

**CITY OF JACKSONVILLE**  
**COBRA HEALTH INSURANCE RATES**  
EFFECTIVE JANUARY 1, 2020

**COBRA - HEALTH**

**BLUE CROSS BLUE SHIELD HEALTH PLAN**

| BLUECARE HMO 48               |  | Per Month | Per Pay Period |
|-------------------------------|--|-----------|----------------|
| Former Employee Only          |  | 604.52    | 302.26         |
| Former Spouse Only            |  | 604.52    | 302.26         |
| Former Child Only (per child) |  | 604.52    | 302.26         |
| Former EE & Spouse            |  | 1244.23   | 622.11         |
| Former EE & Family            |  | 1849.89   | 924.94         |
| Former EE & Children          |  | 1159.04   | 579.52         |
| Former Spouse & Child(ren)    |  | 1159.04   | 579.52         |

| FLORIDA BLUE CoPay,<br>Deductible, Max Out of Pocket and<br>ER Visit | CO PAY<br>(PCP/Specialist) | DEDUCTIBLE<br>(Individual /Family) | MAX OUT OF POCKET<br>(Individual /Family) | ER VISIT         |
|--|----------------------------|------------------------------------|---|------------------|
|  | \$25 / 35                  | \$300 / 600                        | \$2,500 / 5,000                           | \$300 CoPay+ 30% |

**BLUE CROSS BLUE SHIELD HEALTH PLAN**

| BLUECARE HD HMO 65            |  | Per Month | Per Pay Period |
|-------------------------------|--|-----------|----------------|
| Former Employee Only          |  | 570.26    | 285.13         |
| Former Spouse Only            |  | 570.26    | 285.13         |
| Former Child Only (per child) |  | 570.26    | 285.13         |
| Former EE & Spouse            |  | 1173.03   | 586.51         |
| Former EE & Family            |  | 1745.00   | 872.50         |
| Former EE & Children          |  | 1092.61   | 546.31         |
| Former Spouse & Child(ren)    |  | 1092.61   | 546.31         |

| FLORIDA BLUE CoPay,<br>Deductible, Max Out of Pocket and<br>ER Visit | CO PAY<br>(PCP/Specialist) | DEDUCTIBLE<br>(Individual /Family) | MAX OUT OF POCKET<br>(Individual /Family) | ER VISIT  |
|--|----------------------------|------------------------------------|---|-----------|
|  | \$25 / DED + 30%           | \$1,500 / 3,000                    | \$5,000 / 10,000                          | DED + 30% |

**BLUE CROSS BLUE SHIELD HEALTH PLAN**

| BLUEOPTIONS POS/PPO<br>05782  |  | Per Month | Per Pay Period |
|-------------------------------|--|-----------|----------------|
| Former Employee Only          |  | 692.84    | 346.42         |
| Former Spouse Only            |  | 692.84    | 346.42         |
| Former Child Only (per child) |  | 692.84    | 346.42         |
| Former EE & Spouse            |  | 1424.85   | 712.43         |
| Former EE & Family            |  | 2118.46   | 1,059.23       |
| Former EE & Children          |  | 1327.17   | 663.58         |
| Former Spouse & Child(ren)    |  | 1327.17   | 663.58         |

| FLORIDA BLUE CoPay,<br>Deductible, Max Out of Pocket and<br>ER Visit | CO PAY<br>(PCP/Specialist) | DEDUCTIBLE<br>(Individual /Family) | MAX OUT OF POCKET<br>(Individual /Family) | ER VISIT          |
|--|----------------------------|------------------------------------|---|-------------------|
|  | IN-NETWORK \$30/ 40        | \$750 / 1,500                      | \$6,000 / 12,000                          | \$300 CoPay + 30% |
|  | OUT-OF-NETWORK DED + 50%   | \$1,000 / 2,000                    | \$9,000 / 18,000                          | \$300 CoPay + 30% |

**UF HEALTH DIRECT CARE PLAN**

| HMO                           |  | Per Month | Per Pay Period |
|-------------------------------|--|-----------|----------------|
| Former Employee Only          |  | 570.26    | 285.13         |
| Former Spouse Only            |  | 570.26    | 285.13         |
| Former Child Only (per child) |  | 570.26    | 285.13         |
| Former EE & Spouse            |  | 1173.03   | 586.51         |
| Former EE & Family            |  | 1745.00   | 872.50         |
| Former EE & Children          |  | 1092.61   | 546.31         |
| Former Spouse & Child(ren)    |  | 1092.61   | 546.31         |

| UF HEALTH DIRECTCARE CoPay,<br>Deductible, Max Out of Pocket and<br>ER Visit | CO PAY<br>(PCP/Specialist) | DEDUCTIBLE<br>(Individual /Family) | MAX OUT OF POCKET<br>(Individual /Family)            | ER VISIT  |
|--|----------------------------|------------------------------------|--|-----------|
|  | \$10 / 30                  | \$750 / 1,500                      | \$1,500 Med + 1,000 Phar<br>\$3,000 Med + 2,000 Phar | DED + 20% |

