

# COOK COUNTY

## Monthly Insurance Rates

Rates Effective: 12/1/23 - 11/30/24

		Monthly Premium
	<b>BlueAdvantage</b>	
	Employee/Individual	\$ 911.09
	Employee + 1 Dep	\$ 1,402.92
	Family	\$ 1,810.59
	<b>BlueCross BlueShield PPO</b>	
	Employee/Individual	\$ 1,311.81
	Employee + 1 Dep	\$ 2,188.78
	Family	\$ 2,915.65
	<b>Davis Vision</b>	
	Employee/Individual	\$ 5.07
	Employee + 1 Dep	\$ 9.37
	Family	\$ 13.12
	<b>Guardian/First Commonwealth Dental HMO</b>	
	Employee/Individual	\$ 10.94
	Employee + 1 Dep	\$ 20.39
	Family	\$ 28.52
	<b>Guardian/First Commonwealth Dental PPO</b>	
	Employee/Individual	\$ 29.02
	Employee + 1 Dep	\$ 53.70
	Family	\$ 75.19