

**CITY OF CHICAGO**  
**DIRECT PAY RATES**  
EFFECTIVE JANUARY 1, 2019

Final

9/7/2018

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$736.20	\$1,339.20	\$1,816.57
BLUE CROSS BLUE SHIELD PPO - FOP	\$662.68	\$1,197.32	\$1,637.92
<b>HMO</b>			
BLUE ADVANTAGE HMO - LMCC	\$539.02	\$1,058.07	\$1,544.96
BLUE ADVANTAGE HMO - FOP	\$539.02	\$1,058.07	\$1,544.96
<b>ALTERNATIVE COVERAGE</b>			
	\$242.82	\$485.65	\$728.47
<b>BCBS DENTAL HMO - LMCC</b>			
BCBS DENTAL HMO - LMCC	\$14.77	\$28.83	\$43.12
BCBS Dental HMO - FOP	\$14.67	\$28.61	\$40.52
<b>BCBS DENTAL PPO - LMCC</b>			
BCBS DENTAL PPO - LMCC	\$22.62	\$42.62	\$56.49
BCBS DENTAL PPO - FOP	\$20.81	\$39.23	\$51.99
<b>VISION ONLY - LMCC</b>			
VISION ONLY - LMCC	\$3.05	\$6.10	\$9.15
VISION ONLY - FOP	\$2.99	\$5.98	\$8.97

**PHSA (Formerly known as COBRA) RATES**  
EFFECTIVE JANUARY 1, 2019

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$750.93	\$1,365.99	\$1,852.90
BLUE CROSS BLUE SHIELD PPO - FOP	\$675.94	\$1,221.27	\$1,670.68
<b>HMO</b>			
BLUE ADVANTAGE HMO - LMCC	\$549.80	\$1,079.24	\$1,575.86
BLUE ADVANTAGE HMO - FOP	\$549.80	\$1,079.24	\$1,575.86
<b>BCBS DENTAL HMO - LMCC</b>			
BCBS DENTAL HMO - LMCC	\$15.07	\$29.41	\$43.98
BCBS Dental HMO - FOP	\$14.96	\$29.18	\$41.33
<b>BCBS DENTAL PPO - LMCC</b>			
BCBS DENTAL PPO - LMCC	\$23.07	\$43.47	\$57.62
BCBS DENTAL PPO - FOP	\$21.23	\$40.01	\$53.03
<b>VISION ONLY - LMCC</b>			
VISION ONLY - LMCC	\$3.11	\$6.22	\$9.33
VISION ONLY - FOP	\$3.05	\$6.10	\$9.15