

COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/21 - 11/30/22

		Monthly Premium
	BlueAdvantage	
	Employee/Individual	\$ 911.09
	Employee + 1 Dep	\$ 1,402.92
	Family	\$ 1,810.59
	BlueCross BlueShield PPO	
	Employee/Individual	\$ 1,240.79
	Employee + 1 Dep	\$ 2,052.44
	Family	\$ 2,725.18
	Davis Vision	
	Employee/Individual	\$ 4.84
	Employee + 1 Dep	\$ 8.95
	Family	\$ 12.52
	Guardian/First Commonwealth Dental HMO	
	Employee/Individual	\$ 10.94
	Employee + 1 Dep	\$ 20.39
	Family	\$ 28.52
	Guardian/First Commonwealth Dental PPO	
	Employee/Individual	\$ 29.13
	Employee + 1 Dep	\$ 53.89
	Family	\$ 75.46