

CITY OF CHICAGO
DIRECT PAY RATES
EFFECTIVE JANUARY 1, 2012

10/25/2011

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO WITH VISION	\$592.44	\$1,058.02	\$1,484.02
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$195.50	\$380.89	\$623.29
HMO			
BLUE ADVANTAGE HMO WITH VISION	\$395.48	\$797.20	\$1,167.29
ALTERNATIVE COVERAGE			
	\$198.83	\$397.65	\$596.49
COMPBENEFITS DENTAL HMO			
	\$14.21	\$32.81	\$32.81
COMPBENEFITS DENTAL PPO			
	\$13.79	\$26.91	\$46.92