

**CITY OF JACKSONVILLE**  
**HEALTH INSURANCE RATES for FULL-TIME EMPLOYEES**  
**EFFECTIVE JANUARY 1, 2020**

		With 5% contribution	
		WITHOUT \$30 CAP	WITH \$30 CAP
		BU's: 10, 11, 13, 14, 70, 90, 120, 140	BU's: 7, 12, 21-29, 37, 81-89, 130, 131 (only)
<b>FL BLUE HEALTH BLUECARE 48 HMO</b>			
Plan	Plan Options	Per Pay Period	Per Pay Period
<b>BLUECARE HMO</b>			
	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	<b>CO PAY (PCP/Specialist)</b> \$25 / 35	<b>DEDUCTIBLE (Individual /Family)</b> \$300 / 600	<b>MAX OUT OF POCKET (Individual /Family)</b> \$2,500 / 5,000
			<b>ER VISIT</b> \$300 CoPay+ 30%

<b>FL BLUE HEALTH BLUECARE 65 HIGH DEDUCTIBLE HMO</b>			
Plan	Plan Options	Per Pay Period	Per Pay Period
<b>BLUECARE HD HMO</b>			
	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	<b>CO PAY (PCP/Specialist)</b> \$25 / DED + 30%	<b>DEDUCTIBLE (Individual /Family)</b> \$1,500 / 3,000	<b>MAX OUT OF POCKET (Individual /Family)</b> \$5,000 / 10,000
			<b>ER VISIT</b> DED + 30%

<b>FL BLUE HEALTH BLUEOPTIONS 05782 (POS/PPO)</b>			
Plan	Plan Options	Per Pay Period	Per Pay Period
<b>BLUEOPTIONS QPOS/PPO</b>			
	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	<b>CO PAY (PCP/Specialist)</b>	<b>DEDUCTIBLE (Individual /Family)</b>	<b>MAX OUT OF POCKET (Individual /Family)</b>
	<b>IN-NETWORK</b> \$30/ 40	\$750 / 1,500	\$6,000 / 12,000
	<b>OUT-NETWORK</b> DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000
			\$300 CoPay+30%
			\$300 CoPay+30%

<b>UF HEALTH DIRECT CARE</b>			
Plan	Plan Options	Per Pay Period	Per Pay Period
<b>UF HEALTH HMO</b>			
	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	<b>CO PAY (PCP/Specialist)</b> \$10 / 30	<b>DEDUCTIBLE (Individual /Family)</b> \$750 / 1,500	<b>MAX OUT OF POCKET (Individual /Family)</b> \$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar
			<b>ER VISIT</b> DED + 20%

**CITY OF JACKSONVILLE**  
**HEALTH INSURANCE RATES for PART-TIME EMPLOYEES & RETIREES**  
**EFFECTIVE JANUARY 1, 2020**

Plans	Plan Options	Monthly Rates	Per Pay Period
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FL BLUE HEALTH BLUECARE 48 HMO									
Plan	Plan Options	Per Month	Per Pay Period						
BLUECARE HMO	PT or Retiree Only	592.67	296.33						
	PT or Retiree & Spouse	1,219.83	609.92						
	PT or Retiree & Child	1,136.31	568.16						
	PT or Retiree & Family	1,813.61	906.81						
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FL BLUE HEALTH BLUECARE 65 HIGH DEDUCTIBLE HMO									
Plan	Plan Options	Per Month	Per Pay Period						
BLUECARE HD HMO	PT or Retiree Only	559.08	279.54						
	PT or Retiree & Spouse	1,150.03	575.01						
	PT or Retiree & Child	1,071.19	535.59						
	PT or Retiree & Family	1,710.78	855.39						
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FL BLUE HEALTH BLUEOPTIONS 05782 (POS/PPO)																			
Plan	Plan Options	Per Month	Per Pay Period																
BLUEOPTIONS QPOS/PPO	PT or Retiree Only	679.26	339.63																
	PT or Retiree & Spouse	1,396.92	698.46																
	PT or Retiree & Child	1,301.14	650.57																
	PT or Retiree & Family	2,076.93	1,038.46																
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