

CITY OF CHICAGO
DIRECT PAY RATES
 EFFECTIVE JANUARY 1, 2020

Final

7/26/2019

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$753.68	\$1,395.70	\$1,833.24
BLUE CROSS BLUE SHIELD PPO - FOP	\$668.38	\$1,228.68	\$1,635.53
HMO			
BLUE ADVANTAGE HMO - LMCC	\$622.85	\$1,283.96	\$1,767.85
BLUE ADVANTAGE HMO - FOP	\$543.15	\$1,066.38	\$1,486.08
ALTERNATIVE COVERAGE			
	\$249.62	\$499.25	\$748.87
BCBS DENTAL HMO - LMCC			
	\$14.77	\$28.83	\$43.12
BCBS Dental HMO - FOP			
	\$14.67	\$28.61	\$40.52
BCBS DENTAL PPO - LMCC			
	\$23.77	\$44.79	\$59.37
BCBS DENTAL PPO - FOP			
	\$21.87	\$41.23	\$54.64
VISION ONLY - LMCC			
	\$3.05	\$6.10	\$9.15
VISION ONLY - FOP			
	\$2.99	\$5.98	\$8.97

PHSA (Formerly known as COBRA) RATES
 EFFECTIVE JANUARY 1, 2020

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$768.75	\$1,423.61	\$1,869.91
BLUE CROSS BLUE SHIELD PPO - FOP	\$681.75	\$1,253.25	\$1,668.24
HMO			
BLUE ADVANTAGE HMO - LMCC	\$635.31	\$1,309.64	\$1,803.21
BLUE ADVANTAGE HMO - FOP	\$554.01	\$1,087.71	\$1,515.80
BCBS DENTAL HMO - LMCC			
	\$15.07	\$29.41	\$43.98
BCBS Dental HMO - FOP			
	\$14.96	\$29.18	\$41.33
BCBS DENTAL PPO - LMCC			
	\$24.25	\$45.69	\$60.56
BCBS DENTAL PPO - FOP			
	\$22.31	\$42.05	\$55.73
VISION ONLY - LMCC			
	\$3.11	\$6.22	\$9.33
VISION ONLY - FOP			
	\$3.05	\$6.10	\$9.15