

CITY OF JACKSONVILLE

COBRA INSURANCE RATES

EFFECTIVE JANUARY 1, 2024

COBRA - HEALTH

FLORIDA BLUE - BLUECARE 48 HMO		PREMIUM	
		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

FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay+ 30%

FLORIDA BLUE - BLUECARE 65 HIGH DEDUCTIBLE HMO

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

FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%

FLORIDA BLUE - BLUE OPTIONS 05782 (POS/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

FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
IN-NETWORK	\$30/ 40	\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay + 30%
OUT-OF-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay + 30%

FLORIDA BLUE - UF HEALTH EPO 03768

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

UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$10 / 30	\$250 / \$500	\$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar	DED + 20%

CITY OF JACKSONVILLE
COBRA DENTAL RATES
EFFECTIVE JANUARY 1, 2024

COBRA - DENTAL

		PREMIUM	
PLAN	COVERAGE	Monthly	Per Pay Period
DHMO	Former Employee Only	\$ 11.19	\$ 5.60
DHMO	Former Spouse Only	\$ 11.19	\$ 5.60
DHMO	Former Child Only (per child)	\$ 11.19	\$ 5.60
DHMO	Former EE & Spouse	\$ 22.38	\$ 11.19
DHMO	Former EE & Family	\$ 40.49	\$ 20.25
DHMO	Former EE & Children	\$ 25.18	\$ 12.59
DHMO	Former Spouse & Child(ren)	\$ 25.18	\$ 12.59
Silver DPPO	Former Employee Only	\$ 19.14	\$ 9.57
Silver DPPO	Former Spouse Only	\$ 19.14	\$ 9.57
Silver DPPO	Former Child Only (per child)	\$ 19.14	\$ 9.57
Silver DPPO	Former EE & Spouse	\$ 38.29	\$ 19.14
Silver DPPO	Former EE & Family	\$ 65.41	\$ 32.71
Silver DPPO	Former EE & Children	\$ 48.60	\$ 24.30
Silver DPPO	Former Spouse & Child(ren)	\$ 48.60	\$ 24.30
Gold DPPO	Former Employee Only	\$ 30.63	\$ 15.32
Gold DPPO	Former Spouse Only	\$ 30.63	\$ 15.32
Gold DPPO	Former Child Only (per child)	\$ 30.63	\$ 15.32
Gold DPPO	Former EE & Spouse	\$ 61.26	\$ 30.63
Gold DPPO	Former EE & Family	\$ 104.62	\$ 52.31
Gold DPPO	Former EE & Children	\$ 77.80	\$ 38.90
Gold DPPO	Former Spouse & Child(ren)	\$ 77.80	\$ 38.90
Platinum DPPO	Former Employee Only	\$ 39.30	\$ 19.65
Platinum DPPO	Former Spouse Only	\$ 39.30	\$ 19.65
Platinum DPPO	Former Child Only (per child)	\$ 39.30	\$ 19.65
Platinum DPPO	Former EE & Spouse	\$ 78.62	\$ 39.31
Platinum DPPO	Former EE & Family	\$ 134.23	\$ 67.11
Platinum DPPO	Former EE & Children	\$ 99.72	\$ 49.86
Platinum DPPO	Former Spouse & Child(ren)	\$ 99.72	\$ 49.86

CITY OF JACKSONVILLE
COBRA VISION RATES
EFFECTIVE JANUARY 1, 2024

COBRA - VISION

PLAN		COVERAGE		PREMIUM	
				Monthly	Per Pay Period
VISION PLAN BASIC					
		Former Employee Only	\$	3.67	\$ 1.84
		Former Spouse Only	\$	3.67	\$ 1.84
		Former Child Only (per child)	\$	3.67	\$ 1.84
		Former EE & Spouse	\$	7.01	\$ 3.51
		Former EE & Family	\$	11.21	\$ 5.61
		Former EE & Children	\$	6.56	\$ 3.28
		Former Spouse & Child(ren)	\$	6.56	\$ 3.28
VISION PLAN PREMIER					
		Former Employee Only	\$	7.14	\$ 3.57
		Former Spouse Only	\$	7.14	\$ 3.57
		Former Child Only (per child)	\$	7.14	\$ 3.57
		Former EE & Spouse	\$	11.48	\$ 5.74
		Former EE & Family	\$	18.28	\$ 9.14
		Former EE & Children	\$	10.73	\$ 5.36
		Former Spouse & Child(ren)	\$	10.73	\$ 5.36