

# JACKSONVILLE HOUSING AUTHORITY

EFFECTIVE JANUARY 01, 2019

## HEALTH BU 240 & 279

PLAN	COVERAGE	Per Pay Period		
<b>BLUE CROSS BLUE SHIELD HEALTH PLAN</b>				
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
<b>HMO</b>	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 CoPay + 30%
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
<b>HD HMO</b>	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED + 30%
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
<b>QPOS / PPO</b>	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$30 / 40	\$750 / 1,500	\$6,000 / 12,000	\$300 CoPay + 30%
	DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000	\$300 CoPay + 30%
<b>UF HEALTH DIRECT CARE PLAN</b>				
<b>ACTIVE EMPLOYEES-FULL TIME</b>				
	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)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$10 / 30	\$750 / 1,500	\$1,500 Med + 1,000 Phar	DED + 20%
			\$3,000 Med + 2,000 Phar	

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## DENTAL BU 240 & 279

PLAN	COVERAGE	Per Pay Period
<b>JHA BU 240</b>		
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
<b>JHA BU 279</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

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## VISION BU 240 & 279

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