CITY OF JACKSONVILLE  
 COBRA DENTAL RATES  
 EFFECTIVE JANUARY 1, 2020

**COBRA - DENTAL**

| PLAN          | COVERAGE                       | Monthly | Per Pay Period |
|---------------|--------------------------------|---------|----------------|
| DHMO          | Former Employee Only           | 13.27   | 6.63           |
| DHMO          | Former Spouse Only             | 13.27   | 6.63           |
| DHMO          | Former Child Only (per child ) | 13.27   | 6.63           |
| DHMO          | Former EE & Spouse             | 23.21   | 11.61          |
| DHMO          | Former EE & Family             | 41.09   | 20.55          |
| DHMO          | Former EE & Children           | 27.85   | 13.92          |
| DHMO          | Former Spouse & Child(ren)     | 27.85   | 13.92          |
|               |                                |         |                |
| Silver DPPO   | Former Employee Only           | 21.08   | 10.54          |
| Silver DPPO   | Former Spouse Only             | 21.08   | 10.54          |
| Silver DPPO   | Former Child Only (per child ) | 21.08   | 10.54          |
| Silver DPPO   | Former EE & Spouse             | 42.17   | 21.08          |
| Silver DPPO   | Former EE & Family             | 72.03   | 36.01          |
| Silver DPPO   | Former EE & Children           | 53.50   | 26.75          |
| Silver DPPO   | Former Spouse & Child(ren)     | 53.50   | 26.75          |
|               |                                |         |                |
| Gold DPPO     | Former Employee Only           | 33.72   | 16.86          |
| Gold DPPO     | Former Spouse Only             | 33.72   | 16.86          |
| Gold DPPO     | Former Child Only (per child ) | 33.72   | 16.86          |
| Gold DPPO     | Former EE & Spouse             | 67.46   | 33.73          |
| Gold DPPO     | Former EE & Family             | 115.19  | 57.59          |
| Gold DPPO     | Former EE & Children           | 85.67   | 42.83          |
| Gold DPPO     | Former Spouse & Child(ren)     | 85.67   | 42.83          |
|               |                                |         |                |
| Platinum DPPO | Former Employee Only           | 43.27   | 21.63          |
| Platinum DPPO | Former Spouse Only             | 43.27   | 21.63          |
| Platinum DPPO | Former Child Only (per child ) | 43.27   | 21.63          |
| Platinum DPPO | Former EE & Spouse             | 86.57   | 43.29          |
| Platinum DPPO | Former EE & Family             | 147.80  | 73.90          |
| Platinum DPPO | Former EE & Children           | 109.80  | 54.90          |
| Platinum DPPO | Former Spouse & Child(ren)     | 109.80  | 54.90          |

CITY OF JACKSONVILLE  
 COBRA VISION RATES  
 EFFECTIVE JANUARY 1, 2020

**COBRA - VISION**

| PLAN                | COVERAGE                      | Monthly | Per Pay Period |
|---------------------|-------------------------------|---------|----------------|
| VISION Plan Basic   |                               |         |                |
|                     | Former Employee Only          | 5.04    | 2.52           |
|                     | Former Spouse Only            | 5.04    | 2.52           |
|                     | Former Child Only (per child) | 5.04    | 2.52           |
|                     | Former EE & Spouse            | 8.00    | 4.00           |
|                     | Former EE & Family            | 13.16   | 6.58           |
|                     | Former EE & Children          | 8.17    | 4.08           |
|                     | Former Spouse & Child(ren)    | 8.17    | 4.08           |
| VISION Plan Premier |                               |         |                |
|                     | Former Employee Only          | 7.68    | 3.84           |
|                     | Former Spouse Only            | 7.68    | 3.84           |
|                     | Former Child Only (per child) | 7.68    | 3.84           |
|                     | Former EE & Spouse            | 12.45   | 6.22           |
|                     | Former EE & Family            | 20.07   | 10.04          |
|                     | Former EE & Children          | 12.20   | 6.10           |
|                     | Former Spouse & Child(ren)    | 12.20   | 6.10           |