COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/15 - 11/30/16

		Monthly Premium	Monthly COBRA
H4	**BlueAdvantage**		
	Employee/Individual	$ 813.91	$ 830.19
	Employee + 1 Dep	$ 1,303.12	$ 1,329.18
	Family	$ 1,708.62	$ 1,742.79
H3	**Classic Blue HMO**		
	Employee/Individual	$ 835.66	$ 852.37
	Employee + 1 Dep	$ 1,374.90	$ 1,402.40
	Family	$ 1,819.46	$ 1,855.85
P2	**BlueCross BlueShield PPO**		
	Employee/Individual	$ 929.21	$ 947.79
	Employee + 1 Dep	$ 1,530.26	$ 1,560.87
	Family	$ 2,028.46	$ 2,069.03
	EyeMed Vision		
	Employee/Individual	$ 6.02	$ 6.14
	Employee + 1 Dep	$ 10.23	$ 10.43
	Family	$ 13.25	$ 13.52
	Guardian/First Commonwealth Dental HMO		
	Employee/Individual	$ 10.26	$ 10.47
	Employee + 1 Dep	$ 19.11	$ 19.49
	Family	$ 26.74	$ 27.27
	Guardian/First Commonwealth Dental PPO		
	Employee/Individual	$ 26.09	$ 26.61
	Employee + 1 Dep	$ 48.26	$ 49.23
	Family	$ 67.57	$ 68.92