

RETURN ADDRESS REQUESTED

CITY KIDS DENTAL, PC
4700 N. WESTERN AVE.
SUITE 1A
CHICAGO IL 60625

Dear Group Administrator,

It's time to renew with Blue Cross and Blue Shield of Illinois!

This exhibit gives you important information about your group's renewal options for the upcoming year.



Step 1 Talk to your Producer or Illinois Small Group Account Management team at 855-649-9653 to review your options and any paperwork needed if you want to make a change to your coverage.



Step 2 To make changes for the new year, please submit the BPS Form to your Producer for processing with Blue Cross and Blue Shield of Illinois at least 30 days before your renewal date. If you do not have a Producer, please submit the BPS form to sg_existing_business@bcbsil.com.

Thank you for continuing to trust Blue Cross and Blue Shield of Illinois to protect your business!

Renewal Contents

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How to Read Your Renewal

Your Blue Cross and Blue Shield of Illinois (BCBSIL) coverage renews each year on your renewal date (found in the top right corner of this page).

Lots of things can change from year-to-year, that's why it's important to think through your business needs and your employees' needs to make sure the right plans are in place for the new year.



Follow these steps to get the most out of your renewal exhibit

Step 1: Review your current renewal

The [Renewal at a Glance](#) section provides a quick overview on the:

- **Current Plan** – shows current plan(s) and total monthly cost(s)
- **Renewing Plan** – gives suggestions for the next year based upon current coverage – if you don't make any changes to your plans, this is the plan(s) that will start on the new coverage year.

Step 2: Need more ideas?

Did you know that you have a wide variety of medical plans to choose from? If you didn't find the right fit in the [Renewal at a Glance](#) section, go to the [Medical Plans](#) section to review everything available.

Best of all – small groups can offer up to SIX benefit plans – offering more than one plan to your employees lets them choose the benefits and price that is right for their needs.

Step 3: Enhance your employer benefit package

Offering a competitive benefits package is important. BCBSIL offers small group dental plans, short-term and long-term disability plans and more found in [Dental Plans](#) and [Enhancing Employer Benefits](#) sections.

Step 4: Need more information?

The [Appendix](#) includes helpful information like:

- Employee census – who has coverage today
- Premiums at the employee level
- Details on what coverage includes

How to Read Your Renewal

Step 5: Let's renew!

Renewing... without changes

If you aren't making changes to your plan(s), then you're set! No paperwork or emails are required, your coverage will renew without any interruption.

Renewing... with benefit plan changes only

- Choose the plans to offer employees (including any current plans you wish to keep)
- Consider adding enhancements to your employer benefits package
- Please work with your producer or your account management team to ensure all required paperwork is filled out and submitted timely.

Renewing... with eligibility changes only

- Complete, sign and return the Benefit Program Application, found in Blue Access for EmployersSM, under Employer Resources.

Renewing... with BOTH benefit and eligibility changes

- Complete, sign and return the BPS Form and the Benefit Program Application found in the Downloadable Forms section of Blue Access for EmployersSM, under Employer Resources.

Submit paperwork at least 30 days before the renewal date:

The approved effective date will depend on the plans you select and when paperwork is received. This helps to make sure that BCBSIL has enough time to process claims correctly and on-time, as required by the revised Department of Labor/ERISA law.

If paperwork is late, BCBSIL may process claims under the existing plan design until the new paperwork has been processed.

Payment of the policy premium constitutes acceptance of the terms of our renewal offer.



Questions about your renewal?

Talk with your Producer or contact the Illinois Small Group Account Management Team by phone, 855-649-9653 or at ILSGAM@bcbsil.com.

Renewal at a Glance

Current and Renewal Medical Plans and Premiums

Your group's current Medical plan(s) and suggested plans for the upcoming year are listed below. If these plans aren't a good fit for the new year, don't worry, you've got more plans to choose from in the [Medical Plans](#) section.

	Current Plan	Renewal Plan
Plan ID	S531BCE	S531BCE
Metallic	Silver	Silver
Network Name	Blue Choice Preferred PPO	Blue Choice Preferred PPO
Deductible In-Network // Out-of-Network	\$5100//\$10200	\$5100//\$10200
Primary Care/Telehealth Visit	\$50/\$50	\$50/\$50
Coinsurance In-Network // Out-of-Network	70%//50%	70%//50%
Out-of-Pocket Max In-Network // Out-of-Network	\$9200//Unlimited	\$9200//Unlimited
Specialist Office Visit	\$75	\$75
Non Preferred Pharmacy	\$15/\$25/\$80/\$130/\$250/\$350	\$15/\$25/\$80/\$130/\$250/\$350

	Current Plan	Renewal Plan
Plan ID	G531PPO	G531PPO
Metallic	Gold	Gold
Network Name	Blue PPO	Blue PPO
Deductible In-Network // Out-of-Network	\$2600//\$5200	\$2600//\$5200
Primary Care/Telehealth Visit	\$25/\$25	\$25/\$25
Coinsurance In-Network // Out-of-Network	80%//50%	80%//50%
Out-of-Pocket Max In-Network // Out-of-Network	\$5250//Unlimited	\$5250//Unlimited
Specialist Office Visit	\$70	\$70
Non Preferred Pharmacy	\$15/\$25/\$65/\$105/\$250/\$350	\$15/\$25/\$65/\$105/\$250/\$350

Renewal at a Glance

	Current Plan	Renewal Plan
Plan ID	B536PPO	B536PPO
Metallic	Bronze	Expanded Bronze
Network Name	Blue PPO	Blue PPO
Deductible In-Network // Out-of-Network	\$7050//\$14100	\$7050//\$14100
Primary Care/Telehealth Visit	DC/DC	DC/DC
Coinsurance In-Network // Out-of-Network	80%/50%	80%/50%
Out-of-Pocket Max In-Network // Out-of-Network	\$7400//Unlimited	\$7400//Unlimited
Specialist Office Visit	DC	DC
Non Preferred Pharmacy	80%/80%/70%/60%/60%/50%	80%/80%/70%/60%/60%/50%

	Current Plan	Renewal Plan
Plan ID	G532PSN	G532PSN
Metallic	Gold	Gold
Network Name	Blue Precision HMO	Blue Precision HMO
Deductible In-Network // Out-of-Network	\$2850//Not Covered	\$2850//Not Covered
Primary Care/Telehealth Visit	\$60/NA	\$60/DC
Coinsurance In-Network // Out-of-Network	70%/Not Covered	70%/Not Covered
Out-of-Pocket Max In-Network // Out-of-Network	\$9200//Not Covered	\$9200//Not Covered
Specialist Office Visit	\$85	\$85
Non Preferred Pharmacy	\$10/\$20/\$50/\$100/\$250/\$350	\$10/\$20/\$50/\$100/\$250/\$350

More information on rates is available in the [Appendix – Monthly Medical Premiums](#) section. To view other plans, see the [Medical Plans](#) section.

Current and Renewal Metallic Medical Plans and Premium - Composite Rates

Renewal at a Glance

	Enrolled Count	Current Plan	Renewal Plan
Plan ID		S531BCE	S531BCE
Composite Rates - Medical	3	EO: \$576.98	EO: \$829.64
	0	ES: \$1,153.96	ES: \$1,659.28
	1	EC: \$1,067.41	EC: \$1,534.83
	0	EF: \$1,644.39	EF: \$2,364.47
Total Monthly Medical Premium		\$2,798.35	\$4,023.75

	Enrolled Count	Current Plan	Renewal Plan
Plan ID		G531PPO	G531PPO
Composite Rates - Medical	1	EO: \$850.27	EO: \$1,208.22
	0	ES: \$1,700.54	ES: \$2,416.44
	0	EC: \$1,573.00	EC: \$2,235.21
	0	EF: \$2,423.27	EF: \$3,443.43
Total Monthly Medical Premium		\$850.27	\$1,208.22

	Enrolled Count	Current Plan	Renewal Plan
Plan ID		B536PPO	B536PPO
Composite Rates - Medical	0	EO: \$675.29	EO: \$965.32
	0	ES: \$1,350.58	ES: \$1,930.64
	0	EC: \$1,249.29	EC: \$1,785.84
	0	EF: \$1,924.58	EF: \$2,751.16
Total Monthly Medical Premium		\$0.00	\$0.00

	Enrolled Count	Current Plan	Renewal Plan
Plan ID		G532PSN	G532PSN
Composite Rates - Medical	0	EO: \$511.38	EO: \$669.19
	0	ES: \$1,022.76	ES: \$1,338.38
	0	EC: \$946.05	EC: \$1,238.00
	0	EF: \$1,457.43	EF: \$1,907.19
Total Monthly Medical Premium		\$0.00	\$0.00

Renewal at a Glance

Total Monthly Renewal Premium - Composite Rates

Plan ID	Plan Name	Enrolled Count	Total Monthly Medical Cost
B536PPO	Blue PPO Bronze 132	0	\$0.00
G531PPO	Blue PPO Gold 102 - Rx Copays	1	\$1,208.22
G532PSN	Blue Precision Gold HMO 101 - Rx Copays	0	\$0.00
S531BCE	Blue Choice Preferred Silver PPO 104 - Rx Copays	4	\$4,023.75
Total Monthly Medical Premium			\$5,231.97

See [Appendix – Medical Rate Contingencies](#) in the Appendix section for more information about your rates.
[Medical Plans](#) section.

Medical Plans



Review these medical plans at different coverage levels, networks and price points to find the plans you – and your employees – need.

