# **JACKSONVILLE HOUSING AUTHORITY**

#### **EFFECTIVE JANUARY 1, 2024**

BU 240 & 279

#### FLORIDA BLUE HEALTH PLAN FOR ACTIVE FULL TIME EMPLOYEES ONLY

### JHA - HEALTH

PLAN		COVERAGE			PRE	MIUM
FLORIDA BLUE - BLUECARE 48 HMO					Per Pa	y Period
нмо	Employee Only				\$	14.82
	Employee & Spo	ouse			\$	170.78
	Employee & Child(ren)					147.72
	Employee & Fan	nily			\$	308.31
FLORIDA BLUE CoPay, Deductible, Max Out of Pocket and ER Visit		CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)		VISIT
		\$25 / 35	\$300 / 600	\$2,500 / 5,000	\$300 Co	Pay + 30%
FLORIDA BLU	JE - BLUECARE 6	5 HIGH DEDUC	TIBLE HMO		Per Pa	y Period
HD HMO	Employee Only	<u> </u>				-
		Employee & Spouse				
		Employee & Spouse  Employee & Child(ren)				
	Employee & Fan					139.25 290.83
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%
		\$25 / DED + 30%	\$1,500 / 3,000	\$5,000 / 10,000	DED	+ 30%
FLORIDA BLU	JE - BLUE OPTIO	·		\$5,000 / 10,000		+ 30% y Period
FLORIDA BLU QPOS / PPO	1	·		\$5,000 / 10,000		y Period
		NS 05782 (POS		\$5,000 / 10,000	Per Pa	y <b>Pe</b> riod 16.98
	Employee Only	NS 05782 (POS		\$5,000 / 10,000	Per Pa	y <b>Period</b> 16.98 195.57
	Employee Only Employee & Spo	NS 05782 (POS ouse Id(ren)		\$5,000 / 10,000	Per Pa	y <b>Period</b> 16.98 195.57 169.15
	Employee Only Employee & Spo Employee & Chi Employee & Fan	NS 05782 (POS ouse Id(ren)		\$5,000 / 10,000  MAX OUT OF POCKET (Individual /Family)	Per Pa	y <b>Period</b> 16.98 195.57 169.15
QPOS / PPO FLORIDA BLUE Deductible, Max	Employee Only Employee & Spo Employee & Chi Employee & Fan	NS 05782 (POS Duse Id(ren) nily CO PAY (PCP/Specialist)	/PPO)  DEDUCTIBLE	MAX OUT OF POCKET	Per Pay \$ \$ \$	y Period 16.98 195.57 169.15 353.08
QPOS / PPO FLORIDA BLUE Deductible, Max	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket	NS 05782 (POS Duse Id(ren) nily CO PAY (PCP/Specialist)	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family)	Per Pa	y Period 16.98 195.57 169.15 353.08
QPOS / PPO FLORIDA BLUE Deductible, Max and ER Visit	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket  IN-NETWORK OUT-OF-NETWORK	Duse Id(ren) nily  CO PAY (PCP/Specialist)  \$30/ 40 DED + 50%	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000	Per Pay \$ \$ \$ \$ \$ ER \$300 Co \$300 Co	y Period 16.98 195.57 169.15 353.08 VISIT Pay + 30% Pay + 30%
QPOS / PPO FLORIDA BLUE Deductible, Max and ER Visit	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket  IN-NETWORK OUT-OF-NETWORK	Duse Id(ren) nily  CO PAY (PCP/Specialist)  \$30/ 40 DED + 50%	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000	Per Pa	y Period 16.98 195.57 169.15 353.08 VISIT
QPOS / PPO FLORIDA BLUE Deductible, Max and ER Visit	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket  IN-NETWORK OUT-OF-NETWORK  DE - UF HEALTH I Employee Only	NS 05782 (POS Duse Id(ren) nily CO PAY (PCP/Specialist) \$30/ 40 DED + 50%	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000	Per Pa	y Period 16.98 195.57 169.15 353.08 VISIT Pay + 30% Pay + 30% y Period -
QPOS / PPO FLORIDA BLUE Deductible, Max and ER Visit	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket  IN-NETWORK OUT-OF-NETWORK  Employee Only Employee & Spo	Duse Id(ren) nily  CO PAY (PCP/Specialist)  \$30/ 40 DED + 50%  EPO 03768	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000	Per Pay \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	y Period  16.98 195.57 169.15 353.08  VISIT  Pay + 30%  Pay + 30%  y Period  - 161.00
QPOS / PPO FLORIDA BLUE Deductible, Max and ER Visit	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket  IN-NETWORK OUT-OF-NETWORK  Employee Only Employee & Spo Employee & Chi	NS 05782 (POS Duse Id(ren) nily CO PAY (PCP/Specialist) \$30/ 40 DED + 50% EPO 03768	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000	Per Pa	y Period  16.98 195.57 169.18 353.08  VISIT  Pay + 30% Pay + 30%  y Period  - 161.00 139.28
QPOS / PPO FLORIDA BLUE Deductible, Max and ER Visit  FLORIDA BLU HMO	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket  IN-NETWORK OUT-OF-NETWORK  PE - UF HEALTH I Employee Only Employee & Spo Employee & Chi Employee & Fan CTCARE CoPay,	NS 05782 (POS Duse Id(ren) nily CO PAY (PCP/Specialist) \$30/ 40 DED + 50% EPO 03768	DEDUCTIBLE (Individual /Family)	MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000	Per Pay \$ \$ \$ \$ \$ \$ \$300 Co \$300 Co \$300 Co	y Period  16.98  195.57  169.18  353.08  VISIT  Pay + 30%  Pay + 30%  y Period  -  161.00  139.28
FLORIDA BLUE Deductible, Max and ER Visit  FLORIDA BLU HMO	Employee Only Employee & Spo Employee & Chi Employee & Fan CoPay, Out of Pocket  IN-NETWORK OUT-OF-NETWORK  DE - UF HEALTH I Employee Only Employee & Spo Employee & Chi Employee & Fan	NS 05782 (POS Duse Id(ren) nily CO PAY (PCP/Specialist) \$30/ 40 DED + 50% EPO 03768 Duse Id(ren) nily	DEDUCTIBLE (Individual /Family) \$750 / 1,500 \$1,000 / 2,000	MAX OUT OF POCKET (Individual /Family) \$6,000 / 12,000 \$9,000 / 18,000	Per Pa	y Period  16.98 195.57 169.15 353.08  VISIT  Pay + 30% Pay + 30%  y Period - 161.00 139.25 290.83

