City of Jacksonville

COBRA Health Insurance Premiums

Effective January 1, 2026

COBRA - Health

	Premium	
Bluecare 48 HMO	**Per Month**	**Per Pay Period**
Former Employee Only	$ 604.52	$ 302.26
Former Spouse Only	$ 604.52	$ 302.26
Former Child Only (per child)	$ 604.52	$ 302.26
Former EE & Spouse	$ 1,244.23	$ 622.11
Former EE & Family	$ 1,849.89	$ 924.94
Former EE & Children	$ 1,159.04	$ 579.52
Former Spouse & Child(ren)	$ 1,159.04	$ 579.52
Bluecare 65 HMO HDHP		
Former Employee Only	$ 570.26	$ 285.13
Former Spouse Only	$ 570.26	$ 285.13
Former Child Only (per child)	$ 570.26	$ 285.13
Former EE & Spouse	$ 1,173.03	$ 586.51
Former EE & Family	$ 1,745.00	$ 872.50
Former EE & Children	$ 1,092.61	$ 546.31
Former Spouse & Child(ren)	$ 1,092.61	$ 546.31
BlueOptions 05782 PPO		
Former Employee Only	$ 692.84	$ 346.42
Former Spouse Only	$ 692.84	$ 346.42
Former Child Only (per child)	$ 692.84	$ 346.42
Former EE & Spouse	$ 1,424.85	$ 712.43
Former EE & Family	$ 2,118.46	$ 1,059.23
Former EE & Children	$ 1,327.17	$ 663.58
Former Spouse & Child(ren)	$ 1,327.17	$ 663.58
BlueOptions 03768 UF Health EPO		
Former Employee Only	$ 570.26	$ 285.13
Former Spouse Only	$ 570.26	$ 285.13
Former Child Only (per child)	$ 570.26	$ 285.13
Former EE & Spouse	$ 1,173.03	$ 586.51
Former EE & Family	$ 1,745.00	$ 872.50
Former EE & Children	$ 1,092.61	$ 546.31
Former Spouse & Child(ren)	$ 1,092.61	$ 546.31
BlueCare 128/129 HMO QHDHP		
Former Employee Only	$ 604.53	$ 302.27
Former Spouse Only	$ 604.53	$ 302.27
Former Child Only (per child)	$ 604.53	$ 302.27
Former EE & Spouse	$ 1,243.22	$ 621.61
Former EE & Family	$ 1,849.87	$ 924.94
Former EE & Children	$ 1,159.05	$ 579.52
Former Spouse & Child(ren)	$ 1,159.05	$ 579.52

City of Jacksonville

COBRA **Dental Premiums**

Effective January 1, 2026

COBRA - Dental

		Premium Monthly	Premium Per Pay Period
DHMO	Former Employee Only	$ 11.85	$ 5.93
DHMO	Former Spouse Only	$ 11.85	$ 5.93
DHMO	Former Child Only (per child)	$ 11.85	$ 5.93
DHMO	Former EE & Spouse	$ 23.72	$ 11.86
DHMO	Former EE & Family	$ 42.91	$ 21.45
DHMO	Former EE & Children	$ 26.67	$ 13.34
DHMO	Former Spouse & Child(ren)	$ 26.67	$ 13.34
Silver DPPO	Former Employee Only	$ 21.10	$ 10.55
Silver DPPO	Former Spouse Only	$ 21.10	$ 10.55
Silver DPPO	Former Child Only (per child)	$ 21.10	$ 10.55
Silver DPPO	Former EE & Spouse	$ 42.25	$ 21.12
Silver DPPO	Former EE & Family	$ 72.12	$ 36.06
Silver DPPO	Former EE & Children	$ 53.59	$ 26.80
Silver DPPO	Former Spouse & Child(ren)	$ 53.59	$ 26.80
Gold DPPO	Former Employee Only	$ 32.47	$ 16.23
Gold DPPO	Former Spouse Only	$ 32.47	$ 16.23
Gold DPPO	Former Child Only (per child)	$ 32.47	$ 16.23
Gold DPPO	Former EE & Spouse	$ 64.94	$ 32.47
Gold DPPO	Former EE & Family	$ 110.86	$ 55.43
Gold DPPO	Former EE & Children	$ 82.47	$ 41.24
Gold DPPO	Former Spouse & Child(ren)	$ 82.47	$ 41.24
Platinum DPPO	Former Employee Only	$ 41.67	$ 20.83
Platinum DPPO	Former Spouse Only	$ 41.67	$ 20.83
Platinum DPPO	Former Child Only (per child)	$ 41.67	$ 20.83
Platinum DPPO	Former EE & Spouse	$ 83.32	$ 41.66
Platinum DPPO	Former EE & Family	$ 142.27	$ 71.14
Platinum DPPO	Former EE & Children	$ 105.70	$ 52.85
Platinum DPPO	Former Spouse & Child(ren)	$ 105.70	$ 52.85

City of Jacksonville

COBRA Vision Premiums

Effective January 1, 2026

COBRA - Vision

Vision Basic	**Premium** Monthly	**Premium** Per Pay Period
Former Employee Only	**$ 4.01**	**$ 2.01**
Former Spouse Only	**$ 4.01**	**$ 2.01**
Former Child Only (per child)	**$ 4.01**	**$ 2.01**
Former EE & Spouse	**$ 7.65**	**$ 3.83**
Former EE & Family	**$ 12.23**	**$ 6.12**
Former EE & Children	**$ 7.16**	**$ 3.58**
Former Spouse & Child(ren)	**$ 7.16**	**$ 3.58**
Vision Premier		
Former Employee Only	**$ 7.79**	**$ 3.89**
Former Spouse Only	**$ 7.79**	**$ 3.89**
Former Child Only (per child)	**$ 7.79**	**$ 3.89**
Former EE & Spouse	**$ 12.70**	**$ 6.35**
Former EE & Family	**$ 19.94**	**$ 9.97**
Former EE & Children	**$ 11.71**	**$ 5.85**
Former Spouse & Child(ren)	**$ 11.71**	**$ 5.85**