Jacksonville Housing

Health Insurance Premiums
Full-Time Employees
BU 240 & 279
Effective January 1, 2026

JH - FL Blue Health

Plan Name	Plan Options	Plan Premiums
Bluecare 48 HMO		**Per Pay Period**
	Employee Only	$ 14.82
	Employee & Spouse	$ 170.78
	Employee & Child(ren)	$ 147.72
	Employee & Family	$ 308.31

Bluecare 65 HMO HDHP		**Per Pay Period**
	Employee Only	$ -
	Employee & Spouse	$ 161.00
	Employee & Child(ren)	$ 139.25
	Employee & Family	$ 290.83

BlueOptions 05782 PPO		**Per Pay Period**
	Employee Only	$ 16.98
	Employee & Spouse	$ 195.57
	Employee & Child(ren)	$ 169.15
	Employee & Family	$ 353.08

BlueOptions 03768 UF Health EPO		**Per Pay Period**
	Employee Only	$ -
	Employee & Spouse	$ 161.00
	Employee & Child(ren)	$ 139.25
	Employee & Family	$ 290.83

Bluecare 128/129 HMO QHDHP		**Per Pay Period**
	Employee Only	$ -
	Employee & Spouse	$ 170.64
	Employee & Child(ren)	$ 147.72
	Employee & Family	$ 308.31

Jacksonville Housing

Insurance Premiums
Full-Time Employees
BU 5555
Effective January 1, 2026

JH - Humana Dental

Plan Name	Plan Options	Per Pay Period
DHMO	EE Only	$ 0.36
DHMO	EE & Spouse	$ 6.18
DHMO	EE & Children	$ 7.63
DHMO	EE & Family	$ 15.58
Silver DPPO	EE Only	$ 3.34
Silver DPPO	EE & Spouse	$ 13.71
Silver DPPO	EE & Children	$ 19.27
Silver DPPO	EE & Family	$ 28.35
Gold DPPO	EE Only	$ 8.91
Gold DPPO	EE & Spouse	$ 24.83
Gold DPPO	EE & Children	$ 33.42
Gold DPPO	EE & Family	$ 47.34
Platinum DPPO	EE Only	$ 13.42
Platinum DPPO	EE & Spouse	$ 33.84
Platinum DPPO	EE & Children	$ 44.81
Platinum DPPO	EE & Family	$ 62.74

JH - VSP Vision

Plan Name	Plan Options	Per Pay Period
Vision Basic		
	Employee Only	$ 1.97
	Employee & Spouse	$ 3.75
	Employee & Child(ren)	$ 3.51
	Employee & Family	$ 6.00
Vision Premier		
	Employee Only	$ 3.82
	Employee & Spouse	$ 6.22
	Employee & Child(ren)	$ 5.74
	Employee & Family	$ 9.77