

**CITY OF CHICAGO
DIRECT PAY RATES**

Final

9/20/2017

EFFECTIVE JANUARY 1, 2018

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$680.88	\$1,240.75	\$1,646.07
BLUE CROSS BLUE SHIELD PPO - FOP	\$629.42	\$1,134.99	\$1,508.76
HMO			
BLUE ADVANTAGE HMO - LMCC	\$572.98	\$1,155.11	\$1,690.85
BLUE ADVANTAGE HMO - FOP	\$503.79	\$1,015.63	\$1,486.68
ALTERNATIVE COVERAGE			
	\$236.90	\$473.81	\$710.70
BCBS DENTAL HMO - LMCC			
BCBS DENTAL HMO - LMCC	\$14.34	\$27.99	\$41.86
BCBS Dental HMO - FOP	\$14.24	\$27.78	\$39.34
BCBS DENTAL PPO - LMCC			
BCBS DENTAL PPO - LMCC	\$21.56	\$40.63	\$53.85
BCBS DENTAL PPO - FOP	\$19.84	\$37.40	\$49.58
VISION ONLY - LMCC			
VISION ONLY - LMCC	\$3.05	\$6.10	\$9.15
VISION ONLY - FOP			
VISION ONLY - FOP	\$2.99	\$5.98	\$8.97

PHSA (Formerly known as COBRA) RATES

EFFECTIVE JANUARY 1, 2018

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$694.50	\$1,265.57	\$1,678.99
BLUE CROSS BLUE SHIELD PPO - FOP	\$642.01	\$1,157.69	\$1,538.93
HMO			
BLUE ADVANTAGE HMO - LMCC	\$584.44	\$1,178.21	\$1,724.67
BLUE ADVANTAGE HMO - FOP	\$513.87	\$1,035.94	\$1,516.41
BCBS DENTAL HMO - LMCC			
BCBS DENTAL HMO - LMCC	\$14.63	\$28.55	\$42.70
BCBS Dental HMO - FOP	\$14.52	\$28.34	\$40.13
BCBS DENTAL PPO - LMCC			
BCBS DENTAL PPO - LMCC	\$21.99	\$41.44	\$54.93
BCBS DENTAL PPO - FOP	\$20.24	\$38.15	\$50.57
VISION ONLY - LMCC			
VISION ONLY - LMCC	\$3.11	\$6.22	\$9.33
VISION ONLY - FOP			
VISION ONLY - FOP	\$3.05	\$6.10	\$9.15