

**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 |
| PPO | | | |
| 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 |
| HMO | | | |
| 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 | | | |
| 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 | | | |
| VISION ONLY - LMCC | \$3.14 | \$6.28 | \$9.42 |
| VISION ONLY - FOP | \$3.08 | \$6.16 | \$9.24 |