CITY OF JACKSONVILLE
HEALTH PLAN RATES
EFFECTIVE JANUARY 1, 2027

FULL-TIME EMPLOYEES ONLY

	PREMIUMS Per Pay Period
BlueCare 48 HMO	
Employee Only	$ 18.97
Employee & Spouse	$ 174.50
Employee & Children	$ 153.79
Employee & Family	$ 321.76
BlueOptions 05782 PPO	
Employee Only	$ 21.74
Employee & Spouse	$ 199.72
Employee & Children	$ 175.97
Employee & Family	$ 368.36
BlueOptions 03768 UF Health EPO	
Employee Only	$ 0.00
Employee & Spouse	$ 146.56
Employee & Children	$ 127.00
Employee & Family	$ 285.62
BlueCare 128/129 HMO Qualified High-Deductible Health Plan + HSA	
Employee Only	$ 0.00
Employee & Spouse	$ 155.29
Employee & Children	$ 134.83
Employee & Family	$ 302.79
Tricare Supplemental Plan – Retired Military or Reservist Only	
Employee Only	$ 34.21
Employee & Spouse	$ 67.15
Employee & Children	$ 67.15
Employee & Family	$ 90.46
Continuing Spouse or Child	$ 34.21
Continuing Spouse & Children	$ 67.15