

COOK COUNTY

Monthly Insurance Rates

New Rates Effective: 12/1/09 - 11/30/10

		Monthly Premium	Monthly COBRA
H2	HMO ILLINOIS		
	Employee/Individual	\$592.53	\$604.38
	Employee + 1 Dep	\$992.01	\$1,011.85
	Family	\$1,322.67	\$1,349.12
H3	Unicare HMO		
	Employee/Individual	\$569.14	\$580.52
	Employee + 1 Dep	\$969.10	\$988.48
	Family	\$1,298.86	\$1,324.84
P2	BlueCross BlueShield PPO		
	Employee/Individual	\$687.30	\$701.05
	Employee + 1 Dep	\$1,178.60	\$1,202.17
	Family	\$1,585.43	\$1,617.14
	Cole Vision		
	Employee/Individual	\$5.87	\$5.99
	Employee + 1 Dep	\$9.98	\$10.18
	Family	\$12.93	\$13.18
	Guardian/First Commonwealth Dental HMO		
	Employee/Individual	\$9.88	\$10.08
	Employee + 1 Dep	\$18.38	\$18.75
	Family	\$25.72	\$26.23
	Guardian/First Commonwealth Dental PPO		
	Employee/Individual	\$27.74	\$28.29
	Employee + 1 Dep	\$51.31	\$52.34
	Family	\$71.85	\$73.29