CITY OF JACKSONVILLE FULL TIME EMPLOYEES HEALTH Insurance Rates Effective January 01, 2018

		With 5% contribution		WithOut 5%		
		Without \$30 Cap	With \$30 Cap	CWA		
		BU: 7, 10-14, 21-29, 37, 70, 81-89, 90, 140, 141	BU : 12, 30, 40, 41, 42, 45, 46, 130, 131	BU : 120		
Plans	Plan Options	Per Pay Period	Per Pay Period	Per Pay Period		
UF HEALTH DIRECT CARE PLAN						
UF HEALTH DIRECTCARE						
	Employee only	-	-	-		
	Employee & Spouse	147.74	147.74	147.74		
	Employee & Child(ren)	128.03	128.03	128.03		
	Employee & Family	287.93	287.93	287.93		
UF HEALTH DIRECTCARE CoPay,	CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT		
Deductible, Max Out of Pocket and ER Visit	\$10 / 50	\$750 / 1,500	\$1,500 Med + 1,000 Phar	DED + 20%		
LIC VISIC			\$3,000 Med + 2,000 Phar			

Employee & Spouse 14.82 14.82 1.82		BLUE CROSS BLUE	SHIELD HEALTH F	PLAN	
Employee only	BLUECARE HMO				
Employee & Spouse			14.82	14.82	-
Employee & Child(ren) 150.73 150.73 135.			171.61	171.61	156.79
BLUECARE HMO CoPay, Deductible, Max Out of Pocket and ER Visit \$25 / 35			150.73	150.73	135.91
CO PAY (PCP/Specialist) (Individual /Family) (Individual /Fa		Employee & Family	320.05	320.05	305.24
BLUECARE HD HMO	9.1				
Employee & Spouse	ER Visit	\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay+ 30%
Employee & Child(ren) 128.03 128.	BLUECARE HD HMO	Employee only	-		-
Employee & Family 287.93		Employee & Spouse	147.74	147.74	147.74
BLUECARE HD HMO CoPay, Deductible, Max Out of Pocket and ER Visit CO PAY (PCP/Specialist) DEDUCTIBLE (Individual /Family) MAX OUT OF POCKET (Individual /Family) ER VISIT BLUEOPTIONS QPOS/PPO Employee only 16.98 15.00 15.00 Employee & Spouse 196.40 194.41 179. Employee & Child(ren) 172.45 170.47 155. Employee & Family 366.40 364.42 349. BLUECARE QPOS/PPO CoPay, Deductible, Max Out of Pocket and ER Visit CO PAY (PCP/Specialist) DEDUCTIBLE (Individual /Family) MAX OUT OF POCKET (Individual /Family) ER VISIT		Employee & Child(ren)	128.03	128.03	128.03
Deductible, Max Out of Pocket and ER Visit \$25 / DED + 30% \$1,500 / 3,000 \$5,000 / 10,000 DED + 30%		Employee & Family	287.93	287.93	287.93
BLUEOPTIONS QPOS/PPO Employee only 16.98 15.00		CO PAY (PCP/Specialist)			ER VISIT
Employee & Spouse 196.40 194.41 179.	ER Visit	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%
Employee & Spouse 196.40 194.41 179.	BLUEOPTIONS QPOS/PPO	Employee only	16.98	15.00	-
Employee & Child(ren) 172.45 170.47 155.			196.40	194.41	179.41
BLUECARE QPOS/PPO CoPay, Deductible, Max Out of Pocket and ER Visit DEDUCTIBLE (Individual /Family)			172.45	170.47	155.47
Deductible, Max Out of Pocket and ER VISIT ER VISIT (Individual /Family) (Individual /Family) ER VISIT IN-NETWORK \$30/40 \$750 / 1,500 \$6,000 / 12,000 \$300 CoPay+30		Employee & Family	366.40	364.42	349.42
	Deductible, Max Out of Pocket and	CO PAY (PCP/Specialist)			ER VISIT
OUT-NETWORK DED + 50% \$1,000 / 2,000 \$9,000 / 18,000 \$300 CoPay+30	IN-NETWORK	\$30/ 40	\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay+30%
	OUT-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay+30%

CITY OF JACKSONVILLE RETIREE & PART-TIME EMPLOYEES HEALTH Insurance Rates Effective January 01, 2018

Plans	Plan Options		Monthly Rates	Per Pay Period
UF HEALTH DIRECT CARE	PLAN			
	Retiree/EE Only		559.08	279.54
	Retiree/EE & Spouse		1,150.03	575.01
	Retiree/EE & Child		1,071.19	535.59
	Retiree/EE & Family		1,710.78	855.39
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			
BLUECARE HMO	Retiree/EE Only		592.67	296.33
	Retiree/EE & Spouse		1,219.83	609.92
	Retiree/EE & Child		1,136.31	568.16
	Retiree/EE & Family		1,813.61	906.81
BLUECARE HMO 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%
BLUECARE HD HMO	Retiree/EE Only		559.08	279.54
	Retiree/EE & Spouse		1,150.03	575.01
	Retiree/EE & Child		1,071.19	535.59
	Retiree/EE & Family		1,710.78	855.39
BLUECARE HD HMO 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%
BLUEOPTIONS QPOS/PPO	Retiree/EE Only		679.26	339.63
	Retiree/EE & Spouse		1,396.92	698.46
	Retiree/EE & Child		1,301.14	650.57
	Retiree/EE & Family		2,076.93	1,038.46
BLUECARE QPOS/PPO 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		\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay+30%
OUT-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay+30%