

**CITY OF CHICAGO
PHSA/COBRA RATES
EFFECTIVE JANUARY 1, 2025**

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$1,018.68	\$1,874.48	\$2,441.56
BLUE CROSS BLUE SHIELD PPO - FOP	\$848.23	\$1,572.12	\$2,069.66
HMO			
BLUE ADVANTAGE HMO - LMCC	\$856.54	\$1,749.74	\$2,348.79
BLUE ADVANTAGE HMO - FOP	\$778.83	\$1,563.57	\$2,114.10
BCBS DENTAL HMO - LMCC	\$15.29	\$29.85	\$44.65
BCBS DENTAL HMO - FOP	\$15.19	\$29.62	\$41.95
BCBS DENTAL PPO - LMCC	\$29.46	\$55.51	\$73.57
BCBS DENTAL PPO - FOP	\$27.10	\$51.09	\$67.72
VISION ONLY - LMCC	\$3.20	\$6.41	\$9.61
VISION ONLY - FOP	\$3.14	\$6.28	\$9.42