

CITY OF JACKSONVILLE
FULL TIME EMPLOYEES HEALTH Insurance Rates
Effective January 01, 2019

		With 5% contribution		
		Without \$30 Cap	With \$30 Cap	
		BU : 7, 10-14, 21-29, 37, 70, 81-89, 90, 120, 140, 141	BU : 12, 30, 40, 41, 42, 45, 46, 130, 131	
Plans	Plan Options	Per Pay Period	Per Pay Period	
BLUE CROSS BLUE SHIELD HEALTH PLAN				
BLUECARE HMO				
	Employee only	14.82	14.82	
	Employee & Spouse	171.61	171.61	
	Employee & Child(ren)	150.73	150.73	
	Employee & Family	320.05	320.05	
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				
	Employee only	-	-	
	Employee & Spouse	147.74	147.74	
	Employee & Child(ren)	128.03	128.03	
	Employee & Family	287.93	287.93	
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				
	Employee only	16.98	15.00	
	Employee & Spouse	196.40	194.41	
	Employee & Child(ren)	172.45	170.47	
	Employee & Family	366.40	364.42	
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 \$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%
UF HEALTH DIRECT CARE PLAN				
UF HEALTH DIRECTCARE				
	Employee only	-	-	
	Employee & Spouse	147.74	147.74	
	Employee & Child(ren)	128.03	128.03	
	Employee & Family	287.93	287.93	
UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$10 / 30	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%

CITY OF JACKSONVILLE
RETIREE & PART-TIME EMPLOYEES HEALTH Insurance Rates
Effective January 01, 2019

Plans	Plan Options		Monthly Rates	Per Pay Period
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	\$30/ 40	\$750 / 1,500	\$6,000 / 12,000
	OUT-NETWORK	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000
			\$300 CoPay+30%	\$300 CoPay+30%
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 / 30	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%