

**CITY OF JACKSONVILLE**  
**HEALTH INSURANCE RATES for PART-TIME EMPLOYEES & RETIREES**  
**EFFECTIVE JANUARY 1, 2024**

PLAN	PLAN OPTION	PREMIUM		
<b>FLORIDA BLUE - BLUECARE 48 HMO</b>		Per Month	Per Pay Period	
	Part-Time or Retiree Only	\$ 592.67	\$ 296.33	
	Part-Time or Retiree & Spouse	\$ 1,219.83	\$ 609.92	
	Part-Time or Retiree & Child	\$ 1,136.31	\$ 568.16	
	Part-Time or Retiree & Family	\$ 1,813.61	\$ 906.81	
<b>BLUECARE HMO CoPay, Deductible, Max Out of Pocket and ER Visit</b>	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%

<b>FLORIDA BLUE - BLUECARE 65 HIGH DEDUCTIBLE HMO</b>		Per Month	Per Pay Period	
	Part-Time or Retiree Only	\$ 559.08	\$ 279.54	
	Part-Time or Retiree & Spouse	\$ 1,150.03	\$ 575.01	
	Part-Time or Retiree & Child	\$ 1,071.19	\$ 535.59	
	Part-Time or Retiree & Family	\$ 1,710.78	\$ 855.39	
<b>BLUECARE HD HMO CoPay, Deductible, Max Out of Pocket and ER Visit</b>	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%

<b>FLORIDA BLUE - BLUE OPTIONS 05782 (POS/PPO)</b>		Per Month	Per Pay Period	
	Part-Time or Retiree Only	\$ 679.26	\$ 339.63	
	Part-Time or Retiree & Spouse	\$ 1,396.92	\$ 698.46	
	Part-Time or Retiree & Child	\$ 1,301.14	\$ 650.57	
	Part-Time or Retiree & Family	\$ 2,076.93	\$ 1,038.46	
<b>BLUECARE QPOS/PPO CoPay, Deductible, Max Out of Pocket and ER Visit</b>	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	\$300 CoPay+30%
	OUT-NETWORK DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay+30%

<b>FLORIDA BLUE - UF HEALTH EPO 03768</b>		Per Month	Per Pay Period	
	Part-Time or Retiree Only	\$ 559.08	\$ 279.54	
	Part-Time or Retiree & Spouse	\$ 1,150.03	\$ 575.01	
	Part-Time or Retiree & Child	\$ 1,071.19	\$ 535.59	
	Part-Time or Retiree & Family	\$ 1,710.78	\$ 855.39	
<b>UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit</b>	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	DED + 20%
			\$3,000 Med + 2,000 Phar	

<b>TRICARE SUPP FOR EMPLOYEE ON ACTIVE MILITARY SERVICE</b>		Per Pay Period	Per Pay Period
	Part-Time or Retiree Only	\$ 68.42	\$ 34.21
	Part-Time or Retiree & Spouse	\$ 134.30	\$ 67.15
	Part-Time or Retiree & Child	\$ 134.30	\$ 67.15
	Part-Time or Retiree & Family	\$ 180.93	\$ 90.46

<b>FLORIDA BLUE - MEDICARE ADVANTAGE PLAN</b>		Per Month	Per Pay Period
<b>RETIREE ON MEDICARE ONLY</b>	Elite PPO with DHV - Retiree Only	\$ 282.18	\$ 141.09
	Elite PPO with DHV - Continuing Spouse of Retiree Only	\$ 282.18	\$ 141.09
	Elite PPO with DHV - Surviving Spouse of Retiree Only	\$ 282.18	\$ 141.09
	Elite PPO with DHV - Retiree & Spouse Only	\$ 564.36	\$ 282.18

**NOTE: Only retirees in BU's 9999, 8888, 6666, 4444, 1212 & 1111 that have continued the health benefits with the City of Jacksonville; and are on Medicare A & B are eligible to enroll in the City of Jacksonville's Florida Blue Medicare Advantage Plan effective 1/1/2024.**