

CITY OF JACKSONVILLE
HEALTH INSURANCE RATES for FULL-TIME EMPLOYEES
EFFECTIVE JANUARY 1, 2021

		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)
FL BLUE HEALTH BLUECARE 48 HMO			
Plan	Plan Options	Per Pay Period	Per Pay Period
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%

FL BLUE HEALTH BLUECARE 65 HIGH DEDUCTIBLE HMO			
Plan	Plan Options	Per Pay Period	Per Pay Period
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%

FL BLUE HEALTH BLUEOPTIONS 05782 (POS/PPO)			
Plan	Plan Options	Per Pay Period	Per Pay Period
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)
	IN-NETWORK \$30/ 40	\$750 / 1,500	\$6,000 / 12,000
	OUT-NETWORK DED + 50%	\$1,000 / 2,000	\$9,000 / 18,000
			ER VISIT \$300 CoPay+30%
			ER VISIT \$300 CoPay+30%

UF HEALTH DIRECT CARE			
Plan	Plan Options	Per Pay Period	Per Pay Period
UF HEALTH HMO			
	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) \$250 / 500	MAX OUT OF POCKET (Individual /Family) \$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar
			ER VISIT DED + 20%

PillarRx Consulting is offering a specialty prescription drug benefit called IPC Copay Assistance Program. This manufacturer assistance program will cover most, if not all, of the copay amount of the qualifying specialty prescription drug. Actual member out of pocket cost at the point of sale can be applied to the maximum out of pocket by E-mailing receipts to receipts@pillarrx.com. Contact PillarRx at 636-614-3126 with questions.

CITY OF JACKSONVILLE
HEALTH INSURANCE RATES for PART-TIME EMPLOYEES & RETIREES
EFFECTIVE JANUARY 1, 2021

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
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%

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
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%

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
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	Plan Options		Per Month	Per Pay Period
UF HEALTH 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
UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit	CO PAY (PCP/Specialist) \$10 / 30	DEDUCTIBLE (Individual /Family) \$250 / 500	MAX OUT OF POCKET (Individual /Family) \$1,500 Med + 1,000 Phar \$3,000 Med + 2,000 Phar	ER VISIT DED + 20%

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