Plan ID	Individual Deductible In-Network//Out-of- Network	Individual Out-of-Pocket Max In-Network//Out-of- Network	Coinsurance In- Network//Out-of- Network	Primary Care/Telehealth Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In- Network//Out-of- Network	Non-Preferred Pharmacy	Total Monthly Medical Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Medical Cost - Composite Rates
Blue Choice Preferred PPO Network															
PPO Plans															
Platinum															
P5E2BCE	\$350// \$700	\$1750// Unlimited	80%// 50%	\$35/\$35	\$70	\$400// 80%	\$70	\$200// \$300	\$15/\$25/\$65/ \$105/\$250/\$350	\$6,572.89	\$1,123.57	\$2,247.14	\$2,078.60	\$3,202.17	\$6,572.88
P5E1BCE	\$600// \$1200	\$1750// Unlimited	90%// 60%	\$25/\$25	\$50	\$400// 90%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,587.38	\$1,126.05	\$2,252.10	\$2,083.19	\$3,209.24	\$6,587.39
P5M1BCE	\$1500// \$3000	\$3000// \$6000	100%// 80%	\$15/\$15	\$30	\$200// 100%	\$50	DC// \$250	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,514.35	\$1,113.56	\$2,227.12	\$2,060.09	\$3,173.65	\$6,514.33
Gold															
G534BCE	\$1100// \$2200	\$8000// Unlimited	80%// 50%	\$50/\$50	\$75	\$500// 80%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$5,555.16	\$949.60	\$1,899.20	\$1,756.76	\$2,706.36	\$5,555.16
G532BCE	\$1600// \$3200	\$6500// Unlimited	80%// 50%	\$45/\$45	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$5,588.24	\$955.25	\$1,910.50	\$1,767.21	\$2,722.46	\$5,588.21
G536BCE	\$2100// \$4200	\$6000// Unlimited	90%// 60%	\$50/\$50	\$75	\$500// 90%	\$75	\$200// \$300	\$20/\$30/\$80/ \$130/\$350/\$450	\$5,535.18	\$946.18	\$1,892.36	\$1,750.43	\$2,696.61	\$5,535.15
G5M2BCE	\$2500// \$5000	\$7500// \$15000	100%// 80%	\$30/\$30	\$60	\$300// 100%	\$75	\$150// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$5,778.99	\$987.86	\$1,975.72	\$1,827.54	\$2,815.40	\$5,778.98
G531BCE	\$2600// \$5200	\$5250// Unlimited	80%// 50%	\$25/\$25	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$65/ \$105/\$250/\$350	\$5,624.00	\$961.37	\$1,922.74	\$1,778.53	\$2,739.90	\$5,624.01
G537BCE	\$3200// \$6400	\$3200// \$6400	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,586.83	\$955.01	\$1,910.02	\$1,766.77	\$2,721.78	\$5,586.81
G530BCE	\$4000// \$8000	\$5500// \$11000	100%// 100%	\$50/\$50	\$70	\$500// 100%	\$75	\$250// \$350	\$15/\$25/\$65/ \$105/\$250/\$350	\$5,472.46	\$935.46	\$1,870.92	\$1,730.60	\$2,666.06	\$5,472.44
Silver															
S532BCE	\$3700// \$7400	\$9200// Unlimited	60%// 50%	\$60/\$60	\$80	\$500// 60%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$4,883.04	\$834.71	\$1,669.42	\$1,544.21	\$2,378.92	\$4,883.05
S531BCE	\$5100// \$10200	\$9200// Unlimited	70%// 50%	\$50/\$50	\$75	\$500// 70%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$4,853.41	\$829.64	\$1,659.28	\$1,534.83	\$2,364.47	\$4,853.39
S535BCE	\$8000// \$16000	\$9200// \$18400	100%// 100%	\$50/\$50	\$75	\$500// 100%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$4,847.93	\$828.71	\$1,657.42	\$1,533.11	\$2,361.82	\$4,847.95
HSA Plans*															
Gold															
G533BCE	\$3500// \$6600	\$4000// Unlimited	90%// 60%	DC/DC	DC	DC// 90%	DC	DC// DC	80%/80%/70%/ 60%/60%/50%	\$5,391.28	\$921.59	\$1,843.18	\$1,704.94	\$2,626.53	\$5,391.30
G535BCE	\$3500// \$6600	\$5500// Unlimited	80%// 50%	DC/DC	DC	DC// 80%	DC	DC// DC	80%/80%/70%/ 60%/60%/50%	\$5,183.99	\$886.15	\$1,772.30	\$1,639.38	\$2,525.53	\$5,183.98
Silver															
S534BCE	\$5500// \$10900	\$5500// \$10900	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$4,843.10	\$827.88	\$1,655.76	\$1,531.58	\$2,359.46	\$4,843.10
S5J1BCE	\$6600// \$13200	\$6600// \$13200	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$4,777.69	\$816.70	\$1,633.40	\$1,510.90	\$2,327.60	\$4,777.70
Expanded Bronze															
B536BCE	\$7050// \$14100	\$7400// Unlimited	80%// 50%	DC/DC	DC	\$250// 80%	DC	DC// DC	80%/80%/70%/ 60%/60%/50%	\$4,457.43	\$761.95	\$1,523.90	\$1,409.61	\$2,171.56	\$4,457.41
B535BCE	\$7300// \$14600	\$7300// \$14600	100%// 100%	DC/DC	DC	\$250// 100%	DC	DC// DC	100%	\$4,525.63	\$773.61	\$1,547.22	\$1,431.18	\$2,204.79	\$4,525.62
B5N1BCE	\$7350// \$14700	\$7600// Unlimited	70%// 50%	DC/DC	DC	\$1000// 70%	DC	\$500// DC	80%/80%/70%/ 60%/60%/50%	\$4,401.04	\$752.31	\$1,504.62	\$1,391.77	\$2,144.08	\$4,401.01

Medical Plans

Plan ID	Individual Deductible In-Network//Out-of- Network	Individual Out-of-Pocket Max In-Network//Out-of- Network	Coinsurance In- Network//Out-of- Network	Primary Care/Telehealth Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In- Network//Out-of- Network	Non-Preferred Pharmacy	Total Monthly Medical Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Medical Cost - Composite Rates
Blue Precision HMO Network															
HMO Plans															
Platinum															
P506PSN [†]	\$0// Not Covered	\$1750// Not Covered	100%// Not Covered	\$15/\$15	\$45	\$300// 100%	\$45	\$150// Not Covered	\$5/\$15/\$60/ \$110/\$250/\$350	\$4,700.35	\$803.48	\$1,606.96	\$1,486.44	\$2,289.92	\$4,700.36
P5J1PSN [†]	\$0// Not Covered	\$2500// Not Covered	100%// Not Covered	\$25/\$25	\$40	\$300// 100%	\$40	\$150// Not Covered	\$5/\$15/\$60/ \$110/\$250/\$350	\$4,671.57	\$798.56	\$1,597.12	\$1,477.34	\$2,275.90	\$4,671.58
P5E1PSN [†]	\$1100// Not Covered	\$3100// Not Covered	80%// Not Covered	\$30/DC	\$60	\$400// 80%	\$60	\$200// Not Covered	\$5/\$15/\$60/ \$110/\$250/\$350	\$4,491.24	\$767.73	\$1,535.46	\$1,420.30	\$2,188.03	\$4,491.22
Gold															
G5J2PSN [†]	\$0// Not Covered	\$5000// Not Covered	100%// Not Covered	\$50/\$50	\$70	\$500// 100%	\$70	\$300// Not Covered	\$10/\$20/\$50/ \$100/\$250/\$350	\$4,215.24	\$720.55	\$1,441.10	\$1,333.02	\$2,053.57	\$4,215.22
G5N1PSN [†]	\$0// Not Covered	\$6500// Not Covered	80%// Not Covered	\$45/\$45	\$65	\$300// 100%	\$65	\$1000// Not Covered	\$10/\$20/\$50/ \$100/\$250/\$350	\$4,010.64	\$685.58	\$1,371.16	\$1,268.32	\$1,953.90	\$4,010.64
G532PSN [†]	\$2850// Not Covered	\$9200// Not Covered	70%// Not Covered	\$60/DC	\$85	\$1000// 70%	\$85	\$400// Not Covered	\$10/\$20/\$50/ \$100/\$250/\$350	\$3,914.75	\$669.19	\$1,338.38	\$1,238.00	\$1,907.19	\$3,914.76
Silver															
S531PSN [†]	\$3350// Not Covered	\$9200// Not Covered	70%// Not Covered	\$35/\$35	\$75	\$500// 70%	\$75	\$750// Not Covered	\$10/\$20/\$50/ \$100/\$250/\$350	\$3,604.88	\$616.22	\$1,232.44	\$1,140.01	\$1,756.23	\$3,604.89
S530PSN [†]	\$7100// Not Covered	\$9500// Not Covered	70%// Not Covered	\$60/\$60	\$85	\$700// 70%	\$85	\$300// Not Covered	\$5/\$15/\$60/ \$110/\$250/\$350	\$3,566.11	\$609.59	\$1,219.18	\$1,127.74	\$1,737.33	\$3,566.10
Blue Options Tiered Product - Blue Options PPO Network															
PPO Plans															
Platinum															
P5N1OPT	\$350 BC / \$850 PPO// \$1700	\$2500 BC / \$7000 PPO// Unlimited	90% BC / 70% PPO// 50%	\$20 BC / \$35 PPO	\$40 BC / \$70 PPO	\$200// 90%	\$75	\$150 BC / \$450 PPO// \$550	\$25/\$35/\$80/ \$130/\$350/\$450	\$7,001.51	\$1,196.84	\$2,393.68	\$2,214.15	\$3,410.99	\$7,001.51
Gold															
G506OPT	\$850 BC / \$2100 PPO// \$4200	\$7000 BC / \$8750 PPO// Unlimited	80% BC / 60% PPO// 50%	\$45 BC / \$65 PPO	\$70 BC / \$110 PPO	\$600// 80%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$5,958.34	\$1,018.52	\$2,037.04	\$1,884.26	\$2,902.78	\$5,958.34
G508OPT	\$1600 BC / \$3850 PPO// \$7700	\$6150 BC / \$8150 PPO// Unlimited	90% BC / 70% PPO// 50%	\$40 BC / \$65 PPO	\$60 BC / \$110 PPO	\$600// 90%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$5,962.00	\$1,019.15	\$2,038.30	\$1,885.43	\$2,904.58	\$5,962.03
G507OPT	\$2100 BC / \$3600 PPO// \$7200	\$4600 BC / \$7600 PPO// Unlimited	90% BC / 70% PPO// 50%	\$40 BC / \$65 PPO	\$60 BC / \$110 PPO	\$400// 90%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$6,048.87	\$1,033.99	\$2,067.98	\$1,912.88	\$2,946.87	\$6,048.84
G5M3OPT	\$3000 BC / \$5500 PPO// \$11000	\$7500 BC / \$9000 PPO// Unlimited	100% BC / 80% PPO// 50%	\$25 BC / \$50 PPO	\$50 BC / \$100 PPO	\$300// 100%	\$75	\$150 BC / \$400 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$5,949.32	\$1,016.98	\$2,033.96	\$1,881.41	\$2,898.39	\$5,949.33
Silver															
S506OPT	\$5350 BC / \$6350 PPO// \$12700	\$8600 BC / \$10000 PPO// Unlimited	80% BC / 60% PPO// 50%	\$55 BC / \$75 PPO	\$80 BC / \$120 PPO	\$600// 80%	\$75	\$250 BC / \$500 PPO// \$600	\$25/\$35/\$80/ \$130/\$350/\$450	\$5,182.37	\$885.88	\$1,771.76	\$1,638.88	\$2,524.76	\$5,182.40
HSA Plans*															
Gold															
G5K1OPT	\$3500 BC / \$4700 PPO// \$9900	\$3500 BC / \$6700 PPO// Unlimited	100% BC / 80% PPO// 60%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,818.29	\$994.58	\$1,989.16	\$1,839.97	\$2,834.55	\$5,818.29
Silver															
S507OPT	\$5200 BC / \$6000 PPO// \$16500	\$5200 BC / \$8000 PPO// Unlimited	100% BC / 70% PPO// 50%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,165.94	\$883.07	\$1,766.14	\$1,633.68	\$2,516.75	\$5,165.96
S5N1OPT	\$5350 BC / \$6350 PPO// \$19050	\$5350 BC / \$7600 PPO// Unlimited	100% BC / 70% PPO// 50%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$5,186.13	\$886.52	\$1,773.04	\$1,640.06	\$2,526.58	\$5,186.14
Blue PPO Network															
PPO Plans															

