

**CITY OF CHICAGO
DIRECT PAY RATES**

12/15/2008

EFFECTIVE JANUARY 1, 2009

TYPE OF PLAN	LEVEL OF COVERAGE		
	SINGLE EE	EE PLUS ONE	EE PLUS TWO OR MORE
PPO			
BLUE CROSS BLUE SHIELD PPO	\$468.61	\$837.02	\$1,174.18
BLUE CROSS BLUE SHIELD SEASONAL PPO	\$153.53	\$298.90	\$488.91
HMO			
BLUE ADVANTAGE HMO	\$313.43	\$596.86	\$908.87
UNICARE HMO PERFORMANCE	\$412.99	\$861.33	\$1,207.81
ALTERNATIVE COVERAGE			
ALTERNATIVE COVERAGE	\$180.38	\$360.75	\$541.13
COMPBENEFITS DENTAL			
COMPBENEFITS DENTAL HMO	\$10.89	\$25.17	\$25.17
COMPBENEFITS DENTAL PPO	\$17.85	\$33.35	\$57.02