

**CITY OF CHICAGO
DIRECT PAY RATES**

10/29/2013 - V2

EFFECTIVE JANUARY 1, 2014

| TYPE OF PLAN | LEVEL OF COVERAGE | | |
|--|-------------------|-------------|---------------------|
| | SINGLE EE | EE PLUS ONE | EE PLUS TWO OR MORE |
| PPO | | | |
| BLUE CROSS BLUE SHIELD PPO WITH VISION | \$593.33 | \$1,056.77 | \$1,477.49 |
| HMO | | | |
| BLUE ADVANTAGE HMO WITH VISION | \$474.77 | \$957.10 | \$1,401.10 |
| ALTERNATIVE COVERAGE | | | |
| | \$213.81 | \$427.61 | \$641.42 |
| BCBS DENTAL HMO | \$14.08 | \$26.06 | \$36.62 |
| BCBS DENTAL PPO | \$16.95 | \$31.97 | \$42.37 |

PHSA (Formerly known as COBRA) RATES

EFFECTIVE JANUARY 1, 2014

| TYPE OF PLAN | LEVEL OF COVERAGE | | |
|--|-------------------|-------------|---------------------|
| | SINGLE EE | EE PLUS ONE | EE PLUS TWO OR MORE |
| PPO | | | |
| BLUE CROSS BLUE SHIELD PPO WITH VISION | \$605.14 | \$1,077.78 | \$1,506.86 |
| HMO | | | |
| BLUE ADVANTAGE HMO WITH VISION | \$484.20 | \$976.12 | \$1,428.94 |
| BCBS DENTAL HMO | \$14.08 | \$26.06 | \$36.62 |
| BCBS DENTAL PPO | \$16.95 | \$31.97 | \$42.37 |
| VISION ONLY | \$3.05 | \$6.10 | \$9.15 |