

# COOK COUNTY

## Monthly Insurance Rates

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

		Monthly Premium	Monthly COBRA
<b>H2</b>	<b>HMO ILLINOIS</b>		
	Employee/Individual	\$ 656.01	\$ 669.13
	Employee + 1 Dep	\$ 1,105.96	\$ 1,128.08
	Family	\$ 1,478.38	\$ 1,507.95
<b>H3</b>	<b>Classic Blue HMO</b>	<b>(Previously Unicare Hmo)</b>	
	Employee/Individual	\$ 625.63	\$ 638.14
	Employee + 1 Dep	\$ 1,072.01	\$ 1,093.45
	Family	\$ 1,440.01	\$ 1,468.81
<b>P2</b>	<b>BlueCross BlueShield PPO</b>		
	Employee/Individual	\$ 750.64	\$ 765.65
	Employee + 1 Dep	\$ 1,292.31	\$ 1,318.16
	Family	\$ 1,740.85	\$ 1,775.67
	<b>EyeMed Vision</b>		
	Employee/Individual	\$ 5.87	\$ 5.99
	Employee + 1 Dep	\$ 9.98	\$ 10.18
	Family	\$ 12.93	\$ 13.18
	<b>Guardian/First Commonwealth Dental HMO</b>		
	Employee/Individual	\$ 9.58	\$ 9.77
	Employee + 1 Dep	\$ 17.83	\$ 18.19
	Family	\$ 24.95	\$ 25.45
	<b>Guardian/First Commonwealth Dental PPO</b>		
	Employee/Individual	\$ 25.77	\$ 26.29
	Employee + 1 Dep	\$ 47.45	\$ 48.40
	Family	\$ 73.73	\$ 75.20