

CITY OF JACKSONVILLE
HEALTH INSURANCE RATES for FULL-TIME EMPLOYEES
EFFECTIVE JANUARY 1, 2022

		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%

CITY OF JACKSONVILLE
HEALTH INSURANCE RATES for PART-TIME EMPLOYEES & RETIREES
EFFECTIVE JANUARY 1, 2022

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%