

CITY OF JACKSONVILLE

DENTAL HUMANA PLAN RATES

PART-TIME, FORMER ELECTED OFFICIAL & RETIREE ONLY

EFFECTIVE JANUARY 1, 2024

PART-TIME & FORMER ELECTED OFFICIAL

PREMIUM

BU's: 179, 1111		Per Pay Period
DHMO	EE Only	\$ 5.49
DHMO	EE & Spouse	\$ 10.97
DHMO	EE & Children	\$ 12.34
DHMO	EE & Family	\$ 19.85
Silver DPPO	EE Only	\$ 9.38
Silver DPPO	EE & Spouse	\$ 18.77
Silver DPPO	EE & Children	\$ 23.82
Silver DPPO	EE & Family	\$ 32.07
Gold DPPO	EE Only	\$ 15.02
Gold DPPO	EE & Spouse	\$ 30.03
Gold DPPO	EE & Children	\$ 38.14
Gold DPPO	EE & Family	\$ 51.28
Platinum DPPO	EE Only	\$ 19.26
Platinum DPPO	EE & Spouse	\$ 38.54
Platinum DPPO	EE & Children	\$ 48.88
Platinum DPPO	EE & Family	\$ 65.80

RETIREE/PENSIONER

BU's: 1212, 6666, 8888, 9999		Per Pay Period
DHMO	Retiree Only	\$ 5.49
DHMO	Retiree & Spouse	\$ 10.97
DHMO	Retiree & Child	\$ 12.34
DHMO	Retiree & Family	\$ 19.85
DHMO	Surviving Spouse	\$ 5.49
DHMO	Surviving Child	\$ 5.49
DHMO	Surviving Spouse & Child	\$ 12.34
DHMO	Continuing Spouse	\$ 5.49
DHMO	Continuing Child	\$ 5.49
DHMO	Continuing Spouse & Child	\$ 12.34
DHMO	Special Surviving Spouse *	\$ -
DHMO	Special Surviving Child *	\$ -
DHMO	Special Surviving Spouse & Child *	\$ -
Silver DPPO	Retiree Only	\$ 9.38
Silver DPPO	Retiree & Spouse	\$ 18.77
Silver DPPO	Retiree & Child	\$ 23.82
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Platinum DPPO	Special Surviving Child *	\$ -
Platinum DPPO	Special Surviving Spouse & Child *	\$ -