Medical Plans

Plan ID	Individual Deductible In-Network//Out-of- Network	Individual Out-of-Pocket Max In-Network//Out-of- Network	Coinsurance In- Network//Out-of- Network	Primary Care/Telehealth Visit	Specialist Office Visit	ER Copay// Coinsurance Per ER Visit	Urgent Care Visit	In-Patient Deductible In- Network//Out-of- Network	Non-Preferred Pharmacy	Total Monthly Medical Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Medical Cost - Composite Rates
Platinum															
P503PPO	\$350// \$700	\$1750// Unlimited	80%// 50%	\$35/\$35	\$70	\$400// 80%	\$70	\$200// \$300	\$15/\$25/\$65/ \$105/\$250/\$350	\$8,231.79	\$1,407.14	\$2,814.28	\$2,603.21	\$4,010.35	\$8,231.77
P5E1PPO	\$600// \$1200	\$1750// Unlimited	90%// 60%	\$25/\$25	\$50	\$400// 90%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$8,246.39	\$1,409.64	\$2,819.28	\$2,607.83	\$4,017.47	\$8,246.39
P5M1PPO	\$1500// \$3000	\$3000// \$6000	100%// 80%	\$15/\$15	\$30	\$200// 100%	\$50	DC// \$250	\$15/\$25/\$80/ \$130/\$250/\$350	\$8,155.52	\$1,394.11	\$2,788.22	\$2,579.10	\$3,973.21	\$8,155.54
Gold															
G534PPO	\$1100// \$2200	\$8000// Unlimited	80%// 50%	\$50/\$50	\$75	\$500// 80%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,978.00	\$1,192.82	\$2,385.64	\$2,206.72	\$3,399.54	\$6,978.00
G532PPO	\$1600// \$3200	\$6500// Unlimited	80%// 50%	\$45/\$45	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$7,021.80	\$1,200.31	\$2,400.62	\$2,220.57	\$3,420.88	\$7,021.81
G536PPO	\$2100// \$4200	\$6000// Unlimited	90%// 60%	\$50/\$50	\$75	\$500// 90%	\$75	\$200// \$300	\$20/\$30/\$80/ \$130/\$350/\$450	\$6,960.06	\$1,189.75	\$2,379.50	\$2,201.04	\$3,390.79	\$6,960.04
G5M2PPO	\$2500// \$5000	\$7500// \$15000	100%// 80%	\$30/\$30	\$60	\$300// 100%	\$75	\$150// \$300	\$15/\$25/\$80/ \$130/\$250/\$350	\$7,254.23	\$1,240.04	\$2,480.08	\$2,294.07	\$3,534.11	\$7,254.23
G531PPO	\$2600// \$5200	\$5250// Unlimited	80%// 50%	\$25/\$25	\$70	\$400// 80%	\$75	\$200// \$300	\$15/\$25/\$65/ \$105/\$250/\$350	\$7,068.11	\$1,208.22	\$2,416.44	\$2,235.21	\$3,443.43	\$7,068.09
G537PPO	\$3200// \$6400	\$3200// \$6400	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$7,025.25	\$1,200.90	\$2,401.80	\$2,221.67	\$3,422.57	\$7,025.27
G530PPO	\$4000// \$8000	\$5500// \$11000	100%// 100%	\$50/\$50	\$70	\$500// 100%	\$75	\$250// \$350	\$15/\$25/\$65/ \$105/\$250/\$350	\$6,881.98	\$1,176.41	\$2,352.82	\$2,176.36	\$3,352.77	\$6,882.00
Silver															
S532PPO	\$3700// \$7400	\$9200// Unlimited	60%// 50%	\$60/\$60	\$80	\$500// 60%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,157.33	\$1,052.54	\$2,105.08	\$1,947.20	\$2,999.74	\$6,157.36
S531PPO	\$5100// \$10200	\$9200// Unlimited	70%// 50%	\$50/\$50	\$75	\$500// 70%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,118.80	\$1,045.95	\$2,091.90	\$1,935.01	\$2,980.96	\$6,118.81
S535PPO	\$8000// \$16000	\$9200// \$18400	100%// 100%	\$50/\$50	\$75	\$500// 100%	\$80	\$250// \$350	\$15/\$25/\$80/ \$130/\$250/\$350	\$6,111.92	\$1,044.77	\$2,089.54	\$1,932.82	\$2,977.59	\$6,111.90
HSA Plans*															
Gold															
G533PPO	\$3500// \$6600	\$4000// Unlimited	90%// 60%	DC/DC	DC	DC// 90%	DC	DC// DC	80%/80%/70%/ 60%/60%/50%	\$6,793.69	\$1,161.31	\$2,322.62	\$2,148.42	\$3,309.73	\$6,793.66
G535PPO	\$3500// \$6600	\$5500// Unlimited	80%// 50%	DC/DC	DC	DC// 80%	DC	DC// DC	80%/80%/70%/ 60%/60%/50%	\$6,541.52	\$1,118.21	\$2,236.42	\$2,068.69	\$3,186.90	\$6,541.53
Silver															
S534PPO	\$5500// \$10900	\$5500// \$10900	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$6,113.64	\$1,045.07	\$2,090.14	\$1,933.38	\$2,978.45	\$6,113.66
S5J1PPO	\$6600// \$13200	\$6600// \$13200	100%// 100%	DC/DC	DC	DC// 100%	DC	DC// DC	100%	\$6,038.13	\$1,032.16	\$2,064.32	\$1,909.50	\$2,941.66	\$6,038.14
Expanded Bronze															
B536PPO	\$7050// \$14100	\$7400// Unlimited	80%// 50%	DC/DC	DC	\$250// 80%	DC	DC// DC	80%/80%/70%/ 60%/60%/50%	\$5,647.10	\$965.32	\$1,930.64	\$1,785.84	\$2,751.16	\$5,647.12
B535PPO	\$7300// \$14600	\$7300// \$14600	100%// 100%	DC/DC	DC	\$250// 100%	DC	DC// DC	100%	\$5,725.18	\$978.66	\$1,957.32	\$1,810.52	\$2,789.18	\$5,725.16
B5N1PPO	\$7350// \$14700	\$7600// Unlimited	70%// 50%	DC/DC	DC	\$1000// 70%	DC	\$500// DC	80%/80%/70%/ 60%/60%/50%	\$5,578.46	\$953.58	\$1,907.16	\$1,764.12	\$2,717.70	\$5,578.44

Further plan details are available in each plan's Summary of Benefits and Coverage (SBC) and/or Benefit Booklet. It is important to review these materials before making a final coverage decision.

ER and in-patient copays are per-occurrence deductibles. Members are responsible for the listed copay amount and the rest of the billable charges are subject to deductible and coinsurance.

DC = Deductible and Coinsurance.

*1 Plan applies copays on the following services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging and Outpatient Surgery. See Summary of Benefits and Coverage for a full list of copay amounts.

*HSA plans include a mandatory employer contribution, please refer to the ***"Appendix - Plan Notes"*** section of this renewal exhibit.

[Go back to *Renewal Contents*](#)

Medical Plans

The total monthly medical premium is based on all currently enrolled members.

See the *Appendix - Summary of Benefits and Coverage* section for instructions to pull SBCs.

See the *Appendix - Plan Notes* section for benefit details.

Dental Plans



Complete your health care coverage with a dental plan.

If 10 or more employees are enrolled for dental coverage, you may choose to offer two dental plan options. For dental pairing options, see Dental Rate Contingencies and Plan Pairings in the Appendix section.

Plan ID	Plan Type	Deductible In-Network// Out-of-Network ²	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-Of-Network	Orthodontia Lifetime Max	Total Monthly Dental Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Dental Cost - Composite Rates
Contributory Group													
High Allocation													
DILHR30 ⁵⁶	Passive	\$25//\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$523.18	\$81.11	\$162.22	\$198.72	\$320.38	\$523.16
DILHR31 ⁵⁶	Passive	\$25//\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$440.51	\$68.30	\$136.60	\$167.34	\$269.79	\$440.54
DILHR32 ⁵⁶	Passive	\$50//\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$415.16	\$64.36	\$128.72	\$157.68	\$254.22	\$415.12
DILHR33 ⁵⁶	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$374.36	\$58.04	\$116.08	\$142.20	\$229.26	\$374.36
DILHR34 ⁶	Active	\$50//\$75	\$1500/\$1000	90th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000	\$295.17	\$45.76	\$91.52	\$112.11	\$180.75	\$295.15
DILHR35 ⁶	Active	\$0//\$0	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	\$447.39	\$69.37	\$138.74	\$169.96	\$274.01	\$447.44
DILHM38 ⁵	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$247.37	\$38.35	\$76.70	\$93.96	\$151.48	\$247.36
DILHM40	Active	\$50//\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A	\$224.80	\$34.86	\$69.72	\$85.41	\$137.70	\$224.85
DILHM42 ³⁵	Passive	\$25//\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A	\$127.02	\$19.70	\$39.40	\$48.27	\$77.82	\$127.07
DILHR50 ⁵	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$347.87	\$53.93	\$107.86	\$132.13	\$213.02	\$347.85
DILHM57 ⁵⁶	Passive	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$339.58	\$52.65	\$105.30	\$128.99	\$207.97	\$339.59
DILHR61 ⁵	Passive	\$50//\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$391.51	\$60.70	\$121.40	\$148.72	\$239.77	\$391.52
Low Allocation													
DILLR36 ⁵	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$292.28	\$45.31	\$90.62	\$111.01	\$178.97	\$292.25
DILLM41	Active	\$75//\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	N/A	\$163.55	\$25.36	\$50.72	\$62.13	\$100.17	\$163.57
DILLM51 ⁵	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$225.47	\$34.95	\$69.90	\$85.63	\$138.05	\$225.43
DILLR58 ⁴⁵	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$315.10	\$48.85	\$97.70	\$119.68	\$192.96	\$315.08
DILLR62 ⁵	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$343.37	\$53.24	\$106.48	\$130.44	\$210.30	\$343.40
Voluntary Group													
High Allocation													
DILHR43 ¹¹⁵	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$396.74	\$61.51	\$123.02	\$150.70	\$242.96	\$396.74
DILHM44 ¹	Active	\$50//\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	N/A	\$242.64	\$37.61	\$75.22	\$92.14	\$148.56	\$242.58
DILHR45 ¹	Active	\$25//\$75	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	\$382.10	\$59.24	\$118.48	\$145.14	\$234.00	\$382.10
DILHM46 ³⁵	Passive	\$25//\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	N/A	\$139.71	\$21.66	\$43.32	\$53.07	\$85.56	\$139.71
DILHR53 ¹¹⁵	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$374.98	\$58.13	\$116.26	\$142.42	\$229.61	\$374.94
DILHM59 ¹¹⁵	Passive	\$50//\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$359.59	\$55.75	\$111.50	\$136.59	\$220.21	\$359.59
Low Allocation													
DILLR47 ¹¹⁵	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$346.83	\$53.78	\$107.56	\$131.76	\$212.43	\$346.88

Dental Plans

Plan ID	Plan Type	Deductible In-Network// Out-of-Network ²	Annual Benefit Max	Out-of-Network Reimb.	Coinsurance In-Network	Coinsurance Out-Of-Network	Orthodontia Lifetime Max	Total Monthly Dental Cost - Age Rates	Employee Only	Employee + Spouse	Employee + Child	Employee + Family	Total Monthly Dental Cost - Composite Rates
DILLR48 ^{**15}	Passive	\$50//\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$362.08	\$56.13	\$112.26	\$137.52	\$221.71	\$362.04
DILLM49 ^{**15}	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$216.08	\$33.50	\$67.00	\$82.08	\$132.33	\$216.08
DILLR54 ^{**15}	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	N/A	\$315.97	\$48.99	\$97.98	\$120.03	\$193.51	\$315.99
DILLM55 ^{**15}	Passive	\$50//\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$243.97	\$37.82	\$75.64	\$92.66	\$149.39	\$243.94
DILLM56 ^{*1}	Active	\$50//\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	N/A	\$204.33	\$31.68	\$63.36	\$77.62	\$125.14	\$204.34
DILLR60 ^{**14*5}	Passive	\$50//\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$340.91	\$52.86	\$105.72	\$129.51	\$208.80	\$340.95

Dental Group Size : A

Coinsurance Type I: Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type II: Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type IV: Ortho Adult Coverage and dependent children to age 19.

