

## 2017 DIRECT PAY RATES

### FOR CITY OF CHICAGO EMPLOYEES ENROLLED IN PLAN A\* and PLAN C\*\*

Effective January 1, 2017

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
BLUE CROSS BLUE SHIELD PPO	\$658.56	\$1,200.90	\$1,650.93
BLUE ADVANTAGE HMO	\$524.54	\$1,057.47	\$1,547.93
ALTERNATIVE COVERAGE	\$231.12	\$462.25	\$693.37
BCBS DENTAL HMO	\$14.20	\$27.71	\$41.45
BCBS DENTAL PPO	\$22.27	\$41.97	\$55.63
VISION	\$3.05	\$6.10	\$9.15

**\* PLAN A - Non-represented employees, and employees covered under the City's collective bargaining agreements with: AFSCME, Coalition of Unionized Public Employees (Chicago Building Trades Coalition), INA, Unit II; Police Captains Association, Police Lieutenants Association, and Police Sergeants represented by the Policemen's Benevolent & Protective Association of Illinois (PB&PA); Supervising Police Communications Operators represented by Teamsters Local 700; Aviation Security Sergeants represented by the Illinois Council of Police; Public Health Nurse III's and IV's represented by Teamsters Local 743, and Uniformed Firefighters and Paramedics represented by the Chicago Fire Fighters Union Local No. 2 and the Shift Supervisors of Security Communications Center represented by Teamsters Local 700.**

**\*\*PLAN C - Seasonal Employees**