City of Jacksonville

Health Insurance Premiums

Part-Time, Former Elected Official, Retiree and Continuing/Surviving Spouse or Child(ren)

Effective January 1, 2026

Plan Name / Plan Options	Plan Premiums	
Bluecare 48 HMO	**Per Month**	**Per Pay Period**
Part-Time, FEO, Retiree, Continuing or Surviving Spouse or Child(ren) Only	$ 592.67	$ 296.33
Part-Time, FEO or Retiree & Spouse	$ 1,219.83	$ 609.92
Part-Time, FEO, Retiree & Child or Continuing/Surviving Spouse & Child(ren)	$ 1,136.31	$ 568.16
Part-Time, FEO, Retiree & Family	$ 1,813.61	$ 906.81

Bluecare 65 HMO HDHP	**Per Month**	**Per Pay Period**
Part-Time, FEO, Retiree, Continuing or Surviving Spouse or Child(ren) Only	$ 559.08	$ 279.54
Part-Time, FEO or Retiree & Spouse	$ 1,150.03	$ 575.01
Part-Time, FEO, Retiree & Child or Continuing/Surviving Spouse & Child(ren)	$ 1,071.19	$ 535.59
Part-Time, FEO, Retiree & Family	$ 1,710.78	$ 855.39

BlueOptions 05782 PPO	**Per Month**	**Per Pay Period**
Part-Time, FEO, Retiree, Continuing or Surviving Spouse or Child(ren) Only	$ 679.26	$ 339.63
Part-Time, FEO or Retiree & Spouse	$ 1,396.92	$ 698.46
Part-Time, FEO, Retiree & Child or Continuing/Surviving Spouse & Child(ren)	$ 1,301.14	$ 650.57
Part-Time, FEO, Retiree & Family	$ 2,076.93	$ 1,038.46

BlueOptions 03768 UF Health EPO	**Per Month**	**Per Pay Period**
Part-Time, FEO, Retiree, Continuing or Surviving Spouse or Child(ren) Only	$ 559.08	$ 279.54
Part-Time, FEO or Retiree & Spouse	$ 1,150.03	$ 575.01
Part-Time, FEO, Retiree & Child or Continuing/Surviving Spouse & Child(ren)	$ 1,071.19	$ 535.59
Part-Time, FEO, Retiree & Family	$ 1,710.78	$ 855.39

BlueCare 128/129 HMO QHDHP	**Per Month**	**Per Pay Period**
Part-Time, FEO, Retiree, Continuing or Surviving Spouse or Child(ren) Only	$ 592.68	$ 296.34
Part-Time, FEO or Retiree & Spouse	$ 1,218.84	$ 609.42
Part-Time, FEO, Retiree & Child or Continuing/Surviving Spouse & Child(ren)	$ 1,136.32	$ 568.16
Part-Time, FEO, Retiree & Family	$ 1,813.60	$ 906.80

Tricare Supplemental Plan - Retired Military or Reservist Only	**Per Month**	**Per Pay Period**
Part-Time, FEO, Retiree, Continuing or Surviving Spouse or Child(ren) Only	$ 68.42	$ 34.21
Part-Time, FEO or Retiree & Spouse	$ 134.30	$ 67.15
Part-Time, FEO, Retiree & Child or Continuing/Surviving Spouse & Child(ren)	$ 134.30	$ 67.15
Part-Time, FEO, Retiree & Family	$ 180.93	$ 90.47

BlueMedicare Advantage Elite PPO (Retiree with Medicare A & B only)	**Per Month**	**Per Pay Period**
Elite PPO with DHV - Retiree Only	$ 331.83	$ 165.92
Elite PPO with DHV - Continuing Spouse of a Retiree Only	$ 331.83	$ 165.92
Elite PPO with DHV - Surviving Spouse of a Retiree Only	$ 331.83	$ 165.92
Elite PPO with DHV - Retiree & Spouse Only	$ 663.66	$ 331.83

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 1/1/2026.**

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