



**CITY OF JACKSONVILLE
COBRA HEALTH PLAN RATES
EFFECTIVE JANUARY 1, 2027**

COBRA - HEALTH

	PREMIUS Per Month
BlueCare 48 HMO	
Former Employee Only	\$ 604.52
Former Spouse Only	\$ 604.52
Former Child Only (per child)	\$ 604.52
Former Employee & Spouse	\$ 1,244.23
Former Employee & Family	\$ 1,849.89
Former Employee & Children	\$ 1,159.04
Former Spouse & Children	\$ 1,159.04
BlueOptions 05782 PPO	
Former Employee Only	\$ 692.84
Former Spouse Only	\$ 692.84
Former Child Only (per child)	\$ 692.84
Former Employee & Spouse	\$ 1,424.85
Former Employee & Family	\$ 2,118.46
Former Employee & Children	\$ 1,327.17
Former Spouse & Children	\$ 1,327.17
BlueOptions 03768 UF Health EPO	
Former Employee Only	\$ 570.26
Former Spouse Only	\$ 570.26
Former Child Only (per child)	\$ 570.26
Former Employee & Spouse	\$ 1,173.03
Former Employee & Family	\$ 1,745.00
Former Employee & Children	\$ 1,092.61
Former Spouse & Children	\$ 1,092.61
BlueCare 128/129 HMO Qualified High-Deductible Health Plan	
Former Employee Only	\$ 604.53
Former Spouse Only	\$ 604.53
Former Child Only (per child)	\$ 604.53
Former Employee & Spouse	\$ 1,243.22
Former Employee & Family	\$ 1,849.87
Former Employee & Children	\$ 1,159.05
Former Spouse & Children	\$ 1,159.05



**CITY OF JACKSONVILLE
COBRA DENTAL PLAN RATES
EFFECTIVE JANUARY 1, 2027**

COBRA - DENTAL

**PREMIUMS
Per Month**

Dental HMO

Former Employee Only	\$ 11.70
Former Spouse Only	\$ 11.70
Former Child Only (per child)	\$ 11.70
Former Employee & Spouse	\$ 20.47
Former Employee & Family	\$ 34.50
Former Employee & Children	\$ 24.56
Former Spouse & Children	\$ 24.56

Silver DPPO

Former Employee Only	\$ 20.60
Former Spouse Only	\$ 20.60
Former Child Only (per child)	\$ 20.60
Former Employee & Spouse	\$ 41.24
Former Employee & Family	\$ 70.38
Former Employee & Children	\$ 52.30
Former Spouse & Children	\$ 52.30

Gold DPPO

Former Employee Only	\$ 31.69
Former Spouse Only	\$ 31.69
Former Child Only (per child)	\$ 31.69
Former Employee & Spouse	\$ 63.38
Former Employee & Family	\$ 108.20
Former Employee & Children	\$ 80.49
Former Spouse & Children	\$ 80.49

Platinum DPPO

Former Employee Only	\$ 40.67
Former Spouse Only	\$ 40.67
Former Child Only (per child)	\$ 40.67
Former Employee & Spouse	\$ 81.32
Former Employee & Family	\$ 138.86
Former Employee & Children	\$ 103.16
Former Spouse & Children	\$ 103.16



**CITY OF JACKSONVILLE
COBRA VISION PLAN RATES
EFFECTIVE JANUARY 1, 2027**

COBRA - VISION

VISION BASIC

	PREMIUMS Per Month
Former Employee Only	\$ 4.01
Former Spouse Only	\$ 4.01
Former Child Only (per child)	\$ 4.01
Former Employee & Spouse	\$ 7.65
Former Employee & Family	\$ 12.23
Former Employee & Children	\$ 7.16
Former Spouse & Children	\$ 7.16

VISION PREMIER

Former Employee Only	\$ 7.79
Former Spouse Only	\$ 7.79
Former Child Only (per child)	\$ 7.79
Former Employee & Spouse	\$ 12.70
Former Employee & Family	\$ 19.94
Former Employee & Children	\$ 11.71
Former Spouse & Children	\$ 11.71