High - Endodontics, Periodontics, and Oral Surgery services covered in Type II.

Low - Endodontics, Periodontics, and Oral Surgery services covered in Type III.

Passive - Plans have the same benefits In and Out of Network.

Active - Plans have a richer In Network Benefit.

Reasonable & Customary (R&C) Average fee charged by a particular type of health care practitioner within a geographic area.

Maximum Allowable Charge (MAC) Contracting dentists have agreed. Non contracting dentists will be paid the same allowable amount for services but will likely balance bill members for the difference between their charges and the allowable amount.

Contributory Group = (>70% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation).

Passive Dental - A group dental program where the key plan components are identical in and out of network. However, out of pocket costs are less if an in network provider is utilized due to the discounted fee.

Active Dental - A group dental program where the key plan components are dissimilar in and out of network. These are often referred to as "Incentive PPOs" since employees are enticed by richer benefits to utilize network providers.

*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.

*2 Waived Deductible applies to all Class I services and Class IV Orthodontic services.

*3 Only Basic Restorative Services are covered under Class II.

*4 Prev/Diag svcs do not count toward annual max.

*5 Plans have the same benefits In and Out of Network.

*6 Implants are covered at the same percentage as prosthodontics.

The rates shown are based on your current enrollment status. If you are considering adding members and need rates associated with that change please reach out to your Marketing Representative for rates.

See the [***Appendix – Dental Benefit Coverage***](#) for benefit details.

Standalone Vision Plans

Plan Name	Frequency Eye/Lens/Frame	Lens Copay	Allowance (Frame & Contacts)	Funded Fit and Follow up	Funded Standard Progressive	Funded Scratch Coating	Funded Kids Polycarb
Plan 2	12/12/24	\$10	\$130	No	No	Yes	Yes
Plan 4	12/12/12	\$10	\$130	No	No	Yes	Yes
Plan 8	12/12/24	\$25	\$130	No	No	Yes	Yes

See [Appendix - Monthly Standalone Vision Premiums](#) for Rates information.

Benefit notes:

- Membership must be submitted 30 days prior to the effective date.
- Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees or the imposition on any new taxes, fees or assessments by Federal or State regulatory agencies.
- Member reimbursement out-of-network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states, members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see the online provider location to determine which participating providers have agreed to the discounted rate.
- Rate estimates are based on the schedule of benefits, census provided and the following assumptions:
 - All active full-time employees are eligible for coverage. Full-time means that the employee is actively employed at least 30 hours each week on a regularly scheduled basis for the employer as of the effective date. Actively employed means the employee is performing the normal duties of their occupation as part of an employee-employer relationship.
 - The greater of 20% or 2 eligible employees are enrolled at the time of sale.
- Employees must be legally working in the United States in order to be eligible for coverage. This insurance policy must be purchased by and issued to the U.S. parent company customer located in the United States. If there are employees who are residents of Canada, we must be advised before the point of sale so that we can ensure compliance with the laws of Canada.
- This proposal illustrates the cost of the insurance program and is based upon the information submitted by you. Actual cost will be determined after an application has been accepted and will depend upon data obtained when the program becomes effective.
- Vision rates are guaranteed for the initial 48 months.
- Vision Insurance servicing is administered by Dearborn Life Insurance Company. Vision Insurance claims are administered by EyeMed Vision Care LLC.
- Standalone Vision is underwritten by Dearborn Life Insurance Company.

Vision Insurance offered by Dearborn Life Insurance Company located at 701 E. 22nd Street, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois, an Independent Licensee of the Blue Cross and Blue Shield Association. EyeMed Vision Care, LLC and First American Administrators, Inc. are independent companies that offer provider network and administration services on behalf of Dearborn Life Insurance Company.

Employee Basic Life Plans

Plan Name	Plan Benefit	Benefit Maximum	Age Reduction
Plan 1	\$15,000	N/A	35% at 65 / 50% at 70
Plan 2	\$25,000	N/A	35% at 65 / 50% at 70
Plan 3	\$50,000	N/A	35% at 65 / 50% at 70

See [Appendix - Monthly Employee Basic Life Premiums](#) for Rates information.

Benefit notes:

1. Employee benefits reduce by 35% of the original amount at age 65, and by 50% of the original amount at age 70.
2. All benefits will terminate at retirement.
3. An accelerated death benefit and waiver of premium benefit will be included.
4. AD&D features include Seat-belt, Air Bag, Repatriation, and Education benefits.
5. Rate estimates are based on the schedule of benefits, census provided and the following assumptions:
 - a. The employer contributes 100% of the cost of Basic Life/AD&D.
 - b. All active full-time employees are eligible for coverage. Full-time means that the employee is actively employed at least 30 hours each week on a regularly scheduled basis for the employer as of the effective date. Actively employed means the employee is performing the normal duties of their occupation as part of an employee-employer relationship.
 - c. All eligible employees are insured in Basic Life/AD&D.
6. Employees must be legally working and living in the United States in order to be eligible for coverage.
7. Basic Life/AD&D rates are guaranteed for the initial 24 months.
8. This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and provisions of our contract. Please refer to the policy for details and limitations of coverage. In case of conflict between this proposal and the policy, the terms of the policy will govern.
9. Basic Life and AD&D is underwritten and administered by Dearborn Life Insurance Company.

Life, Disability, Critical Illness, Accident, and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical and Dental products are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Supplemental Life Plans

Plan Name	Plan Benefit	Benefit Maximum
Plan 1*	Employee / Spouse / Child	\$500,000 Employee / \$150,000 Spouse / \$10,000 Child

* Guarantee Issue: Fully underwritten (2 – 5 Lives)

\$30,000 (6 – 9 Lives)

\$50,000 (10 – 25 Lives)

\$100,000 (26 – 50 Lives)

See [Appendix - Monthly Supplemental Life Premiums](#) for Rates information.

Benefit notes:

1. Employee benefits reduce by 35% of the original amount at age 65 and by 50% of the original amount at age 70.
2. Supplemental Employee Life elections can be selected in increments of \$10,000, with a minimum of \$10,000 and maximum of \$500,000.
3. Supplemental Dependent Spouse elections can be selected in increments of \$5,000, with a minimum of \$5,000 and maximum of \$150,000.
4. Evidence of Insurability is required for all Supplemental Employee Life and AD&D amounts for 2-5 eligible lives and all which exceed the guarantee issue limit of \$30,000 for 6-9 eligible lives, \$50,000 for 10-25 eligible lives, \$100,000 for 26-50 eligible lives, and on all late applications.
5. Evidence of Insurability is required for all Supplemental Dependent Spouse Life and AD&D amounts for 2-9 eligible lives and all which exceed the guarantee issue limit of \$25,000.
6. Rate estimates are based on the schedule of benefits, census provided and the following assumptions:
 - a. The employer contributes 0% of the cost of Supplemental Life/AD&D.
 - b. All active full-time employees are eligible for coverage. Full-time means that the employee is actively employed at least 30 hours each week on a regularly scheduled basis for the employer as of the effective date. Actively employed means the employee is performing the normal duties of their occupation as part of an employee-employer relationship.
 - c. At least 20% of eligible employees are enrolled at the time of sale.
7. All benefits will terminate at retirement.
8. Employees must be legally working and living in the United States in order to be eligible for coverage.
9. Supplemental Life/AD&D rates are guaranteed for the initial 24 months.
10. Basic Life/AD&D must be in force or sold alongside Supplemental Life/AD&D, in order to issue Supplemental Life/AD&D insurance.
11. This proposal provides only basic information on the features of the policy. It is not intended to be a complete representation of all terms and provisions of our contract. Please refer to the policy for details and limitations of coverage. In case of conflict between this proposal and the policy, the terms of the policy will govern.
12. Supplemental Life and AD&D is underwritten and administered by Dearborn Life Insurance Company.

Enhancing Employer Benefits

Small business owners face the same challenges as larger businesses when it comes to attracting and retaining quality employees while containing costs.

An employee benefits program is a valuable asset, but it must include the right mix of products at a price that works for everyone, including:

Group Dental

Dental plans are available as a separate plan from BCBSIL.

Standalone Vision

Available to groups between 2-50 eligible employees when paired with medical or dental.

Group Term Life Insurance

The loss of the primary family wage-earner can threaten the futures of other family members. Life insurance is a great way to provide for loved ones in the event of an untimely death. It can be one of the most valuable investments a person can make.

Accidental Death & Dismemberment (AD&D)

These plans pay an additional benefit if an employee dies or suffers dismemberment or paralysis as the result of an accident.

Dependent Life Benefit

Provides employers with the option to add a dependent life benefit to the term life insurance plan and provide protection for an employee's spouse and children.

Group Short-Term and Long-Term Disability Insurance

Short-term and long-term disability insurance protects employees who cannot work because of a disability caused by illness or injury. But as a disability carrier, BCBSIL does more than pay claims—we manage them, helping to control costs through a disability claim management program that focuses on returning employees to work.

Critical Illness

Critical Illness Insurance pays cash directly to the insured individual for the unplanned expenses of a critical illness.

Accident

Accident Insurance provides cash directly to the insured individual for the unexpected costs of an accidental injury.



Talk to your Producer or call the Small Group Account Management Team for more information.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

Blue Cross and Blue Shield of Illinois is the trade name of Dearborn Life Insurance Company, an independent licensee of Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Appendix - Census

This census represents enrollment at the time the renewal was prepared. It may not reflect current enrollment.

