COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/14 - 11/30/15

		Monthly Premium	Monthly COBRA
H4	**BlueAdvantage**	**(Previously HMO Illinois)**	
	Employee/Individual	$ 721.70	$ 736.13
	Employee + 1 Dep	$ 1,180.89	$ 1,204.51
	Family	$ 1,565.06	$ 1,596.36
H3	**Classic Blue HMO**		
	Employee/Individual	$ 749.60	$ 764.59
	Employee + 1 Dep	$ 1,263.29	$ 1,288.56
	Family	$ 1,686.77	$ 1,720.51
P2	**BlueCross BlueShield PPO**		
	Employee/Individual	$ 877.65	$ 895.20
	Employee + 1 Dep	$ 1,485.73	$ 1,515.44
	Family	$ 1,989.25	$ 2,029.04
	EyeMed Vision		
	Employee/Individual	$ 5.87	$ 5.99
	Employee + 1 Dep	$ 9.98	$ 10.18
	Family	$ 12.93	$ 13.18
	Guardian/First Commonwealth Dental HMO		
	Employee/Individual	$ 10.01	$ 10.21
	Employee + 1 Dep	$ 18.64	$ 19.01
	Family	$ 26.09	$ 26.61
	Guardian/First Commonwealth Dental PPO		
	Employee/Individual	$ 26.17	$ 26.69
	Employee + 1 Dep	$ 48.41	$ 49.38
	Family	$ 67.78	$ 69.14