

JACKSONVILLE HOUSING AUTHORITY

EFFECTIVE JANUARY 01, 2018

BU 240 & 279

HEALTH

PLAN	COVERAGE	Per Pay Period
UF HEALTH DIRECT CARE PLAN		
	ACTIVE EMPLOYEES-FULL TIME	
	Employee Only	-
	Employee & Spouse	160.77
	Employee & Children	138.93
	Employee & Family	317.35
UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$10 / 50	DEDUCTIBLE (Individual /Family) \$750 / 1,500 MAX OUT OF POCKET (Individual /Family) \$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar ER VISIT DED + 20%
BLUE CROSS BLUE SHIELD HEALTH PLAN		
	ACTIVE EMPLOYEES-FULL TIME	
HMO	Employee Only	15.59
	Employee & Spouse	171.02
	Employee & Children	147.83
	Employee & Family	336.97
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$25 / 35	DEDUCTIBLE (Individual /Family) \$300 / 600 MAX OUT OF POCKET (Individual /Family) \$2,500 / 5,000 ER VISIT \$300 CoPay + 30%
	ACTIVE EMPLOYEES-FULL TIME	
HD HMO	Employee Only	-
	Employee & Spouse	160.77
	Employee & Children	138.93
	Employee & Family	317.35
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$25 / DED + 30%	DEDUCTIBLE (Individual /Family) \$1,500 / 3,000 MAX OUT OF POCKET (Individual /Family) \$5,000 / 10,000 ER VISIT DED + 30%
	ACTIVE EMPLOYEES-FULL TIME	
QPOS / PPO	Employee Only	32.81
	Employee & Spouse	257.52
	Employee & Children	228.22
	Employee & Family	466.79
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$30/ 40	DEDUCTIBLE (Individual /Family) \$750 / 1,500 MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000 ER VISIT \$300 CoPay + 30%
	IN-NETWORK	
	OUT-OF-NETWORK	DED + 50%
		\$1,000 / 2,000 \$9,000 / 18,000 \$300 CoPay + 30%

JACKSONVILLE HOUSING AUTHORITY

EFFECTIVE JANUARY 01, 2018

BU 240 & 279

DENTAL

PLAN	COVERAGE	Per Pay Period
JHA BU 240		
DHMO	EE Only	0.00
DHMO	EE & Spouse	4.58
DHMO	EE & Children	6.72
DHMO	EE & Family	12.81
Silver DPPO	EE Only	2.43
Silver DPPO	EE & Spouse	12.12
Silver DPPO	EE & Children	17.35
Silver DPPO	EE & Family	25.87
Gold DPPO	EE Only	8.24
Gold DPPO	EE & Spouse	23.77
Gold DPPO	EE & Children	32.15
Gold DPPO	EE & Family	45.74
Platinum DPPO	EE Only	12.64
Platinum DPPO	EE & Spouse	32.57
Platinum DPPO	EE & Children	43.26
Platinum DPPO	EE & Family	60.75
JHA BU 279		
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

JACKSONVILLE HOUSING AUTHORITY

EFFECTIVE JANUARY 01, 2018

BU 240 & 279

VISION

PLAN	COVERAGE	Per Pay Period
ACTIVE	VISION Option Basic	
	Employee Only	2.47
	Employee & Spouse	3.92
	Employee & Child(ren)	4.00
	Employee & Family	6.45
ACTIVE	VISION Option Premier	
	Employee Only	3.77
	Employee & Spouse	6.10
	Employee & Child(ren)	5.98
	Employee & Family	9.84