Census Tier Count

Tier	Count	Tier	Count	Tier	Count	Tier	Count
EO	4	ES	0	EC	1	EF	0

Census Detail

Row	Name	Relationship	DOB	Age	Coverage Type **	State
1	GINSBERG, KEIRA	Employee	12/20/1989	36	EO	IL
2	GREZ, LISA	Employee	08/09/1965	60	EC	IL
2.1	GREZ, JEFFREY	Dependent	02/07/2005	20		IL
2.2	GREZ, LUKE	Dependent	10/15/2007	18		IL
3	RIVERA, ASHLEY	Employee	01/20/1987	38	EO	IL
4	TIERNEY, MARY	Employee	06/04/1967	58	EO	IL
5	WEISS, SIERRA	Employee	02/21/1996	29	EO	IL

**Coverage Type: EO = Employee Only; ES = Employee+Spouse/Domestic Partner/Civil Union (Illinois); EC = Employee + Child(ren); EF = Employee + Family

Appendix - Monthly Medical Premiums

Renewal Alternate Medical Plan Premiums – Monthly Premium Shown by Age and Composite Rates. Rates (due to system rounding, the group's total composite rated premium may vary slightly from the group's age rated premium).

Metallic Renewal Alternate Medical Plan Premiums – Monthly Premium by Age and Composite Rates

Age Rates											
Plan ID: P5E2BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$468.18	23	\$612.00	32	\$724.00	41	\$796.82	50	\$1,093.03	59	\$1,593.04
15	\$509.80	24	\$612.00	33	\$733.18	42	\$810.90	51	\$1,141.38	60	\$1,660.97
16	\$525.71	25	\$614.45	34	\$742.97	43	\$830.48	52	\$1,194.62	61	\$1,719.72
17	\$541.62	26	\$626.69	35	\$747.86	44	\$854.96	53	\$1,248.48	62	\$1,758.28
18	\$558.76	27	\$641.38	36	\$752.76	45	\$883.73	54	\$1,306.62	63	\$1,806.62
19	\$575.89	28	\$665.24	37	\$757.66	46	\$918.00	55	\$1,364.76	64+	\$1,836.00
20	\$593.64	29	\$684.83	38	\$762.55	47	\$956.56	56	\$1,427.80		
21	\$612.00	30	\$694.62	39	\$772.34	48	\$1,000.62	57	\$1,491.44		
22	\$612.00	31	\$709.31	40	\$782.14	49	\$1,044.07	58	\$1,559.38		

Composite Rates							
Plan ID: P5E2BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Platinum	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$1,123.57	ES	\$2,247.14	EC	\$2,078.60	EF	\$3,202.17

Age Rates											
Plan ID: P5E1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$469.21	23	\$613.35	32	\$725.59	41	\$798.58	50	\$1,095.44	59	\$1,596.55
15	\$510.92	24	\$613.35	33	\$734.79	42	\$812.69	51	\$1,143.90	60	\$1,664.63
16	\$526.87	25	\$615.80	34	\$744.61	43	\$832.32	52	\$1,197.26	61	\$1,723.51
17	\$542.81	26	\$628.07	35	\$749.51	44	\$856.85	53	\$1,251.23	62	\$1,762.15
18	\$559.99	27	\$642.79	36	\$754.42	45	\$885.68	54	\$1,309.50	63	\$1,810.61
19	\$577.16	28	\$666.71	37	\$759.33	46	\$920.03	55	\$1,367.77	64+	\$1,840.05
20	\$594.95	29	\$686.34	38	\$764.23	47	\$958.67	56	\$1,430.95		
21	\$613.35	30	\$696.15	39	\$774.05	48	\$1,002.83	57	\$1,494.73		
22	\$613.35	31	\$710.87	40	\$783.86	49	\$1,046.38	58	\$1,562.82		

Composite Rates							
Plan ID: P5E1BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Platinum	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$1,126.05	ES	\$2,252.10	EC	\$2,083.19	EF	\$3,209.24

Age Rates											
Plan ID: P5M1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$464.01	23	\$606.55	32	\$717.55	41	\$789.73	50	\$1,083.30	59	\$1,578.85
15	\$505.26	24	\$606.55	33	\$726.65	42	\$803.68	51	\$1,131.22	60	\$1,646.18
16	\$521.03	25	\$608.98	34	\$736.35	43	\$823.09	52	\$1,183.99	61	\$1,704.41
17	\$536.80	26	\$621.11	35	\$741.20	44	\$847.35	53	\$1,237.36	62	\$1,742.62
18	\$553.78	27	\$635.66	36	\$746.06	45	\$875.86	54	\$1,294.98	63	\$1,790.54
19	\$570.76	28	\$659.32	37	\$750.91	46	\$909.83	55	\$1,352.61	64+	\$1,819.65
20	\$588.35	29	\$678.73	38	\$755.76	47	\$948.04	56	\$1,415.08		
21	\$606.55	30	\$688.43	39	\$765.47	48	\$991.71	57	\$1,478.16		
22	\$606.55	31	\$702.99	40	\$775.17	49	\$1,034.77	58	\$1,545.49		

Composite Rates							
Plan ID: P5M1BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Platinum	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$1,113.56	ES	\$2,227.12	EC	\$2,060.09	EF	\$3,173.65

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G534BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$395.69	23	\$517.24	32	\$611.89	41	\$673.45	50	\$923.79	59	\$1,346.38
15	\$430.86	24	\$517.24	33	\$619.65	42	\$685.34	51	\$964.65	60	\$1,403.79
16	\$444.31	25	\$519.31	34	\$627.93	43	\$701.89	52	\$1,009.65	61	\$1,453.44
17	\$457.76	26	\$529.65	35	\$632.07	44	\$722.58	53	\$1,055.17	62	\$1,486.03
18	\$472.24	27	\$542.07	36	\$636.21	45	\$746.89	54	\$1,104.31	63	\$1,526.89
19	\$486.72	28	\$562.24	37	\$640.34	46	\$775.86	55	\$1,153.45	64+	\$1,551.72
20	\$501.72	29	\$578.79	38	\$644.48	47	\$808.45	56	\$1,206.72		
21	\$517.24	30	\$587.07	39	\$652.76	48	\$845.69	57	\$1,260.51		
22	\$517.24	31	\$599.48	40	\$661.03	49	\$882.41	58	\$1,317.93		

Composite Rates							
Plan ID: G534BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$949.60	ES	\$1,899.20	EC	\$1,756.76	EF	\$2,706.36

Age Rates											
Plan ID: G532BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$398.04	23	\$520.32	32	\$615.54	41	\$677.46	50	\$929.29	59	\$1,354.39
15	\$433.43	24	\$520.32	33	\$623.34	42	\$689.42	51	\$970.40	60	\$1,412.15
16	\$446.95	25	\$522.40	34	\$631.67	43	\$706.07	52	\$1,015.66	61	\$1,462.10
17	\$460.48	26	\$532.81	35	\$635.83	44	\$726.89	53	\$1,061.45	62	\$1,494.88
18	\$475.05	27	\$545.30	36	\$639.99	45	\$751.34	54	\$1,110.88	63	\$1,535.98
19	\$489.62	28	\$565.59	37	\$644.16	46	\$780.48	55	\$1,160.31	64+	\$1,560.96
20	\$504.71	29	\$582.24	38	\$648.32	47	\$813.26	56	\$1,213.91		
21	\$520.32	30	\$590.56	39	\$656.64	48	\$850.72	57	\$1,268.02		
22	\$520.32	31	\$603.05	40	\$664.97	49	\$887.67	58	\$1,325.78		

Composite Rates							
Plan ID: G532BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$955.25	ES	\$1,910.50	EC	\$1,767.21	EF	\$2,722.46

Age Rates											
Plan ID: G536BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$394.27	23	\$515.38	32	\$609.69	41	\$671.02	50	\$920.47	59	\$1,341.53
15	\$429.31	24	\$515.38	33	\$617.43	42	\$682.88	51	\$961.18	60	\$1,398.74
16	\$442.71	25	\$517.44	34	\$625.67	43	\$699.37	52	\$1,006.02	61	\$1,448.22
17	\$456.11	26	\$527.75	35	\$629.79	44	\$719.99	53	\$1,051.38	62	\$1,480.69
18	\$470.54	27	\$540.12	36	\$633.92	45	\$744.21	54	\$1,100.34	63	\$1,521.40
19	\$484.97	28	\$560.22	37	\$638.04	46	\$773.07	55	\$1,149.30	64+	\$1,546.14
20	\$499.92	29	\$576.71	38	\$642.16	47	\$805.54	56	\$1,202.38		
21	\$515.38	30	\$584.96	39	\$650.41	48	\$842.65	57	\$1,255.98		
22	\$515.38	31	\$597.33	40	\$658.66	49	\$879.24	58	\$1,313.19		

Composite Rates							
Plan ID: G536BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$946.18	ES	\$1,892.36	EC	\$1,750.43	EF	\$2,696.61

Age Rates											
Plan ID: G5M2BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$411.63	23	\$538.08	32	\$636.55	41	\$700.58	50	\$961.01	59	\$1,400.62
15	\$448.22	24	\$538.08	33	\$644.62	42	\$712.96	51	\$1,003.52	60	\$1,460.35
16	\$462.21	25	\$540.23	34	\$653.23	43	\$730.17	52	\$1,050.33	61	\$1,512.00
17	\$476.20	26	\$550.99	35	\$657.53	44	\$751.70	53	\$1,097.68	62	\$1,545.90
18	\$491.27	27	\$563.91	36	\$661.84	45	\$776.99	54	\$1,148.80	63	\$1,588.41
19	\$506.33	28	\$584.89	37	\$666.14	46	\$807.12	55	\$1,199.92	64+	\$1,614.24
20	\$521.94	29	\$602.11	38	\$670.45	47	\$841.02	56	\$1,255.34		
21	\$538.08	30	\$610.72	39	\$679.06	48	\$879.76	57	\$1,311.30		
22	\$538.08	31	\$623.63	40	\$687.67	49	\$917.96	58	\$1,371.03		

Composite Rates							
Plan ID: G5M2BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$987.86	ES	\$1,975.72	EC	\$1,827.54	EF	\$2,815.40

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G531BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$400.59	23	\$523.65	32	\$619.48	41	\$681.79	50	\$935.24	59	\$1,363.06
15	\$436.20	24	\$523.65	33	\$627.33	42	\$693.84	51	\$976.61	60	\$1,421.19
16	\$449.82	25	\$525.74	34	\$635.71	43	\$710.59	52	\$1,022.16	61	\$1,471.46
17	\$463.43	26	\$536.22	35	\$639.90	44	\$731.54	53	\$1,068.25	62	\$1,504.45
18	\$478.09	27	\$548.79	36	\$644.09	45	\$756.15	54	\$1,117.99	63	\$1,545.81
19	\$492.75	28	\$569.21	37	\$648.28	46	\$785.48	55	\$1,167.74	64+	\$1,570.95
20	\$507.94	29	\$585.96	38	\$652.47	47	\$818.46	56	\$1,221.68		
21	\$523.65	30	\$594.34	39	\$660.85	48	\$856.17	57	\$1,276.14		
22	\$523.65	31	\$606.91	40	\$669.22	49	\$893.35	58	\$1,334.26		

