

JACKSONVILLE HOUSING AUTHORITY

EFFECTIVE JANUARY 1, 2020

BU 240 & 279

JHA - HEALTH

| PLAN | COVERAGE | Per Pay Period | | |
|--|----------------------------------|------------------------------------|---|-------------------|
| BLUE CROSS BLUE SHIELD HEALTH PLAN | | | | |
| HMO | ACTIVE EMPLOYEES-FULL TIME | | | |
| | Employee Only | | | 15.59 |
| | Employee & Spouse | | | 171.02 |
| | Employee & Child(ren) | | | 147.83 |
| | Employee & Family | | | 336.97 |
| 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 / 35 | \$300 / 600 | \$2,500 / 5,000 | \$300 CoPay + 30% |
| HD HMO | | | | |
| | ACTIVE EMPLOYEES-FULL TIME | | | |
| | Employee Only | | | - |
| | Employee & Spouse | | | 160.77 |
| | Employee & Child(ren) | | | 138.93 |
| | Employee & Family | | | 317.35 |
| 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% |
| POS/PPO | | | | |
| | ACTIVE EMPLOYEES-FULL TIME | | | |
| | Employee Only | | | 32.81 |
| | Employee & Spouse | | | 257.52 |
| | Employee & Child(ren) | | | 228.22 |
| | Employee & Family | | | 466.79 |
| 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 |
| | IN-NETWORK | \$30 / 40 | \$750 / 1,500 | \$6,000 / 12,000 |
| | OUT-OF-NETWORK | DED + 50% | \$1,000 / 2,000 | \$9,000 / 18,000 |
| | | | | \$300 CoPay + 30% |
| | | | | \$300 CoPay + 30% |
| UF HEALTH DIRECT CARE PLAN | | | | |
| HMO | ACTIVE EMPLOYEES-FULL TIME | | | |
| | Employee Only | | | - |
| | Employee & Spouse | | | 160.77 |
| | Employee & Child(ren) | | | 138.93 |
| | Employee & Family | | | 317.35 |
| UF HEALTH DIRECTCARE CoPay, Deductible, Max Out of Pocket and ER Visit | CO PAY (PCP/Specialist) | DEDUCTIBLE (Individual /Family) | MAX OUT OF POCKET (Individual /Family) | ER VISIT |
| | \$10 / 30 | \$750 / 1,500 | \$1,500 Med + 1,000 Phar | DED + 20% |
| | | | \$3,000 Med + 2,000 Phar | |

JACKSONVILLE HOUSING AUTHORITY

EFFECTIVE JANUARY 1, 2020

BU 240 & 279

JHA - DENTAL BU 240

| PLAN | COVERAGE | Per Pay Period |
|---------------|---------------|----------------|
| DHMO | EE Only | 0.40 |
| DHMO | EE & Spouse | 5.28 |
| DHMO | EE & Children | 7.55 |
| DHMO | EE & Family | 14.04 |
| Silver DPPO | EE Only | 3.05 |
| Silver DPPO | EE & Spouse | 13.39 |
| Silver DPPO | EE & Children | 18.94 |
| Silver DPPO | EE & Family | 28.03 |
| Gold DPPO | EE Only | 9.25 |
| Gold DPPO | EE & Spouse | 25.79 |
| Gold DPPO | EE & Children | 34.71 |
| Gold DPPO | EE & Family | 49.18 |
| Platinum DPPO | EE Only | 13.93 |
| Platinum DPPO | EE & Spouse | 35.16 |
| Platinum DPPO | EE & Children | 46.54 |
| Platinum DPPO | EE & Family | 65.17 |

JHA - DENTAL BU 279

| PLAN | COVERAGE | Per Pay Period |
|---------------|---------------|----------------|
| DHMO | EE Only | 1.50 |
| DHMO | EE & Spouse | 6.38 |
| DHMO | EE & Children | 8.65 |
| DHMO | EE & Family | 15.14 |
| Silver DPPO | EE Only | 5.33 |
| Silver DPPO | EE & Spouse | 15.67 |
| Silver DPPO | EE & Children | 21.22 |
| Silver DPPO | EE & Family | 30.31 |
| Gold DPPO | EE Only | 11.53 |
| Gold DPPO | EE & Spouse | 28.07 |
| Gold DPPO | EE & Children | 36.99 |
| Gold DPPO | EE & Family | 51.46 |
| Platinum DPPO | EE Only | 16.21 |
| Platinum DPPO | EE & Spouse | 37.44 |
| Platinum DPPO | EE & Children | 48.82 |
| Platinum DPPO | EE & Family | 67.45 |

JACKSONVILLE HOUSING AUTHORITY
 EFFECTIVE JANUARY 1, 2020
 BU 240 & 279

JHA - VISION

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