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## JHA - DENTAL

PLAN	COVERAGE		PREMIUM	
			Per Pay Period	
DHMO	EE Only	;	\$ 0.34	
DHMO	EE & Spouse	;	5.83	
DHMO	EE & Children	;	\$ 7.20	
DHMO	EE & Family	!	\$ 14.71	
Silver DPPO	EE Only	!	\$ 2.77	
Silver DPPO	EE & Spouse	;	\$ 12.16	
Silver DPPO	EE & Children	;	\$ 17.21	
Silver DPPO	EE & Family	!	\$ 25.45	
Gold DPPO	EE Only	!	\$ 8.41	
Gold DPPO	EE & Spouse	;	\$ 23.42	
Gold DPPO	EE & Children	;	\$ 31.53	
Gold DPPO	EE & Family	!	\$ 44.67	
Platinum DPPO	EE Only	:	12.65	
Platinum DPPO	EE & Spouse	;	\$ 31.93	
Platinum DPPO	EE & Children	:	\$ 42.27	
Platinum DPPO	EE & Family		\$ 59.19	

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#### JHA - VISION

PLAN	COVERAGE	PREMIUM	
VISION Plan Basic		Per Pay Period	
	Employee Only	\$ 1.80	
	Employee & Spouse	\$ 3.44	
	Employee & Child(ren)	\$ 3.22	
	Employee & Family	\$ 5.50	
VISION Plan Premier			
	Employee Only	\$ 3.50	
	Employee & Spouse	\$ 5.63	
	Employee & Child(ren)	\$ 5.26	
	Employee & Family	\$ 8.96	