CITY OF JACKSONVILLE

COBRA INSURANCE RATES

EFFECTIVE JANUARY 1, 2024

COBRA - HEALTH

\$3,000 Med + 2,000 Phar

ELODIDA DI LIE DI LIECADE 40 UMO			PREMIUM				
FLORIDA BLUE - BLUECARE 48 HMO			Per Month		Per Pay Period		
Former Employe	ee Only		\$	604.52	\$	302.26	
Former Spouse	Only		\$	604.52	\$	302.26	
Former Child O	nly (per child)		\$	604.52	\$	302.26	
Former EE & Sp			\$	1,244.23			
Former EE & Fa			\$	1,849.89		924.94	
Former EE & Ch			\$	1,159.04		579.52	
Former Spouse			\$	1,159.04	\$	579.52	
FLORIDA BLUE CoPay, CO PAY DEDUCTIBLE Deductible, Max Out of Pocket and (PCP/Specialist) (Individual /Famil			MAX OUT OF POCKET (Individual /Family)			ER VISIT	
ER Visit	\$25 / 35	\$300 / 600	\$2,500 / 5,000		\$300 CoPay+ 30%		
FLORIDA BLUE - BLUE	ARE 65 HIG	H DEDUCTIBL	Е НМС	D			
Former Employe	ee Only		\$	570.26	\$	285.13	
Former Spouse			\$	570.26		285.13	
Former Child O			\$	570.26		285.13	
Former EE & Sp			\$	1,173.03	\$	586.51	
Former EE & Fa			\$	1,745.00	\$	872.50	
Former EE & Ch			\$	1,745.00	\$	546.31	
Former Spouse			\$	•			
Former Spouse	& Child(ren)		Þ	1,092.61	\$	546.31	
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)		OUT OF POCKET vidual /Family)		ER VISIT	
EK VISIL	\$25 / DED + 30%	\$1,500 / 3,000	\$5	5,000 / 10,000		DED + 30%	
FLODIDA DI LIE BILLE							
FLORIDA BLUE - BLUE (782 (POS/PPO					
Former Employe	ee Only	782 (POS/PPO	\$	692.84			
Former Employer Former Spouse	ee Only Only	782 (POS/PPO	\$	692.84	\$	346.42	
Former Employer Former Spouse Former Child On	ee Only Only nly (per child)	782 (POS/PPO	\$ \$ \$	692.84 692.84	\$	346.42 346.42	
Former Employer Former Spouse Former Child Or Former EE & Sp	ee Only Only nly (per child)	782 (POS/PPO	\$	692.84 692.84 1,424.85	\$ \$ \$	346.42 346.42 712.43	
Former Employer Former Spouse Former Child Or	ee Only Only nly (per child)	782 (POS/PPO	\$ \$ \$	692.84 692.84	\$	346.42 346.42	
Former Employer Former Spouse Former Child Or Former EE & Sp	ee Only Only nly (per child) ouse mily	782 (POS/PPO	\$ \$ \$ \$	692.84 692.84 1,424.85	\$ \$ \$	346.42 346.42 712.43	
Former Employer Former Spouse Former Child Or Former EE & Sp Former EE & Fa	ee Only Only nly (per child) ouse mily	782 (POS/PPO	\$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46	\$ \$ \$	346.42 346.42 712.43 1,059.23	
Former Employer Former Spouse Former Child Or Former EE & Sp Former EE & Fa Former EE & Ch	ee Only Only Inly (per child) Ouse mily iildren & Child(ren)	DEDUCTIBLE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17	\$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and	ee Only Only nly (per child) ouse mily ildren & Child(ren) CO PAY (PCP/Specialist)	DEDUCTIBLE	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17	\$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	ee Only Only Inly (per child) Ouse mily Indren & Child(ren) CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 DUT OF POCKET vidual /Family)	\$ \$ \$ \$ \$	346.42 712.43 1,059.23 663.58 663.58	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit	ee Only Only ouse mily ildren & Child(ren) CO PAY (PCP/Specialist) \$30/40 DED + 50%	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 DUT OF POCKET vidual /Family)	\$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK	ee Only Only nly (per child) ouse mily ildren & Child(ren) CO PAY (PCP/Specialist) \$30/40 DED + 50%	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 DUT OF POCKET vidual /Family)	\$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK FLORIDA BLUE - UF HEA	ee Only Only only (per child) ouse mily ildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 DUT OF POCKET vidual /Family) 6,000 / 12,000	\$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK FLORIDA BLUE - UF HEA Former Employed Former Spouse	ee Only Only only (per child) ouse mily ildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only