

NEW RATE ALERT**2025 Benefit Plan Premiums****NEW RATE ALERT****RETIREES****Medical**

<i>Per Pay Period</i>	UF Health Direct Plan	BlueCare HMO 65	Blue Care HMO 48	Blue Options PPO 5782
Employee Only	\$211.27	\$219.13	\$260.17	\$295.52
Employee + Spouse	\$432.96	\$450.75	\$535.48	\$607.75
Employee + Child(ren)	\$405.44	\$419.85	\$498.82	\$566.08
Family	\$628.67	\$670.54	\$796.14	\$903.60

Dental

<i>Per Pay Period</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</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
Employee Only	\$5.23
Employee + Spouse	\$8.92
Employee + Child(ren)	\$10.47
Family	\$14.16

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