

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

**PHSA (Formerly known as COBRA) RATES**

EFFECTIVE JANUARY 1, 2021

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	\$788.04	\$1,480.88	\$1,946.87
BLUE CROSS BLUE SHIELD PPO - Plan B	\$714.84	\$1,315.37	\$1,741.37
<b>HMO</b>			
BLUE ADVANTAGE HMO - Plan A	\$633.71	\$1,338.16	\$1,814.98
BLUE ADVANTAGE HMO - Plan B	\$572.10	\$1,083.17	\$1,489.25
<b>BCBS DENTAL HMO - Plan A</b>			
BCBS DENTAL HMO - Plan A	\$15.07	\$29.41	\$43.98
BCBS Dental HMO - Plan B	\$14.96	\$29.18	\$41.33
<b>BCBS DENTAL PPO - Plan A</b>			
BCBS DENTAL PPO - Plan A	\$25.19	\$47.47	\$62.92
BCBS DENTAL PPO - Plan B	\$23.17	\$43.70	\$57.91
<b>VISION ONLY - Plan A</b>			
VISION ONLY - Plan A	\$3.20	\$6.41	\$9.61
<b>VISION ONLY - Plan B</b>			
VISION ONLY - Plan B	\$3.14	\$6.28	\$9.42

*Plan A: Applies to all former employees and their dependents, excluding Sworn Police Officers*

*Plan B: Applies to all former Sworn Police Officers (below the rank of Sergeant) and their dependents*