Only	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 OUT OF POCKET vidual /Family) 6,000 / 12,000 9,000 / 18,000	\$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT 000 CoPay + 30% 000 CoPay + 30%	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK FLORIDA BLUE - UF HEA Former Employed Former Spouse Former Child On	ee Only Only only (per child) ouse mily ildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only Only only (per child)	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 OUT OF POCKET vidual /Family) 6,000 / 12,000 9,000 / 18,000 570.26 570.26	\$ \$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT 000 CoPay + 30% 000 CoPay + 30% 285.13 285.13 285.13	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK FORMER Employed Former Spouse Former Child On Former EE & Sp	ee Only Only only (per child) ouse mily ildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only Only only ouse	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 OUT OF POCKET vidual /Family) 6,000 / 12,000 9,000 / 18,000 570.26 570.26 1,173.03	\$ \$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT 000 CoPay + 30% 000 CoPay + 30% 285.13 285.13 285.13 586.51	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK FORMER Employed Former Spouse Former Child On Former EE & Sp Former EE & Sp Former EE & Sp	ee Only Only only (per child) ouse mily oildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only Only oly (per child) ouse mily	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 OUT OF POCKET vidual /Family) 6,000 / 12,000 9,000 / 18,000 570.26 570.26 1,173.03 1,745.00	\$ \$ \$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT 000 CoPay + 30% 000 CoPay + 30% 285.13 285.13 285.13 586.51 872.50	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK FORMER Spouse Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch	ee Only Only only (per child) ouse mily oildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only Only ouse mily ouse mily oildren	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 OUT OF POCKET vidual /Family) 6,000 / 12,000 9,000 / 18,000 570.26 570.26 1,173.03 1,745.00 1,092.61	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT 00 CoPay + 30% 00 CoPay + 30% 285.13 285.13 285.13 586.51 872.50 546.31	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Sp	ee Only Only only (per child) ouse mily oildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only Only ouse mily ouse mily oildren	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 OUT OF POCKET vidual /Family) 6,000 / 12,000 9,000 / 18,000 570.26 570.26 1,173.03 1,745.00	\$ \$ \$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT 000 CoPay + 30% 000 CoPay + 30% 285.13 285.13 285.13 586.51 872.50	
Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Fa Former EE & Ch Former Spouse FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit IN-NETWORK OUT-OF-NETWORK Former Employed Former Spouse Former Child On Former EE & Sp Former EE & Sp Former EE & Fa Former EE & Ch	ee Only Only only (per child) ouse mily oildren & Child(ren) CO PAY (PCP/Specialist) \$30/ 40 DED + 50% ALTH EPO 0 ee Only Only ouse mily ouse mily oildren	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	692.84 692.84 1,424.85 2,118.46 1,327.17 1,327.17 OUT OF POCKET vidual /Family) 6,000 / 12,000 9,000 / 18,000 570.26 570.26 1,173.03 1,745.00 1,092.61	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	346.42 346.42 712.43 1,059.23 663.58 663.58 ER VISIT 00 CoPay + 30% 00 CoPay + 30% 285.13 285.13 285.13 586.51 872.50 546.31	

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

		PREMIUM					
PLAN	COVERAGE	Monthly		Per Pay Period			
VISION PLAN B	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 PRE	MIER						
	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		