

## 2017 DIRECT PAY RATES

### FOR CITY OF CHICAGO EMPLOYEES ENROLLED IN PLAN B (FOP)\*

Effective January 1, 2017

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
BCBSPPO	\$629.10	\$1,148.47	\$1,578.20
BLUE ADVANTAGE HMO	\$454.39	\$916.03	\$1,340.89
ALTERNATIVE COVERAGE	\$231.12	\$462.25	\$693.37
BCBS DENTAL HMO	\$14.10	\$27.50	\$38.95
BCBS DENTAL PPO	\$20.50	\$38.64	\$51.20
VISION	\$2.99	\$5.98	\$8.97

\*For Sworn Police Officers below the rank of Sergeant represented by the Fraternal Order of Police (FOP)