Composite Rates							
Plan ID: G531BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$961.37	ES	\$1,922.74	EC	\$1,778.53	EF	\$2,739.90

Age Rates											
Plan ID: G537BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$397.95	23	\$520.19	32	\$615.38	41	\$677.29	50	\$929.06	59	\$1,354.05
15	\$433.32	24	\$520.19	33	\$623.19	42	\$689.25	51	\$970.15	60	\$1,411.80
16	\$446.84	25	\$522.27	34	\$631.51	43	\$705.90	52	\$1,015.41	61	\$1,461.73
17	\$460.37	26	\$532.67	35	\$635.67	44	\$726.71	53	\$1,061.19	62	\$1,494.51
18	\$474.93	27	\$545.16	36	\$639.83	45	\$751.15	54	\$1,110.61	63	\$1,535.60
19	\$489.50	28	\$565.45	37	\$644.00	46	\$780.29	55	\$1,160.02	64+	\$1,560.57
20	\$504.58	29	\$582.09	38	\$648.16	47	\$813.06	56	\$1,213.60		
21	\$520.19	30	\$590.42	39	\$656.48	48	\$850.51	57	\$1,267.70		
22	\$520.19	31	\$602.90	40	\$664.80	49	\$887.44	58	\$1,325.44		

Composite Rates							
Plan ID: G537BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$955.01	ES	\$1,910.02	EC	\$1,766.77	EF	\$2,721.78

Age Rates											
Plan ID: G530BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$389.80	23	\$509.54	32	\$602.79	41	\$663.42	50	\$910.04	59	\$1,326.33
15	\$424.45	24	\$509.54	33	\$610.43	42	\$675.14	51	\$950.29	60	\$1,382.89
16	\$437.69	25	\$511.58	34	\$618.58	43	\$691.45	52	\$994.62	61	\$1,431.81
17	\$450.94	26	\$521.77	35	\$622.66	44	\$711.83	53	\$1,039.46	62	\$1,463.91
18	\$465.21	27	\$534.00	36	\$626.73	45	\$735.78	54	\$1,087.87	63	\$1,504.16
19	\$479.48	28	\$553.87	37	\$630.81	46	\$764.31	55	\$1,136.27	64+	\$1,528.62
20	\$494.25	29	\$570.18	38	\$634.89	47	\$796.41	56	\$1,188.76		
21	\$509.54	30	\$578.33	39	\$643.04	48	\$833.10	57	\$1,241.75		
22	\$509.54	31	\$590.56	40	\$651.19	49	\$869.28	58	\$1,298.31		

Composite Rates							
Plan ID: G530BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$935.46	ES	\$1,870.92	EC	\$1,730.60	EF	\$2,666.06

Age Rates											
Plan ID: S532BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$347.81	23	\$454.66	32	\$537.86	41	\$591.97	50	\$812.02	59	\$1,183.48
15	\$378.73	24	\$454.66	33	\$544.68	42	\$602.42	51	\$847.94	60	\$1,233.95
16	\$390.55	25	\$456.48	34	\$551.96	43	\$616.97	52	\$887.50	61	\$1,277.59
17	\$402.37	26	\$465.57	35	\$555.59	44	\$635.16	53	\$927.51	62	\$1,306.24
18	\$415.10	27	\$476.48	36	\$559.23	45	\$656.53	54	\$970.70	63	\$1,342.16
19	\$427.84	28	\$494.22	37	\$562.87	46	\$681.99	55	\$1,013.89	64+	\$1,363.98
20	\$441.02	29	\$508.76	38	\$566.51	47	\$710.63	56	\$1,060.72		
21	\$454.66	30	\$516.04	39	\$573.78	48	\$743.37	57	\$1,108.01		
22	\$454.66	31	\$526.95	40	\$581.06	49	\$775.65	58	\$1,158.47		

Composite Rates								
Plan ID: S532BCE		Network: Blue Choice Preferred PPO Network			Plan Type: ACA		Metallic: Silver	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$834.71	ES	\$1,669.42		EC	\$1,544.21	EF	\$2,378.92

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S531BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$345.70	23	\$451.90	32	\$534.60	41	\$588.37	50	\$807.09	59	\$1,176.30
15	\$376.43	24	\$451.90	33	\$541.38	42	\$598.77	51	\$842.79	60	\$1,226.46
16	\$388.18	25	\$453.71	34	\$548.61	43	\$613.23	52	\$882.11	61	\$1,269.84
17	\$399.93	26	\$462.75	35	\$552.22	44	\$631.30	53	\$921.88	62	\$1,298.31
18	\$412.58	27	\$473.59	36	\$555.84	45	\$652.54	54	\$964.81	63	\$1,334.01
19	\$425.24	28	\$491.22	37	\$559.45	46	\$677.85	55	\$1,007.74	64+	\$1,355.70
20	\$438.34	29	\$505.68	38	\$563.07	47	\$706.32	56	\$1,054.28		
21	\$451.90	30	\$512.91	39	\$570.30	48	\$738.86	57	\$1,101.28		
22	\$451.90	31	\$523.75	40	\$577.53	49	\$770.94	58	\$1,151.44		

Composite Rates							
Plan ID: S531BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Silver	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$829.64	ES	\$1,659.28	EC	\$1,534.83	EF	\$2,364.47

Age Rates											
Plan ID: S535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$345.31	23	\$451.39	32	\$533.99	41	\$587.71	50	\$806.18	59	\$1,174.97
15	\$376.01	24	\$451.39	33	\$540.77	42	\$598.09	51	\$841.84	60	\$1,225.07
16	\$387.74	25	\$453.20	34	\$547.99	43	\$612.54	52	\$881.11	61	\$1,268.41
17	\$399.48	26	\$462.22	35	\$551.60	44	\$630.59	53	\$920.84	62	\$1,296.84
18	\$412.12	27	\$473.06	36	\$555.21	45	\$651.81	54	\$963.72	63	\$1,332.50
19	\$424.76	28	\$490.66	37	\$558.82	46	\$677.09	55	\$1,006.60	64+	\$1,354.17
20	\$437.85	29	\$505.11	38	\$562.43	47	\$705.52	56	\$1,053.09		
21	\$451.39	30	\$512.33	39	\$569.65	48	\$738.02	57	\$1,100.04		
22	\$451.39	31	\$523.16	40	\$576.88	49	\$770.07	58	\$1,150.14		

Composite Rates							
Plan ID: S535BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Silver	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$828.71	ES	\$1,657.42	EC	\$1,533.11	EF	\$2,361.82

Age Rates											
Plan ID: G533BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$384.01	23	\$501.98	32	\$593.84	41	\$653.58	50	\$896.54	59	\$1,306.65
15	\$418.15	24	\$501.98	33	\$601.37	42	\$665.12	51	\$936.19	60	\$1,362.37
16	\$431.20	25	\$503.99	34	\$609.40	43	\$681.19	52	\$979.86	61	\$1,410.56
17	\$444.25	26	\$514.03	35	\$613.42	44	\$701.27	53	\$1,024.04	62	\$1,442.19
18	\$458.31	27	\$526.08	36	\$617.44	45	\$724.86	54	\$1,071.73	63	\$1,481.84
19	\$472.36	28	\$545.65	37	\$621.45	46	\$752.97	55	\$1,119.42	64+	\$1,505.94
20	\$486.92	29	\$561.72	38	\$625.47	47	\$784.59	56	\$1,171.12		
21	\$501.98	30	\$569.75	39	\$633.50	48	\$820.74	57	\$1,223.33		
22	\$501.98	31	\$581.79	40	\$641.53	49	\$856.38	58	\$1,279.05		

Composite Rates							
Plan ID: G533BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$921.59	ES	\$1,843.18	EC	\$1,704.94	EF	\$2,626.53

Age Rates											
Plan ID: G535BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Gold		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$369.25	23	\$482.68	32	\$571.01	41	\$628.45	50	\$862.07	59	\$1,256.42
15	\$402.07	24	\$482.68	33	\$578.25	42	\$639.55	51	\$900.20	60	\$1,309.99
16	\$414.62	25	\$484.61	34	\$585.97	43	\$655.00	52	\$942.19	61	\$1,356.33
17	\$427.17	26	\$494.26	35	\$589.83	44	\$674.30	53	\$984.67	62	\$1,386.74
18	\$440.69	27	\$505.85	36	\$593.70	45	\$696.99	54	\$1,030.52	63	\$1,424.87
19	\$454.20	28	\$524.67	37	\$597.56	46	\$724.02	55	\$1,076.38	64+	\$1,448.04
20	\$468.20	29	\$540.12	38	\$601.42	47	\$754.43	56	\$1,126.09		
21	\$482.68	30	\$547.84	39	\$609.14	48	\$789.18	57	\$1,176.29		
22	\$482.68	31	\$559.43	40	\$616.87	49	\$823.45	58	\$1,229.87		

Composite Rates							
Plan ID: G535BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Gold	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$886.15	ES	\$1,772.30	EC	\$1,639.38	EF	\$2,525.53

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S534BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$344.97	23	\$450.94	32	\$533.46	41	\$587.12	50	\$805.38	59	\$1,173.80
15	\$375.63	24	\$450.94	33	\$540.23	42	\$597.50	51	\$841.00	60	\$1,223.85
16	\$387.36	25	\$452.74	34	\$547.44	43	\$611.93	52	\$880.23	61	\$1,267.14
17	\$399.08	26	\$461.76	35	\$551.05	44	\$629.96	53	\$919.92	62	\$1,295.55
18	\$411.71	27	\$472.59	36	\$554.66	45	\$651.16	54	\$962.76	63	\$1,331.17
19	\$424.33	28	\$490.17	37	\$558.26	46	\$676.41	55	\$1,005.60	64+	\$1,352.82
20	\$437.41	29	\$504.60	38	\$561.87	47	\$704.82	56	\$1,052.04		
21	\$450.94	30	\$511.82	39	\$569.09	48	\$737.29	57	\$1,098.94		
22	\$450.94	31	\$522.64	40	\$576.30	49	\$769.30	58	\$1,149.00		

Composite Rates							
Plan ID: S534BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Silver	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$827.88	ES	\$1,655.76	EC	\$1,531.58	EF	\$2,359.46

Age Rates											
Plan ID: S5J1BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Silver	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$340.31	23	\$444.85	32	\$526.26	41	\$579.19	50	\$794.50	59	\$1,157.94
15	\$370.56	24	\$444.85	33	\$532.93	42	\$589.43	51	\$829.65	60	\$1,207.32
16	\$382.13	25	\$446.63	34	\$540.05	43	\$603.66	52	\$868.35	61	\$1,250.03
17	\$393.69	26	\$455.53	35	\$543.61	44	\$621.46	53	\$907.49	62	\$1,278.05
18	\$406.15	27	\$466.20	36	\$547.17	45	\$642.36	54	\$949.75	63	\$1,313.20
19	\$418.60	28	\$483.55	37	\$550.72	46	\$667.28	55	\$992.02	64+	\$1,334.55
20	\$431.50	29	\$497.79	38	\$554.28	47	\$695.30	56	\$1,037.84		
21	\$444.85	30	\$504.90	39	\$561.40	48	\$727.33	57	\$1,084.10		
22	\$444.85	31	\$515.58	40	\$568.52	49	\$758.91	58	\$1,133.48		

