

**CITY OF CHICAGO**  
**DIRECT PAY RATES**  
EFFECTIVE JANUARY 1, 2016

10/8/2015

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
<b>BLUE CROSS BLUE SHIELD PPO WITH VISION</b>	\$666.49	\$1,188.75	\$1,646.97
<b>HMO</b>			
<b>BLUE ADVANTAGE HMO WITH VISION</b>	\$524.09	\$1,056.51	\$1,546.73
<b>ALTERNATIVE COVERAGE</b>	\$222.66	\$445.32	\$667.99
<b>BCBS DENTAL HMO</b>	\$14.08	\$26.06	\$36.62
<b>BCBS DENTAL PPO</b>	\$20.06	\$37.82	\$50.12