

**CITY OF JACKSONVILLE  
HEALTH PLAN RATES  
EFFECTIVE JANUARY 1, 2026**

**FULL-TIME EMPLOYEES ONLY (Bargaining Units: 10, 11, 13, 14, 70, 90, 120, 140)**

	<b>PREMIUMS Per Pay Period</b>
<b>BlueCare 48 HMO</b>	
Employee Only	\$ 14.82
Employee & Spouse	\$ 171.61
Employee & Children	\$ 150.73
Employee & Family	\$ 320.05
<b>BlueCare 65 HMO High-Deductible Health Plan</b>	
Employee Only	\$ 0.00
Employee & Spouse	\$ 147.74
Employee & Children	\$ 128.03
Employee & Family	\$ 287.93
<b>BlueOptions 05782 PPO</b>	
Employee Only	\$ 16.98
Employee & Spouse	\$ 196.40
Employee & Children	\$ 172.45
Employee & Family	\$ 366.40
<b>BlueOptions 03768 UF Health EPO</b>	
Employee Only	\$ 0.00
Employee & Spouse	\$ 147.74
Employee & Children	\$ 128.03
Employee & Family	\$ 287.93
<b>BlueCare 128/129 HMO Qualified High-Deductible Health Plan + HSA</b>	
Employee Only	\$ 14.82
Employee & Spouse	\$ 171.36
Employee & Children	\$ 150.73
Employee & Family	\$ 320.05
<b>Tricare Supplemental Plan – Retired Military or Reservist Only</b>	
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

**CITY OF JACKSONVILLE  
HEALTH PLAN RATES  
EFFECTIVE JANUARY 1, 2026**

**FULL-TIME EMPLOYEES ONLY (Bargaining Units: 7, 12, 21-29, 37, 81-89, 130, 131)**

	<b>PREMIUMS Per Pay Period</b>
<b>BlueCare 48 HMO</b>	
Employee Only	\$ 14.82
Employee & Spouse	\$ 171.61
Employee & Children	\$ 150.73
Employee & Family	\$ 320.05
<b>BlueCare 65 HMO High-Deductible Health Plan</b>	
Employee Only	\$ 0.00
Employee & Spouse	\$ 147.74
Employee & Children	\$ 128.03
Employee & Family	\$ 287.93
<b>BlueOptions 05782 PPO</b>	
Employee Only	\$ 15.00
Employee & Spouse	\$ 194.41
Employee & Children	\$ 170.47
Employee & Family	\$ 364.42
<b>BlueOptions 03768 UF Health EPO</b>	
Employee Only	\$ 0.00
Employee & Spouse	\$ 147.74
Employee & Children	\$ 128.03
Employee & Family	\$ 287.93
<b>BlueCare 128/129 HMO Qualified High-Deductible Health Plan + HSA</b>	
Employee Only	\$ 14.82
Employee & Spouse	\$ 171.36
Employee & Children	\$ 150.73
Employee & Family	\$ 320.05
<b>Tricare Supplemental Plan – Retired Military or Reservist Only</b>	
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