

COOK COUNTY

Monthly Insurance Rates

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

		Monthly Premium	Monthly COBRA
	BlueAdvantage		
	Employee/Individual	\$ 911.09	929.31
	Employee + 1 Dep	\$ 1,402.92	1,430.98
	Family	\$ 1,810.59	1,846.80
	BlueCross BlueShield PPO		
	Employee/Individual	\$ 1,240.79	1,265.61
	Employee + 1 Dep	\$ 2,052.44	2,093.49
	Family	\$ 2,725.18	2,779.68
	Davis Vision		
	Employee/Individual	\$ 4.84	4.94
	Employee + 1 Dep	\$ 8.95	9.13
	Family	\$ 12.52	12.77
	Guardian/First Commonwealth Dental HMO		
	Employee/Individual	\$ 10.94	11.16
	Employee + 1 Dep	\$ 20.39	20.80
	Family	\$ 28.52	29.09
	Guardian/First Commonwealth Dental PPO		
	Employee/Individual	\$ 29.13	29.71
	Employee + 1 Dep	\$ 53.89	54.97
	Family	\$ 75.46	76.97