10/8/2015

CITY OF CHICAGO DIRECT PAY RATES

EFFECTIVE JANUARY 1, 2016

TYPE OF PLAN		LEVEL OF COVERAGE		
	SINGLE	EE PLUS		
	EE	ONE	EE PLUS TWO OR MORE	
PPO				
BLUE CROSS BLUE SHIELD PPO WITH				
VISION	\$666.49	\$1,188.75	\$1,646.97	
НМО				
BLUE ADVANTAGE HMO WITH VISION	\$524.09	\$1,056.51	\$1,546.73	
BEGE ABVANTAGE TIMO WITH VIOLON	Ψ024.00	ψ1,000.01	Ψ1,040.70	
ALTERNATIVE COVERAGE	\$222.66	\$445.32	\$667.99	
ALILIMATIVE COVENAGE	ΨΖΖΖ.00	ψ443.32	96.100¢	
BCBS DENTAL HMO	\$14.08	\$26.06	\$36.62	
BCBS DENTAL PPO	\$20.06	\$37.82	\$50.12	