

CITY OF JACKSONVILLE
HEALTH INSURANCE RATES for FULL-TIME EMPLOYEES
EFFECTIVE JANUARY 1, 2025

	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)

PLAN	PLAN OPTION			PREMIUM	
FLORIDA BLUE - BLUECARE 48 HMO				Per Pay Period	Per Pay Period
	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)	DEDUCTIBLE (Individual /Family)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / \$35	\$500 / \$1,000	\$10 / \$60 / \$100 / \$250	\$3,000 / \$6,000	\$300 CoPay+ 30%

FLORIDA BLUE - BLUECARE 65 HIGH DEDUCTIBLE HMO				Per Pay Period	Per Pay Period
	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)	DEDUCTIBLE (Individual /Family)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$25 / DED + 30%	\$2,000 / \$4,000	\$10 / \$60 / \$100 / \$250	\$6,500 / \$13,000	DED + 30%

FLORIDA BLUE - BLUE OPTIONS 05782 (POS/PPO)				Per Pay Period	Per Pay Period
	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)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	IN-NETWORK	\$30 / \$40	\$1,000 / \$2,000	\$10 / \$60 / \$100 / \$250	\$6,500 / \$13,000
	OUT-NETWORK	DED + 50%	\$1,000 / \$2,000	\$10 / \$60 / \$100 / \$250	\$9,500 / \$18,500

FLORIDA BLUE - UF HEALTH EPO 03768				Per Pay Period	Per Pay Period
	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)	DEDUCTIBLE (Individual /Family)	PHARMACY (Prescription CoPay)	MAX OUT OF POCKET (Individual /Family)	ER VISIT
	\$10 / \$30	\$400 / \$800	\$10 / \$60 / \$100 / \$250	\$3,000 / \$6,000	DED + 20%

TRICARE SUPPLEMENT FOR EMPLOYEE - RETIRED MILITARY OR RESERVIST ONLY				Per Month	Per Pay Period
	Employee Only			\$ 68.42	\$ 34.21
	Employee & Spouse			\$ 134.30	\$ 67.15
	Employee & Child(ren)			\$ 134.30	\$ 67.15
	Employee & Family			\$ 180.93	\$ 90.46
	Continuing Spouse			\$ 68.42	\$ 34.21
	Continuing Child			\$ 68.42	\$ 34.21
	Continuing Spouse & Child(ren)			\$ 134.30	\$ 67.15