

**CITY OF CHICAGO
PHSA/COBRA RATES
EFFECTIVE JANUARY 1, 2024**

9/14/2023

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$999.26	\$1,834.81	\$2,403.53
BLUE CROSS BLUE SHIELD PPO - FOP	\$835.17	\$1,531.73	\$2,017.20
HMO			
BLUE ADVANTAGE HMO - LMCC	\$746.41	\$1,531.44	\$2,052.05
BLUE ADVANTAGE HMO - FOP	\$678.48	\$1,386.24	\$1,893.49
BCBS DENTAL HMO - LMCC	\$15.29	\$29.85	\$44.65
BCBS DENTAL HMO - FOP	\$15.19	\$29.62	\$41.95
BCBS DENTAL PPO - LMCC	\$26.00	\$48.99	\$64.93
BCBS DENTAL PPO - FOP	\$23.92	\$45.09	\$59.77
VISION ONLY - LMCC	\$3.20	\$6.41	\$9.61
VISION ONLY - FOP	\$3.14	\$6.28	\$9.42