

**CITY OF JACKSONVILLE**  
**DELTA DENTAL PLAN RATES**  
**EFFECTIVE JANUARY 01, 2018**

Plan	Coverage	Rate Per Pay Period
<b>Union Bargaining Units Dental Rates : 011, 030, 070, 090, 141</b>		
DHMO	EE Only	1.10
DHMO	EE & Spouse	5.68
DHMO	EE & Children	7.82
DHMO	EE & Family	13.91
Silver DPPO	EE Only	4.70
Silver DPPO	EE & Spouse	14.40
Silver DPPO	EE & Children	19.63
Silver DPPO	EE & Family	28.15
Gold DPPO	EE Only	10.52
Gold DPPO	EE & Spouse	26.05
Gold DPPO	EE & Children	34.43
Gold DPPO	EE & Family	48.02
Platinum DPPO	EE Only	14.92
Platinum DPPO	EE & Spouse	34.85
Platinum DPPO	EE & Children	45.54
Platinum DPPO	EE & Family	63.03
<b>Union Bargaining Units Dental Rates : 012, 013, 120, 130, 131</b>		
DHMO	EE Only	0.00
DHMO	EE & Spouse	4.58
DHMO	EE & Children	6.71
DHMO	EE & Family	12.81
Silver DPPO	EE Only	2.20
Silver DPPO	EE & Spouse	11.90
Silver DPPO	EE & Children	17.13
Silver DPPO	EE & Family	25.65
Gold DPPO	EE Only	8.02
Gold DPPO	EE & Spouse	23.55
Gold DPPO	EE & Children	31.93
Gold DPPO	EE & Family	45.52
Platinum DPPO	EE Only	12.42
Platinum DPPO	EE & Spouse	32.35
Platinum DPPO	EE & Children	43.04
Platinum DPPO	EE & Family	60.53

Plan	Coverage	Rate Per Pay Period
<b>Union Bargaining Units Dental Rates : 037, 040, 041, 042, 045, 046</b>		
DHMO	EE Only	0.00
DHMO	EE & Spouse	4.58
DHMO	EE & Children	6.71
DHMO	EE & Family	12.81
Silver DPPO	EE Only	0.00
Silver DPPO	EE & Spouse	9.70
Silver DPPO	EE & Children	14.93
Silver DPPO	EE & Family	23.45
Gold DPPO	EE Only	0.00
Gold DPPO	EE & Spouse	15.53
Gold DPPO	EE & Children	23.91
Gold DPPO	EE & Family	37.50
Platinum DPPO	EE Only	0.00
Platinum DPPO	EE & Spouse	19.93
Platinum DPPO	EE & Children	30.62
Platinum DPPO	EE & Family	48.11
<b>Non-Union Bargaining Units Dental Rates : 007, 010, 140, 021 thru 029, 081 thru 089, 179, 190, 1111</b>		
DHMO	EE Only	6.10
DHMO	EE & Spouse	10.68
DHMO	EE & Children	12.82
DHMO	EE & Family	18.91
Silver DPPO	EE Only	9.70
Silver DPPO	EE & Spouse	19.40
Silver DPPO	EE & Children	24.63
Silver DPPO	EE & Family	33.15
Gold DPPO	EE Only	15.52
Gold DPPO	EE & Spouse	31.05
Gold DPPO	EE & Children	39.43
Gold DPPO	EE & Family	53.02
Platinum DPPO	EE Only	19.92
Platinum DPPO	EE & Spouse	39.85
Platinum DPPO	EE & Children	50.54
Platinum DPPO	EE & Family	68.03

