

## DIRECT PAY RATES

EFFECTIVE JANUARY 1, 2014

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