

New rate alert -
Medical Only!

2026 Benefit Plan Premiums

New rate alert -
Medical Only!

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	\$27.57	\$41.35
Employee + Spouse	\$122.88	\$119.75	\$159.98	\$191.17
Employee + Child(ren)	\$105.86	\$106.23	\$142.55	\$170.33
Family	\$235.52	\$237.52	\$323.74	\$370.74

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	\$9.07	\$14.52	\$18.62
Employee + Spouse	\$10.88	\$18.14	\$29.02	\$37.24
Employee + Child(ren)	\$13.04	\$23.02	\$36.86	\$47.24
Employee + Family	\$18.33	\$30.99	\$49.55	\$63.59

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 or Life w/ LTC

<i>Per Pay Period</i>	Based on Age and Volume. See Enrollment Site for Your Applicable Rate
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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

2026 Benefit Plan Premiums

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	\$450.76	\$535.48	\$607.75
Employee + Child(ren)	\$405.44	\$419.85	\$498.82	\$566.08
Family	\$628.67	\$670.54	\$796.15	\$903.60

Dental

<i>Per Pay Period</i>	Basic	Bronze	Silver	Gold
Employee Only	\$6.21	\$9.07	\$14.52	\$18.62
Employee + Spouse	\$10.88	\$18.14	\$29.02	\$37.24
Employee + Child(ren)	\$13.04	\$23.02	\$36.86	\$47.24
Employee + Family	\$18.33	\$30.99	\$49.55	\$63.59

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

Life with LTC

<i>Per Pay Period</i>	Based on Age and Volume. See Enrollment Site for Your Applicable Rate
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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