Composite Rates							
Plan ID: S5J1BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Silver	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$816.70	ES	\$1,633.40	EC	\$1,510.90	EF	\$2,327.60

Age Rates											
Plan ID: B536BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Expanded Bronze	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$317.50	23	\$415.03	32	\$490.98	41	\$540.37	50	\$741.24	59	\$1,080.32
15	\$345.72	24	\$415.03	33	\$497.21	42	\$549.91	51	\$774.03	60	\$1,126.39
16	\$356.51	25	\$416.69	34	\$503.85	43	\$563.20	52	\$810.14	61	\$1,166.23
17	\$367.30	26	\$424.99	35	\$507.17	44	\$579.80	53	\$846.66	62	\$1,192.38
18	\$378.92	27	\$434.95	36	\$510.49	45	\$599.30	54	\$886.09	63	\$1,225.17
19	\$390.54	28	\$451.14	37	\$513.81	46	\$622.55	55	\$925.52	64+	\$1,245.09
20	\$402.58	29	\$464.42	38	\$517.13	47	\$648.69	56	\$968.26		
21	\$415.03	30	\$471.06	39	\$523.77	48	\$678.57	57	\$1,011.43		
22	\$415.03	31	\$481.02	40	\$530.41	49	\$708.04	58	\$1,057.50		

Composite Rates							
Plan ID: B536BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Expanded Bronze	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$761.95	ES	\$1,523.90	EC	\$1,409.61	EF	\$2,171.56

Age Rates											
Plan ID: B535BCE				Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Expanded Bronze	
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$322.36	23	\$421.38	32	\$498.49	41	\$548.64	50	\$752.58	59	\$1,096.85
15	\$351.01	24	\$421.38	33	\$504.81	42	\$558.33	51	\$785.87	60	\$1,143.63
16	\$361.97	25	\$423.07	34	\$511.56	43	\$571.81	52	\$822.53	61	\$1,184.08
17	\$372.92	26	\$431.49	35	\$514.93	44	\$588.67	53	\$859.62	62	\$1,210.62
18	\$384.72	27	\$441.61	36	\$518.30	45	\$608.47	54	\$899.65	63	\$1,243.91
19	\$396.52	28	\$458.04	37	\$521.67	46	\$632.07	55	\$939.68	64+	\$1,264.14
20	\$408.74	29	\$471.52	38	\$525.04	47	\$658.62	56	\$983.08		
21	\$421.38	30	\$478.27	39	\$531.78	48	\$688.96	57	\$1,026.90		
22	\$421.38	31	\$488.38	40	\$538.52	49	\$718.87	58	\$1,073.68		

Composite Rates							
Plan ID: B535BCE		Network: Blue Choice Preferred PPO Network		Plan Type: ACA		Metallic: Expanded Bronze	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$773.61	ES	\$1,547.22	EC	\$1,431.18	EF	\$2,204.79

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: B5N1BCE			Network: Blue Choice Preferred PPO Network			Plan Type: ACA			Metallic: Expanded Bronze		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$313.48	23	\$409.78	32	\$484.77	41	\$533.53	50	\$731.87	59	\$1,066.66
15	\$341.35	24	\$409.78	33	\$490.92	42	\$542.96	51	\$764.24	60	\$1,112.14
16	\$352.00	25	\$411.42	34	\$497.47	43	\$556.07	52	\$799.89	61	\$1,151.48
17	\$362.66	26	\$419.61	35	\$500.75	44	\$572.46	53	\$835.95	62	\$1,177.30
18	\$374.13	27	\$429.45	36	\$504.03	45	\$591.72	54	\$874.88	63	\$1,209.67
19	\$385.60	28	\$445.43	37	\$507.31	46	\$614.67	55	\$913.81	64+	\$1,229.34
20	\$397.49	29	\$458.54	38	\$510.59	47	\$640.49	56	\$956.02		
21	\$409.78	30	\$465.10	39	\$517.14	48	\$669.99	57	\$998.63		
22	\$409.78	31	\$474.94	40	\$523.70	49	\$699.08	58	\$1,044.12		

Composite Rates									
Plan ID: B5N1BCE		Network: Blue Choice Preferred PPO Network				Plan Type: ACA		Metallic: Expanded Bronze	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost			Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$752.31	ES	\$1,504.62			EC	\$1,391.77	EF	\$2,144.08

Age Rates											
Plan ID: P506PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$334.80	23	\$437.65	32	\$517.74	41	\$569.82	50	\$781.64	59	\$1,139.20
15	\$364.56	24	\$437.65	33	\$524.30	42	\$579.89	51	\$816.22	60	\$1,187.78
16	\$375.94	25	\$439.40	34	\$531.31	43	\$593.89	52	\$854.29	61	\$1,229.80
17	\$387.32	26	\$448.15	35	\$534.81	44	\$611.40	53	\$892.81	62	\$1,257.37
18	\$399.57	27	\$458.66	36	\$538.31	45	\$631.97	54	\$934.38	63	\$1,291.94
19	\$411.83	28	\$475.73	37	\$541.81	46	\$656.48	55	\$975.96	64+	\$1,312.95
20	\$424.52	29	\$489.73	38	\$545.31	47	\$684.05	56	\$1,021.04		
21	\$437.65	30	\$496.73	39	\$552.31	48	\$715.56	57	\$1,066.55		
22	\$437.65	31	\$507.24	40	\$559.32	49	\$746.63	58	\$1,115.13		

Composite Rates								
Plan ID: P506PSN		Network: Blue Precision HMO Network			Plan Type: ACA		Metallic: Platinum	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost		Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$803.48	ES	\$1,606.96		EC	\$1,486.44	EF	\$2,289.92

Age Rates											
Plan ID: P5J1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$332.75	23	\$434.97	32	\$514.57	41	\$566.33	50	\$776.86	59	\$1,132.23
15	\$362.33	24	\$434.97	33	\$521.09	42	\$576.34	51	\$811.22	60	\$1,180.51
16	\$373.64	25	\$436.71	34	\$528.05	43	\$590.25	52	\$849.06	61	\$1,222.27
17	\$384.95	26	\$445.41	35	\$531.53	44	\$607.65	53	\$887.34	62	\$1,249.67
18	\$397.13	27	\$455.85	36	\$535.01	45	\$628.10	54	\$928.66	63	\$1,284.03
19	\$409.31	28	\$472.81	37	\$538.49	46	\$652.46	55	\$969.98	64+	\$1,304.91
20	\$421.92	29	\$486.73	38	\$541.97	47	\$679.86	56	\$1,014.79		
21	\$434.97	30	\$493.69	39	\$548.93	48	\$711.18	57	\$1,060.02		
22	\$434.97	31	\$504.13	40	\$555.89	49	\$742.06	58	\$1,108.30		

Composite Rates							
Plan ID: P5J1PSN		Network: Blue Precision HMO Network		Plan Type: ACA		Metallic: Platinum	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$798.56	ES	\$1,597.12	EC	\$1,477.34	EF	\$2,275.90

Age Rates											
Plan ID: P5E1PSN			Network: Blue Precision HMO Network			Plan Type: ACA			Metallic: Platinum		
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$319.91	23	\$418.18	32	\$494.71	41	\$544.47	50	\$746.87	59	\$1,088.52
15	\$348.34	24	\$418.18	33	\$500.98	42	\$554.09	51	\$779.91	60	\$1,134.94
16	\$359.22	25	\$419.85	34	\$507.67	43	\$567.47	52	\$816.29	61	\$1,175.09
17	\$370.09	26	\$428.22	35	\$511.02	44	\$584.20	53	\$853.09	62	\$1,201.43
18	\$381.80	27	\$438.25	36	\$514.36	45	\$603.85	54	\$892.81	63	\$1,234.47
19	\$393.51	28	\$454.56	37	\$517.71	46	\$627.27	55	\$932.54	64+	\$1,254.54
20	\$405.63	29	\$467.94	38	\$521.05	47	\$653.62	56	\$975.61		
21	\$418.18	30	\$474.63	39	\$527.74	48	\$683.72	57	\$1,019.10		
22	\$418.18	31	\$484.67	40	\$534.43	49	\$713.42	58	\$1,065.52		

Composite Rates							
Plan ID: P5E1PSN		Network: Blue Precision HMO Network		Plan Type: ACA		Metallic: Platinum	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$767.73	ES	\$1,535.46	EC	\$1,420.30	EF	\$2,188.03

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G5J2PSN				Network: Blue Precision HMO Network				Plan Type: ACA			
								Metallic: Gold			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$300.25	23	\$392.48	32	\$464.30	41	\$511.01	50	\$700.97	59	\$1,021.63
15	\$326.94	24	\$392.48	33	\$470.19	42	\$520.04	51	\$731.98	60	\$1,065.19
16	\$337.14	25	\$394.05	34	\$476.47	43	\$532.60	52	\$766.12	61	\$1,102.87
17	\$347.34	26	\$401.90	35	\$479.61	44	\$548.29	53	\$800.66	62	\$1,127.60
18	\$358.33	27	\$411.32	36	\$482.75	45	\$566.74	54	\$837.94	63	\$1,158.60
19	\$369.32	28	\$426.63	37	\$485.89	46	\$588.72	55	\$875.23	64+	\$1,177.44
20	\$380.71	29	\$439.19	38	\$489.03	47	\$613.45	56	\$915.66		
21	\$392.48	30	\$445.46	39	\$495.31	48	\$641.70	57	\$956.47		
22	\$392.48	31	\$454.88	40	\$501.59	49	\$669.57	58	\$1,000.04		

Composite Rates							
Plan ID: G5J2PSN				Network: Blue Precision HMO Network			
				Plan Type: ACA			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$720.55	ES	\$1,441.10	EC	\$1,333.02	EF	\$2,053.57

Age Rates											
Plan ID: G5N1PSN				Network: Blue Precision HMO Network				Plan Type: ACA			
								Metallic: Gold			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$285.67	23	\$373.43	32	\$441.77	41	\$486.21	50	\$666.95	59	\$972.04
15	\$311.07	24	\$373.43	33	\$447.37	42	\$494.79	51	\$696.45	60	\$1,013.49
16	\$320.78	25	\$374.92	34	\$453.34	43	\$506.74	52	\$728.94	61	\$1,049.34
17	\$330.49	26	\$382.39	35	\$456.33	44	\$521.68	53	\$761.80	62	\$1,072.86
18	\$340.94	27	\$391.35	36	\$459.32	45	\$539.23	54	\$797.27	63	\$1,102.37
19	\$351.40	28	\$405.92	37	\$462.31	46	\$560.15	55	\$832.75	64+	\$1,120.29
20	\$362.23	29	\$417.87	38	\$465.29	47	\$583.67	56	\$871.21		
21	\$373.43	30	\$423.84	39	\$471.27	48	\$610.56	57	\$910.05		
22	\$373.43	31	\$432.81	40	\$477.24	49	\$637.07	58	\$951.50		