Plan	Coverage	Rate Per Pay Period
<b>RETIREE DENTAL RATES</b>		
DHMO	Retiree Only	6.10
DHMO	Retiree & Spouse	10.68
DHMO	Retiree & Child	12.82
DHMO	Retiree & Family	18.91
DHMO	Surviving Spouse	6.10
DHMO	Surviving Child	6.10
DHMO	Surviving Spouse & Child	12.82
DHMO	Continuing Spouse	6.10
DHMO	Continuing Child	6.10
DHMO	Continuing Spouse & Child	12.82
<b>DHMO</b>	<b>*Special Surviving Spouse and/or Child</b>	<b>0.00</b>
Silver DPPO	Retiree Only	9.70
Silver DPPO	Retiree & Spouse	19.40
Silver DPPO	Retiree & Child	24.63
Silver DPPO	Retiree & Family	33.15
Silver DPPO	Surviving Spouse	9.70
Silver DPPO	Surviving Child	9.70
Silver DPPO	Surviving Spouse & Child	24.63
Silver DPPO	Continuing Spouse	9.70
Silver DPPO	Continuing Child	9.70
Silver DPPO	Continuing Spouse & Child	24.63
<b>Silver DPPO</b>	<b>*Special Surviving Spouse and/or Child</b>	<b>0.00</b>
Gold DPPO	Retiree Only	15.52
Gold DPPO	Retiree & Spouse	31.05
Gold DPPO	Retiree & Child	39.43
Gold DPPO	Retiree & Family	53.02
Gold DPPO	Surviving Spouse	15.52
Gold DPPO	Surviving Child	15.52
Gold DPPO	Surviving Spouse & Child	39.43
Gold DPPO	Continuing Spouse	15.52
Gold DPPO	Continuing Child	15.52
Gold DPPO	Continuing Spouse & Child	39.43
<b>Gold DPPO</b>	<b>*Special Surviving Spouse and/or Child</b>	<b>0.00</b>
Platinum DPPO	Retiree Only	19.92
Platinum DPPO	Retiree & Spouse	39.85
Platinum DPPO	Retiree & Child	50.54
Platinum DPPO	Retiree & Family	68.03
Platinum DPPO	Surviving Spouse	19.92
Platinum DPPO	Surviving Child	19.92
Platinum DPPO	Surviving Spouse & Child	50.54
Platinum DPPO	Continuing Spouse	19.92
Platinum DPPO	Continuing Child	19.92
Platinum DPPO	Continuing Spouse & Child	50.54
<b>Platinum DPPO</b>	<b>*Special Surviving Spouse and/or Child</b>	<b>0.00</b>
<b>*Any Police or Fire (Sworn Officers) who got killed while on duty will have this benefit to their surviving spouse and/or child.</b>		

Plan	Coverage	Rate Per Pay Period
<b>COBRA DENTAL RATES</b>		
DHMO	Former Employee Only	6.22
DHMO	Former Spouse Only	6.22
DHMO	Former Child Only	6.22
DHMO	Former EE & Spouse	10.90
DHMO	Former EE & Family	19.29
DHMO	Former EE & Children	13.07
DHMO	Former Spouse & Child(ren)	13.07
DHMO	Former Children (Each)	6.22
Silver DPPO	Former Employee Only	9.90
Silver DPPO	Former Spouse Only	9.90
Silver DPPO	Former Child Only	9.90
Silver DPPO	Former EE & Spouse	19.79
Silver DPPO	Former EE & Family	33.82
Silver DPPO	Former EE & Children	25.12
Silver DPPO	Former Spouse & Child(ren)	25.12
Silver DPPO	Former Children (Each)	9.90
Gold DPPO	Former Employee Only	15.83
Gold DPPO	Former Spouse Only	15.83
Gold DPPO	Former Child Only	15.83
Gold DPPO	Former EE & Spouse	31.67
Gold DPPO	Former EE & Family	54.08
Gold DPPO	Former EE & Children	40.22
Gold DPPO	Former Spouse & Child(ren)	40.22
Gold DPPO	Former Children (Each)	15.83
Platinum DPPO	Former Employee Only	20.31
Platinum DPPO	Former Spouse Only	20.31
Platinum DPPO	Former Child Only	20.31
Platinum DPPO	Former EE & Spouse	40.64
Platinum DPPO	Former EE & Family	69.39
Platinum DPPO	Former EE & Children	51.55
Platinum DPPO	Former Spouse & Child(ren)	51.55
Platinum DPPO	Former Children (Each)	20.31