

CITY OF CHICAGO
DIRECT PAY RATES
EFFECTIVE OCTOBER 1, 2011

10/17/2011

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$592.44	\$1,058.02	\$1,484.02
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$195.50	\$380.89	\$623.29
HMO			
BLUE ADVANTAGE HMO WITH VISION	\$376.35	\$716.48	\$1,090.68
BLUE PERFORM HMO WITH VISION	\$388.27	\$809.63	\$1,135.48
ALTERNATIVE COVERAGE			
ALTERNATIVE COVERAGE	\$192.48	\$384.95	\$577.43
COMPBENEFITS DENTAL HMO			
COMPBENEFITS DENTAL HMO	\$12.97	\$29.97	\$29.97
COMPBENEFITS DENTAL PPO			
COMPBENEFITS DENTAL PPO	\$16.32	\$31.82	\$55.49
VISION ONLY			
VISION ONLY	\$3.37	\$6.73	\$10.10