

COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/19 - 11/30/20

		Monthly Premium	Monthly COBRA
H4	BlueAdvantage		
	Employee/Individual	\$ 837.41	854.16
	Employee + 1 Dep	\$ 1,310.64	1,336.85
	Family	\$ 1,702.88	1,736.94
P2	BlueCross BlueShield PPO		
	Employee/Individual	\$ 1,170.31	1,193.72
	Employee + 1 Dep	\$ 1,966.46	2,005.79
	Family	\$ 2,626.35	2,678.88
	Davis Vision		
	Employee/Individual	\$ 4.75	4.85
	Employee + 1 Dep	\$ 8.78	8.96
	Family	\$ 12.28	12.53
	Guardian/First Commonwealth Dental HMO		
	Employee/Individual	\$ 10.94	11.16
	Employee + 1 Dep	\$ 20.39	20.80
	Family	\$ 28.52	29.09
	Guardian/First Commonwealth Dental PPO		
	Employee/Individual	\$ 28.76	29.34
	Employee + 1 Dep	\$ 53.22	54.28
	Family	\$ 74.52	76.01