

CITY OF CHICAGO
Department of Finance - Chicago Benefits Office

DIRECT PAY RATES
EFFECTIVE JANUARY 1, 2023

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$925.82	\$1,713.24	\$2,243.24
BLUE CROSS BLUE SHIELD PPO - FOP	\$759.90	\$1,413.10	\$1,858.66
HMO			
BLUE ADVANTAGE HMO - LMCC	\$708.36	\$1,469.81	\$1,995.95
BLUE ADVANTAGE HMO - FOP	\$651.74	\$1,290.06	\$1,789.28
BCBS DENTAL HMO - LMCC			
BCBS DENTAL HMO - LMCC	\$14.99	\$29.26	\$43.77
BCBS DENTAL HMO - FOP	\$14.89	\$29.04	\$41.13
BCBS DENTAL PPO - LMCC			
BCBS DENTAL PPO - LMCC	\$24.05	\$45.31	\$60.06
BCBS DENTAL PPO - FOP	\$22.12	\$41.71	\$55.28
VISION ONLY - LMCC			
VISION ONLY - LMCC	\$3.14	\$6.28	\$9.42
VISION ONLY - FOP	\$3.08	\$6.16	\$9.24

Plan A: Applies to all employees, excluding Sworn Police Officers
Plan B: Applies to Sworn Police Officers (below the rank of Sergeant)