## ACTIVE EMPLOYEES

**Medical Rates**

<i>Per Pay Period - Biweekly</i>	UF Health Direct Plan	BlueCare HMO 65	Blue Care HMO 48	Blue Options PPO 5782
Employee Only	\$0.00	\$0.00	\$26.25	\$39.38
Employee + Spouse	\$117.02	\$114.05	\$152.36	\$182.07
Employee + Child(ren)	\$100.82	\$101.17	\$135.76	\$162.21
Family	\$224.30	\$226.21	\$308.32	\$353.08

**Dental Rates****Fire**

<i>Per Pay Period - Biweekly</i>	Basic	Bronze	Silver	Gold
Employee Only	\$1.21	\$4.09	\$9.56	\$13.67
Employee + Spouse	\$5.88	\$13.19	\$24.10	\$32.34
Employee + Child(ren)	\$8.04	\$18.08	\$31.95	\$42.36
Employee + Family	\$13.33	\$26.07	\$44.68	\$58.76

**Police**

<i>Per Pay Period - Biweekly</i>	Basic	Bronze	Silver	Gold
Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	\$4.67	\$9.10	\$14.54	\$18.68
Employee + Child(ren)	\$6.83	\$13.99	\$22.40	\$28.70
Employee + Family	\$12.12	\$21.98	\$35.13	\$45.09

**Appointed**

<i>Per Pay Period - Biweekly</i>	Basic	Bronze	Silver	Gold
Employee Only	\$6.21	\$9.09	\$14.56	\$18.67
Employee + Spouse	\$10.88	\$18.19	\$29.10	\$37.34
Employee + Child(ren)	\$13.04	\$23.08	\$36.95	\$47.36
Employee + Family	\$18.33	\$31.07	\$49.68	\$63.76

**Vison Rates**

<i>Per Pay Period - Biweekly</i>	Basic	Premier
Employee Only	\$2.35	\$4.27
Employee + Spouse	\$3.72	\$6.92
Employee + Child(ren)	\$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(ren)	\$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