

2017 PHSA (formerly known as COBRA) RATES

FOR EMPLOYEES AND DEPENDENTS 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
BCBS BLUE SHIELD PPO	\$671.73	\$1,224.92	\$1,683.95
BLUE ADVANTAGE HMO	\$535.03	\$1,078.62	\$1,578.89
BCBS DENTAL HMO	\$14.48	\$28.26	\$42.28
BCBS DENTAL PPO	\$22.72	\$42.81	\$56.74
VISION	\$3.11	\$6.22	\$9.33

*** 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**

