COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/25 - 11/30/26

		Monthly Premium*
	BlueAdvantage	
	Employee/Individual	1,115.01
	Employee + 1 Dep	1,587.84
	Family	1,979.78
	BlueCross BlueShield PPO	
	Employee/Individual	1,573.45
	Employee + 1 Dep	2,490.98
	Family	3,251.48
	Davis Vision	
	Employee/Individual	$ 5.07
	Employee + 1 Dep	$ 9.37
	Family	$ 13.12
	Guardian/First Commonwealth Dental HMO	
	Employee/Individual	$ 11.61
	Employee + 1 Dep	$ 21.63
	Family	$ 30.26
	Guardian/First Commonwealth Dental PPO	
	Employee/Individual	$ 32.02
	Employee + 1 Dep	$ 59.26
	Family	$ 82.97

* The amounts in this document are monthly premiums, not COBRA rates