

CITY OF CHICAGO
DIRECT PAY RATES
EFFECTIVE JANUARY 1, 2013

10/10/2012

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$606.51	\$1,083.13	\$1,519.23
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$200.15	\$389.93	\$638.08
HMO			
BLUE ADVANTAGE HMO WITH VISION	\$436.77	\$880.49	\$1,288.96
ALTERNATIVE COVERAGE			
COMPBENEFITS DENTAL HMO	\$16.08	\$37.09	\$37.09
COMPBENEFITS DENTAL PPO	\$13.79	\$26.91	\$46.92