

**CITY OF JACKSONVILLE
COBRA HEALTH INSURANCE RATES**

EFFECTIVE JANUARY 1, 2021

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		1244.22	622.11
Former EE & Family		1849.88	924.94
Former EE & Children		1159.04	579.52
Former Spouse & Child(ren)		1159.04	579.52

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%

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		1173.02	586.51
Former EE & Family		1745.00	872.50
Former EE & Children		1092.62	546.31
Former Spouse & Child(ren)		1092.62	546.31

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%

BLUE CROSS BLUE SHIELD HEALTH PLAN

BLUEOPTIONS POS/PPO		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			1424.86	712.43
Former EE & Family			2118.46	1,059.23
Former EE & Children			1327.16	663.58
Former Spouse & Child(ren)			1327.16	663.58

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
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		1173.02	586.51
Former EE & Family		1745.00	872.50
Former EE & Children		1092.61	546.31
Former Spouse & Child(ren)		1092.62	546.31

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	\$250 / 500	\$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar	DED + 20%

CITY OF JACKSONVILLE
COBRA DENTAL RATES
EFFECTIVE JANUARY 1, 2021

COBRA - DENTAL

PLAN	COVERAGE	Monthly	Per Pay Period
DHMO	Former Employee Only	13.26	6.63
DHMO	Former Spouse Only	13.26	6.63
DHMO	Former Child Only (per child)	13.26	6.63
DHMO	Former EE & Spouse	23.22	11.61
DHMO	Former EE & Family	41.10	20.55
DHMO	Former EE & Children	27.84	13.92
DHMO	Former Spouse & Child(ren)	27.84	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	42.16	21.08
Silver DPPO	Former EE & Family	72.02	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	115.18	57.59
Gold DPPO	Former EE & Children	85.66	42.83
Gold DPPO	Former Spouse & Child(ren)	85.66	42.83
Platinum DPPO	Former Employee Only	43.26	21.63
Platinum DPPO	Former Spouse Only	43.26	21.63
Platinum DPPO	Former Child Only (per child)	43.26	21.63
Platinum DPPO	Former EE & Spouse	86.58	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, 2021

COBRA - VISION

PLAN	COVERAGE	Monthly	Per Pay Period
VISION PLAN BASIC			
	Former Employee Only	3.68	1.84
	Former Spouse Only	3.68	1.84
	Former Child Only (per child)	3.68	1.84
	Former EE & Spouse	7.02	3.51
	Former EE & Family	11.22	5.61
	Former EE & Children	6.56	3.28
	Former Spouse & Child(ren)	6.56	3.28
VISION PLAN PREMIER			
	Former Employee Only	7.14	3.57
	Former Spouse Only	7.14	3.57
	Former Child Only (per child)	7.14	3.57
	Former EE & Spouse	11.48	5.74
	Former EE & Family	18.28	9.14
	Former EE & Children	10.72	5.36
	Former Spouse & Child(ren)	10.72	5.36