

COOK COUNTY

Monthly Insurance Rates

New Rates Effective: 12/1/08 - 11/30/09

		Monthly COBRA
H2	HMO ILLINOIS	
	Employee/Individual	\$ 552.51
	Employee + 1 Dep	\$ 911.77
	Family	\$ 1,209.13
H3	Unicare HMO	
	Employee/Individual	\$ 549.09
	Employee + 1 Dep	\$ 926.83
	Family	\$ 1,238.27
P2	BlueCross BlueShield PPO	
	Employee/Individual	\$ 663.37
	Employee + 1 Dep	\$ 1,129.97
	Family	\$ 1,516.34
	Cole Vision	
	Employee/Individual	\$ 5.99
	Employee + 1 Dep	\$ 10.18
	Family	\$ 13.18
	Guardian/First Commonwealth Dental HMO	
	Employee/Individual	\$ 10.08
	Employee + 1 Dep	\$ 18.75
	Family	\$ 26.23
	Guardian/First Commonwealth Dental PPO	
	Employee/Individual	\$ 28.29
	Employee + 1 Dep	\$ 52.34
	Family	\$ 73.29