CITY OF JACKSONVILLE

HEALTH INSURANCE RATES for PART-TIME EMPLOYEES & RETIREES

EFFECTIVE JANUARY 1, 2025

PLAN	PLAN OPTION			PREMIUM	
FLORIDA BLUE - BLUECARE 48 HMO				**Per Month**	**Per Pay Period**
	Part-Time or Retiree or Continuing/Surviving Spouse/ Child(ren) Only			$ 592.67	$ 296.33
	Part-Time or Retiree & Spouse			$ 1,219.83	$ 609.92
	Part-Time or Retiree & Child / Continuing/Surviving Spouse & Child(ren)			$ 1,136.31	$ 568.16
	Part-Time or Retiree & Family			$ 1,813.61	$ 906.81
BLUECARE HMO CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	$25 / $35	$500 / $1,000	$10 / $60 / $100 / $250	$3,000 / $6,000	$300 CoPay+ 30%

FLORIDA BLUE - BLUECARE 65 HIGH DEDUCTIBLE HMO				**Per Month**	**Per Pay Period**
	Part-Time or Retiree or Continuing/Surviving Spouse/ Child(ren) Only			$ 559.08	$ 279.54
	Part-Time or Retiree & Spouse			$ 1,150.03	$ 575.01
	Part-Time or Retiree & Child / Continuing/Surviving Spouse & Child(ren)			$ 1,071.19	$ 535.59
	Part-Time or Retiree & Family			$ 1,710.78	$ 855.39
BLUECARE HD HMO CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	$25 / DED + 30%	$2,000 / $4,000	$10 / $60 / $100 / $250	$6,500 / $13,000	DED + 30%

FLORIDA BLUE - BLUE OPTIONS 05782 (POS/PPO)				**Per Month**	**Per Pay Period**
	Part-Time or Retiree or Continuing/Surviving Spouse/ Child(ren) Only			$ 679.26	$ 339.63
	Part-Time or Retiree & Spouse			$ 1,396.92	$ 698.46
	Part-Time or Retiree & Child / Continuing/Surviving Spouse & Child(ren)			$ 1,301.14	$ 650.57
	Part-Time or Retiree & Family			$ 2,076.93	$ 1,038.46
BLUECARE QPOS/PPO CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
IN-NETWORK	$30 / $40	$1,000 / $2,000	$10 / $60 / $100 / $250	$6,500 / $13,000	$300 CoPay+30%
OUT-NETWORK	DED + 50%	$1,000 / $2,000	$10 / $60 / $100 / $250	$9,000 / $18,000	$300 CoPay+30%

FLORIDA BLUE - UF HEALTH EPO 03768				**Per Month**	**Per Pay Period**
	Part-Time or Retiree or Continuing/Surviving Spouse/ Child(ren) Only			$ 559.08	$ 279.54
	Part-Time or Retiree & Spouse			$ 1,150.03	$ 575.01
	Part-Time or Retiree & Child / Continuing/Surviving Spouse & Child(ren)			$ 1,071.19	$ 535.59
	Part-Time or Retiree & Family			$ 1,710.78	$ 855.39
UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	$10 / $30	$400 / $800	$10 / $60 / $100 / $250	$3,000 / $6,000	DED + 20%

TRICARE SUPP FOR EMPLOYEE ON ACTIVE MILITARY SERVICE			**Per Month**	**Per Pay Period**
	Part-Time or Retiree or Continuing/Surviving Spouse/ Child(ren) Only		$ 68.42	$ 34.21
	Part-Time or Retiree & Spouse		$ 134.30	$ 67.15
	Part-Time or Retiree & Child / Continuing/Surviving Spouse & Child(ren)		$ 134.30	$ 67.15
	Part-Time or Retiree & Family		$ 180.93	$ 90.46

FLORIDA BLUE - MEDICARE ADVANTAGE PLAN			**Per Month**	**Per Pay Period**
RETIREE ON MEDICARE A&	Elite PPO with DHV - Retiree Only		$ 293.04	$ 146.52
	Elite PPO with DHV - Continuing Spouse of a Retiree Only		$ 293.04	$ 146.52
	Elite PPO with DHV - Surviving Spouse of a Retiree Only		$ 293.04	$ 146.52
	Elite PPO with DHV - Retiree & Spouse Only		$ 586.08	$ 293.04

NOTE: Only retirees in BU's 9999, 8888, 6666, 4444, 1212 & 1111 that have continued the health benefits with the City of Jacksonville; and are on Medicare A & B are eligible to enroll in the City of Jacksonville's Florida Blue Medicare Advantage Plan effective 1/1/2025.

Revised Date: 11/21/2024