COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/16 - 11/30/17

		Monthly Premium	Monthly COBRA
H4	**BlueAdvantage**		
	Employee/Individual	$ 792.24	$ 808.08
	Employee + 1 Dep	$ 1,278.62	$ 1,304.19
	Family	$ 1,681.75	$ 1,715.39
P2	**BlueCross BlueShield PPO**		
	Employee/Individual	$ 910.45	$ 928.66
	Employee + 1 Dep	$ 1,511.49	$ 1,541.72
	Family	$ 2,009.66	$ 2,049.85
	EyeMed Vision		
	Employee/Individual	$ 5.72	$ 5.83
	Employee + 1 Dep	$ 10.58	$ 10.79
	Family	$ 14.81	$ 15.11
	Guardian/First Commonwealth Dental HMO		
	Employee/Individual	$ 10.41	$ 10.62
	Employee + 1 Dep	$ 19.40	$ 19.79
	Family	$ 27.14	$ 27.68
	Guardian/First Commonwealth Dental PPO		
	Employee/Individual	$ 26.03	$ 26.55
	Employee + 1 Dep	$ 48.16	$ 49.12
	Family	$ 67.43	$ 68.78