COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/01/26 - 11/30/27

		Monthly Premium*	
	BlueAdvantage		
	Employee/Individual	$	1,243.22
	Employee + 1 Dep	$	1,777.24
	Family	$	2,219.88
	BlueCross BlueShield PPO		
	Employee/Individual	$	1,744.94
	Employee + 1 Dep	$	2,765.64
	Family	$	3,611.66
	Davis Vision		
	Employee/Individual	$	5.07
	Employee + 1 Dep	$	9.37
	Family	$	13.12
	Blue Cross Blue Shield Dental HMO		
	Employee/Individual	$	13.27
	Employee + 1 Dep	$	25.90
	Family	$	38.74
	Blue Cross Blue Shield Dental PPO		
	Employee/Individual	$	33.24
	Employee + 1 Dep	$	61.51
	Family	$	86.12

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