

**CITY OF CHICAGO  
PHSA/COBRA RATES  
EFFECTIVE JANUARY 1, 2025**

| TYPE OF PLAN                      | LEVEL OF COVERAGE |             |                     |
|-----------------------------------|-------------------|-------------|---------------------|
|                                   | SINGLE EE         | EE PLUS ONE | EE PLUS TWO OR MORE |
| <b>PPO</b>                        |                   |             |                     |
| BLUE CROSS BLUE SHIELD PPO - LMCC | \$1,018.68        | \$1,874.48  | \$2,441.56          |
| BLUE CROSS BLUE SHIELD PPO - FOP  | \$848.23          | \$1,572.12  | \$2,069.66          |
| <b>HMO</b>                        |                   |             |                     |
| BLUE ADVANTAGE HMO - LMCC         | \$856.54          | \$1,749.74  | \$2,348.79          |
| BLUE ADVANTAGE HMO - FOP          | \$778.83          | \$1,563.57  | \$2,114.10          |
| <b>BCBS DENTAL</b>                |                   |             |                     |
| BCBS DENTAL HMO - LMCC            | \$15.29           | \$29.85     | \$44.65             |
| BCBS DENTAL HMO - FOP             | \$15.19           | \$29.62     | \$41.95             |
| BCBS DENTAL PPO - LMCC            | \$26.46           | \$55.51     | \$73.57             |
| BCBS DENTAL PPO - FOP             | \$27.10           | \$51.09     | \$67.72             |
| <b>VISION ONLY</b>                |                   |             |                     |
| VISION ONLY - LMCC                | \$3.20            | \$6.41      | \$9.61              |
| VISION ONLY - FOP                 | \$3.14            | \$6.28      | \$9.42              |