

CITY OF JACKSONVILLE
2019 VISION EYEMED PLAN RATES
EFFECTIVE JANUARY 01, 2019

ACTIVE EMPLOYEES

PLAN	COVERAGE	Per Pay Period
VISION Option Basic		
	Employee Only	2.47
	Employee & Spouse	3.92
	Employee & Child(ren)	4.00
	Employee & Family	6.45
VISION Option Premier		
	Employee Only	3.77
	Employee & Spouse	6.10
	Employee & Child(ren)	5.98
	Employee & Family	9.84

RETIREES/PENSIONERS

PLAN	COVERAGE	Per Pay Period
VISION Option Basic		
	Retiree Only	2.47
	Retiree & Spouse	3.92
	Retiree & Child(ren)	4.00
	Retiree & Family	6.45
	Spouse Only ***	2.47
	Child/ren Only ***	2.47
	Spouse and Child/dren Only ***	4.00
*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE		
VISION Option Premier		
	Employee Only	3.77
	Employee & Spouse	6.10
	Employee & Child(ren)	5.98
	Employee & Family	9.84
	Spouse Only ***	3.77
	Child/ren Only ***	3.77
	Spouse and Child/dren Only ***	5.98
*** APPLIES ONLY WHEN RETIREE IS DECEASED OR GOING ON MEDICARE		

COBRA

PLAN	COVERAGE	Per Pay Period
VISION Option Basic		
	Former Employee Only	2.52
	Spouse Only	2.52
	Child Only	2.52
	Former Employee & Spouse	4.00
	Former Employee & family	6.58
	Former Employee & Child(ren)	4.08
	Spouse & Child(ren)	4.08
	Children (Each)	2.52
VISION Option Premier		
	Former Employee Only	3.84
	Spouse Only	3.84
	Child Only	3.84
	Former Employee & Spouse	6.22
	Former Employee & family	10.04
	Former Employee & Child(ren)	6.10
	Spouse & Child(ren)	6.10
	Children (Each)	3.84