

**CITY OF CHICAGO**  
**DIRECT PAY RATES**  
**EFFECTIVE JANUARY 1, 2024**

9/14/2023

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	\$979.67	\$1,798.83	\$2,356.40
BLUE CROSS BLUE SHIELD PPO - FOP	\$818.80	\$1,501.69	\$1,977.65
<b>HMO</b>			
BLUE ADVANTAGE HMO - LMCC	\$731.77	\$1,501.41	\$2,011.81
BLUE ADVANTAGE HMO - FOP	\$665.17	\$1,359.06	\$1,856.36
BCBS DENTAL HMO - LMCC	\$14.99	\$29.26	\$43.77
BCBS DENTAL HMO - FOP	\$14.89	\$29.04	\$41.13
BCBS DENTAL PPO - LMCC	\$25.49	\$48.03	\$63.66
BCBS DENTAL PPO - FOP	\$23.45	\$44.21	\$58.60
VISION ONLY - LMCC	\$3.14	\$6.28	\$9.42
VISION ONLY - FOP	\$3.08	\$6.16	\$9.24