

CITY OF JACKSONVILLE
HEALTH INSURANCE RATES for FULL-TIME EMPLOYEES
EFFECTIVE JANUARY 1, 2024

	With 5% Contribution	
	WITHOUT \$30 CAP	WITH \$30 CAP
	BU's: 10, 11, 13, 14, 70, 90, 120, 140	BU's: 7, 12, 21-29, 37, 81-89, 130, 131 (only)

PLAN	PLAN OPTION	PREMIUM	
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FLORIDA BLUE - BLUECARE 48 HMO			Per Pay Period	Per Pay Period
	Employee Only		\$ 14.82	\$ 14.82
	Employee & Spouse		\$ 171.61	\$ 171.61
	Employee & Child(ren)		\$ 150.73	\$ 150.73
	Employee & Family		\$ 320.05	\$ 320.05
BLUECARE HMO CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay+ 30%

FLORIDA BLUE - BLUECARE 65 HIGH DEDUCTIBLE HMO			Per Pay Period	Per Pay Period
	Employee Only		\$ -	\$ -
	Employee & Spouse		\$ 147.74	\$ 147.74
	Employee & Child(ren)		\$ 128.03	\$ 128.03
	Employee & Family		\$ 287.93	\$ 287.93
BLUECARE HD HMO CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%

FLORIDA BLUE - BLUE OPTIONS 05782 (POS/PPO)			Per Pay Period	Per Pay Period
	Employee Only		\$ 16.98	\$ 15.00
	Employee & Spouse		\$ 196.40	\$ 194.41
	Employee & Child(ren)		\$ 172.45	\$ 170.47
	Employee & Family		\$ 366.40	\$ 364.42
BLUECARE QPOS/PPO CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	IN-NETWORK	\$30 / 40	\$750 / 1,500	\$6,000 / 12,000
	OUT-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000

FLORIDA BLUE - UF HEALTH EPO 03768			Per Pay Period	Per Pay Period
	Employee Only		\$ -	\$ -
	Employee & Spouse		\$ 147.74	\$ 147.74
	Employee & Child(ren)		\$ 128.03	\$ 128.03
	Employee & Family		\$ 287.93	\$ 287.93
UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$10 / 30	\$250 / 500	\$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar	DED + 20%

TRICARE SUPP FOR EMPLOYEE ON ACTIVE MILITARY SERVICE			Per Pay Period	Per Pay Period
	Employee Only		\$ 68.42	\$ 34.21
	Employee & Spouse		\$ 134.30	\$ 67.15
	Employee & Child(ren)		\$ 134.30	\$ 67.15
	Employee & Family		\$ 180.93	\$ 90.46
	Continuing Spouse		\$ 68.42	\$ 34.21
	Continuing Child		\$ 68.42	\$ 34.21
	Continuing Spouse & Child(ren)		\$ 134.30	\$ 67.15