

**CITY OF CHICAGO**  
**Department of Finance - Chicago Benefits Office**

**DIRECT PAY RATES**  
**EFFECTIVE JANUARY 1, 2022**

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
<b>PPO</b>			
BLUE CROSS BLUE SHIELD PPO - Plan A	\$820.80	\$1,522.15	\$1,992.06
BLUE CROSS BLUE SHIELD PPO - Plan B	\$727.65	\$1,365.02	\$1,799.21
<b>HMO</b>			
BLUE ADVANTAGE HMO - Plan A	\$658.51	\$1,362.74	\$1,860.69
BLUE ADVANTAGE HMO - Plan B	\$559.93	\$1,125.52	\$1,533.65
<b>DENTAL</b>			
BCBS DENTAL HMO - Plan A	\$14.77	\$28.83	\$43.12
BCBS Dental HMO - Plan B	\$14.67	\$28.61	\$40.52
BCBS DENTAL PPO - Plan A	\$22.40	\$42.21	\$55.95
BCBS DENTAL PPO - Plan B	\$20.61	\$38.86	\$51.49
<b>VISION ONLY - Plan A</b>			
VISION ONLY - Plan A	\$3.14	\$6.28	\$9.42
<b>VISION ONLY - Plan B</b>			
VISION ONLY - Plan B	\$3.08	\$6.16	\$9.24

*Plan A: Applies to all employees, excluding Sworn Police Officers*

*Plan B: Applies to Sworn Police Officers (below the rank of Sergeant)*