

CITY OF CHICAGO
DIRECT PAY RATES
EFFECTIVE JANUARY 1, 2016

10/8/2015

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$666.49	\$1,188.75	\$1,646.97
HMO			
BLUE ADVANTAGE HMO WITH VISION	\$524.09	\$1,056.51	\$1,546.73
ALTERNATIVE COVERAGE	\$222.66	\$445.32	\$667.99
BCBS DENTAL HMO	\$14.08	\$26.06	\$36.62
BCBS DENTAL PPO	\$20.06	\$37.82	\$50.12

PHSA (Formerly known as COBRA) RATES
EFFECTIVE JANUARY 1, 2016

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO	\$676.71	\$1,206.30	\$1,670.58
HMO			
BLUE ADVANTAGE HMO	\$531.46	\$1,071.41	\$1,568.33
BCBS DENTAL HMO	\$14.08	\$26.06	\$36.62
BCBS DENTAL PPO	\$20.06	\$37.82	\$50.12
VISION ONLY	\$3.05	\$6.10	\$9.15