

**CITY OF CHICAGO
DIRECT PAY RATES
EFFECTIVE JANUARY 1, 2025**

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO - LMCC	\$998.71	\$1,837.72	\$2,393.68
BLUE CROSS BLUE SHIELD PPO - FOP	\$831.60	\$1,541.30	\$2,029.08
HMO			
BLUE ADVANTAGE HMO - LMCC	\$839.75	\$1,715.43	\$2,302.73
BLUE ADVANTAGE HMO - FOP	\$763.56	\$1,532.91	\$2,072.65
BCBS DENTAL			
BCBS DENTAL HMO - LMCC	\$14.99	\$29.26	\$43.77
BCBS DENTAL HMO - FOP	\$14.89	\$29.04	\$41.13
BCBS DENTAL PPO - LMCC	\$28.88	\$54.42	\$72.13
BCBS DENTAL PPO - FOP	\$26.57	\$50.09	\$66.39
VISION ONLY			
VISION ONLY - LMCC	\$3.14	\$6.28	\$9.42
VISION ONLY - FOP	\$3.08	\$6.16	\$9.24