

COOK COUNTY

Monthly Insurance Rates

Rates Effective: 12/1/23 - 11/30/24

		Monthly COBRA
	BlueAdvantage	
	Employee/Individual	\$ 929.31
	Employee + 1 Dep	\$ 1,430.98
	Family	\$ 1,846.80
	BlueCross BlueShield PPO	
	Employee/Individual	\$ 1,338.05
	Employee + 1 Dep	\$ 2,232.55
	Family	\$ 2,973.96
	Davis Vision	
	Employee/Individual	\$ 5.17
	Employee + 1 Dep	\$ 9.56
	Family	\$ 13.38
	Guardian/First Commonwealth Dental HMO	
	Employee/Individual	\$ 11.16
	Employee + 1 Dep	\$ 20.80
	Family	\$ 29.09
	Guardian/First Commonwealth Dental PPO	
	Employee/Individual	\$ 29.60
	Employee + 1 Dep	\$ 54.77
	Family	\$ 76.69