#### **CITY OF CHICAGO**

## **FOR FIREMEN**

## PHSA (Formerly known as COBRA) RATES

**EFFECTIVE JANUARY 1, 2006, UNLESS INDICATED OTHERWISE** 

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
BLUE CROSS BLUE SHIELD PPO	\$396.41	\$717.49	\$1,062.18
BLUE CROSS BLUE SHIELD POS	\$357.66	\$648.11	\$963.75
НМО			
BLUE ADVANTAGE HMO	\$274.86	\$529.36	\$817.73
UNICARE HMO PERFORMANCE	\$298.86	\$623.31	\$874.05
BLUE CARE DENTAL HMO	\$12.17	\$23.64	\$38.90
COMPDENT PPO	\$18.13	\$35.36	\$61.65
VISION	\$3.00	\$6.00	\$10.01

## PHSA (Formerly known as COBRA) RATES

#### **FOR FIREMEN**

EFFECTIVE APRIL 1, 2006, UNLESS INDICATED OTHERWISE

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO	\$384.57	\$697.37	\$1,035.24
BLUE CROSS BLUE SHIELD BLUE EDGE HCA	\$353.08	\$641.33	\$957.48
НМО			
BLUE ADVANTAGE HMO	\$274.86	\$529.36	\$817.72
UNICARE HMO PERFORMANCE (04-06/2006)	\$297.01	\$619.46	\$868.66
UNICARE HMO PERFORMANCE (07-12/2006)	\$283.92	\$592.15	\$830.35
BLUE CARE DENTAL HMO	\$11.81	\$22.94	\$37.75
COMPDENT PPO	\$16.32	\$31.82	\$55.49

#### **CITY OF CHICAGO**

# FOR ALL EXCEPT FIREMEN

#### PHSA (Formerly known as COBRA) RATES

**EFFECTIVE JANUARY 1, 2006, UNLESS INDICATED OTHERWISE** 

LEVEL OF COVERAGE		
SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
		•
\$384.20	\$696.63	\$1,034.14
\$352.72	\$640.59	\$956.38
\$126.79	\$250.79	\$434.34
\$274.86	\$529.36	\$817.72
\$297.01	40.0.0	
\$297.01	\$619.46	\$868.66
\$283.92	\$619.46 \$592.15	\$868.66 \$830.35
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<del>-</del>	•	
	\$384.20 \$352.72 \$126.79	\$384.20 \$696.63 \$352.72 \$640.59 \$126.79 \$250.79