

COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/20 - 11/30/21

		Monthly Premium	Monthly COBRA
H4	BlueAdvantage		
	Employee/Individual	\$ 905.41	923.52
	Employee + 1 Dep	\$ 1,403.07	1,431.13
	Family	\$ 1,815.56	1,851.87
P2	BlueCross BlueShield PPO		
	Employee/Individual	\$ 1,235.29	1,260.00
	Employee + 1 Dep	\$ 2,052.93	2,093.99
	Family	\$ 2,730.65	2,785.26
	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	\$ 29.65	30.24
	Employee + 1 Dep	\$ 54.87	55.97
	Family	\$ 76.83	78.37