Composite Rates							
Plan ID: G5N1PSN				Network: Blue Precision HMO Network			
				Plan Type: ACA			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$685.58	ES	\$1,371.16	EC	\$1,268.32	EF	\$1,953.90

Age Rates											
Plan ID: G532PSN				Network: Blue Precision HMO Network				Plan Type: ACA			
								Metallic: Gold			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$278.84	23	\$364.50	32	\$431.20	41	\$474.58	50	\$651.00	59	\$948.79
15	\$303.63	24	\$364.50	33	\$436.67	42	\$482.96	51	\$679.79	60	\$989.25
16	\$313.11	25	\$365.96	34	\$442.50	43	\$494.63	52	\$711.50	61	\$1,024.25
17	\$322.58	26	\$373.25	35	\$445.42	44	\$509.21	53	\$743.58	62	\$1,047.21
18	\$332.79	27	\$382.00	36	\$448.34	45	\$526.34	54	\$778.21	63	\$1,076.00
19	\$342.99	28	\$396.21	37	\$451.25	46	\$546.75	55	\$812.84	64+	\$1,093.50
20	\$353.57	29	\$407.88	38	\$454.17	47	\$569.71	56	\$850.38		
21	\$364.50	30	\$413.71	39	\$460.00	48	\$595.96	57	\$888.29		
22	\$364.50	31	\$422.46	40	\$465.83	49	\$621.84	58	\$928.75		

Composite Rates							
Plan ID: G532PSN				Network: Blue Precision HMO Network			
				Plan Type: ACA			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$669.19	ES	\$1,338.38	EC	\$1,238.00	EF	\$1,907.19

Age Rates											
Plan ID: S531PSN				Network: Blue Precision HMO Network				Plan Type: ACA			
								Metallic: Silver			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$256.77	23	\$335.65	32	\$397.07	41	\$437.02	50	\$599.47	59	\$873.70
15	\$279.60	24	\$335.65	33	\$402.11	42	\$444.74	51	\$625.99	60	\$910.95
16	\$288.32	25	\$336.99	34	\$407.48	43	\$455.48	52	\$655.19	61	\$943.18
17	\$297.05	26	\$343.71	35	\$410.16	44	\$468.90	53	\$684.73	62	\$964.32
18	\$306.45	27	\$351.76	36	\$412.85	45	\$484.68	54	\$716.61	63	\$990.84
19	\$315.85	28	\$364.85	37	\$415.53	46	\$503.48	55	\$748.50	64+	\$1,006.95
20	\$325.58	29	\$375.59	38	\$418.22	47	\$524.62	56	\$783.07		
21	\$335.65	30	\$380.96	39	\$423.59	48	\$548.79	57	\$817.98		
22	\$335.65	31	\$389.02	40	\$428.96	49	\$572.62	58	\$855.24		

Composite Rates							
Plan ID: S531PSN				Network: Blue Precision HMO Network			
				Plan Type: ACA			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$616.22	ES	\$1,232.44	EC	\$1,140.01	EF	\$1,756.23

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S530PSN				Network: Blue Precision HMO Network				Plan Type: ACA			
								Metallic: Silver			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$254.01	23	\$332.04	32	\$392.80	41	\$432.32	50	\$593.02	59	\$864.30
15	\$276.59	24	\$332.04	33	\$397.78	42	\$439.95	51	\$619.25	60	\$901.16
16	\$285.22	25	\$333.37	34	\$403.10	43	\$450.58	52	\$648.14	61	\$933.03
17	\$293.86	26	\$340.01	35	\$405.75	44	\$463.86	53	\$677.36	62	\$953.95
18	\$303.15	27	\$347.98	36	\$408.41	45	\$479.47	54	\$708.91	63	\$980.18
19	\$312.45	28	\$360.93	37	\$411.07	46	\$498.06	55	\$740.45	64+	\$996.12
20	\$322.08	29	\$371.55	38	\$413.72	47	\$518.98	56	\$774.65		
21	\$332.04	30	\$376.87	39	\$419.03	48	\$542.89	57	\$809.18		
22	\$332.04	31	\$384.83	40	\$424.35	49	\$566.46	58	\$846.04		

Composite Rates											
Plan ID: S530PSN				Network: Blue Precision HMO Network				Plan Type: ACA			
								Metallic: Silver			
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$609.59			ES	\$1,219.18			EC	\$1,127.74		
								EF	\$1,737.33		

Age Rates											
Plan ID: P5N1OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			
								Metallic: Platinum			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$498.71	23	\$651.91	32	\$771.21	41	\$848.79	50	\$1,164.31	59	\$1,696.92
15	\$543.04	24	\$651.91	33	\$780.99	42	\$863.78	51	\$1,215.81	60	\$1,769.28
16	\$559.99	25	\$654.52	34	\$791.42	43	\$884.64	52	\$1,272.53	61	\$1,831.87
17	\$576.94	26	\$667.56	35	\$796.63	44	\$910.72	53	\$1,329.90	62	\$1,872.94
18	\$595.19	27	\$683.20	36	\$801.85	45	\$941.36	54	\$1,391.83	63	\$1,924.44
19	\$613.45	28	\$708.63	37	\$807.06	46	\$977.87	55	\$1,453.76	64+	\$1,955.73
20	\$632.35	29	\$729.49	38	\$812.28	47	\$1,018.94	56	\$1,520.91		
21	\$651.91	30	\$739.92	39	\$822.71	48	\$1,065.87	57	\$1,588.70		
22	\$651.91	31	\$755.56	40	\$833.14	49	\$1,112.16	58	\$1,661.07		

Composite Rates											
Plan ID: P5N1OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			
								Metallic: Platinum			
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,196.84			ES	\$2,393.68			EC	\$2,214.15		
								EF	\$3,410.99		

Age Rates											
Plan ID: G506OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			
								Metallic: Gold			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$424.41	23	\$554.78	32	\$656.30	41	\$722.32	50	\$990.84	59	\$1,444.09
15	\$462.13	24	\$554.78	33	\$664.63	42	\$735.08	51	\$1,034.66	60	\$1,505.67
16	\$476.56	25	\$557.00	34	\$673.50	43	\$752.84	52	\$1,082.93	61	\$1,558.93
17	\$490.98	26	\$568.09	35	\$677.94	44	\$775.03	53	\$1,131.75	62	\$1,593.88
18	\$506.51	27	\$581.41	36	\$682.38	45	\$801.10	54	\$1,184.46	63	\$1,637.71
19	\$522.05	28	\$603.05	37	\$686.82	46	\$832.17	55	\$1,237.16	64+	\$1,664.34
20	\$538.14	29	\$620.80	38	\$691.26	47	\$867.12	56	\$1,294.30		
21	\$554.78	30	\$629.68	39	\$700.13	48	\$907.07	57	\$1,352.00		
22	\$554.78	31	\$642.99	40	\$709.01	49	\$946.45	58	\$1,413.58		

Composite Rates											
Plan ID: G506OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			
								Metallic: Gold			
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,018.52			ES	\$2,037.04			EC	\$1,884.26		
								EF	\$2,902.78		

Age Rates											
Plan ID: G508OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			
								Metallic: Gold			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$424.67	23	\$555.12	32	\$656.71	41	\$722.77	50	\$991.44	59	\$1,444.98
15	\$462.41	24	\$555.12	33	\$665.03	42	\$735.53	51	\$1,035.30	60	\$1,506.60
16	\$476.85	25	\$557.34	34	\$673.92	43	\$753.30	52	\$1,083.59	61	\$1,559.89
17	\$491.28	26	\$568.44	35	\$678.36	44	\$775.50	53	\$1,132.44	62	\$1,594.86
18	\$506.82	27	\$581.77	36	\$682.80	45	\$801.59	54	\$1,185.18	63	\$1,638.71
19	\$522.37	28	\$603.42	37	\$687.24	46	\$832.68	55	\$1,237.92	64+	\$1,665.36
20	\$538.47	29	\$621.18	38	\$691.68	47	\$867.65	56	\$1,295.09		
21	\$555.12	30	\$630.06	39	\$700.56	48	\$907.62	57	\$1,352.83		
22	\$555.12	31	\$643.38	40	\$709.44	49	\$947.03	58	\$1,414.45		

Composite Rates											
Plan ID: G508OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			
								Metallic: Gold			
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,019.15			ES	\$2,038.30			EC	\$1,885.43		
								EF	\$2,904.58		

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G507OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$430.86	23	\$563.21	32	\$666.28	41	\$733.30	50	\$1,005.89	59	\$1,466.04
15	\$469.15	24	\$563.21	33	\$674.73	42	\$746.25	51	\$1,050.39	60	\$1,528.55
16	\$483.80	25	\$565.46	34	\$683.74	43	\$764.28	52	\$1,099.39	61	\$1,582.62
17	\$498.44	26	\$576.73	35	\$688.24	44	\$786.80	53	\$1,148.95	62	\$1,618.10
18	\$514.21	27	\$590.24	36	\$692.75	45	\$813.28	54	\$1,202.45	63	\$1,662.60
19	\$529.98	28	\$612.21	37	\$697.25	46	\$844.82	55	\$1,255.96	64+	\$1,689.63
20	\$546.31	29	\$630.23	38	\$701.76	47	\$880.30	56	\$1,313.97		
21	\$563.21	30	\$639.24	39	\$710.77	48	\$920.85	57	\$1,372.54		
22	\$563.21	31	\$652.76	40	\$719.78	49	\$960.84	58	\$1,435.06		

Composite Rates							
Plan ID: G507OPT				Network: Blue Options Tiered Product - Blue Options PPO Network			
Plan Type: ACA				Metallic: Gold			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$1,033.99	ES	\$2,067.98	EC	\$1,912.88	EF	\$2,946.87

Age Rates											
Plan ID: G5M3OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$423.76	23	\$553.94	32	\$655.31	41	\$721.23	50	\$989.34	59	\$1,441.91
15	\$461.43	24	\$553.94	33	\$663.62	42	\$733.97	51	\$1,033.10	60	\$1,503.39
16	\$475.83	25	\$556.16	34	\$672.48	43	\$751.70	52	\$1,081.29	61	\$1,556.57
17	\$490.24	26	\$567.23	35	\$676.91	44	\$773.85	53	\$1,130.04	62	\$1,591.47
18	\$505.75	27	\$580.53	36	\$681.35	45	\$799.89	54	\$1,182.66	63	\$1,635.23
19	\$521.26	28	\$602.13	37	\$685.78	46	\$830.91	55	\$1,235.29	64+	\$1,661.82
20	\$537.32	29	\$619.86	38	\$690.21	47	\$865.81	56	\$1,292.34		
21	\$553.94	30	\$628.72	39	\$699.07	48	\$905.69	57	\$1,349.95		
22	\$553.94	31	\$642.02	40	\$707.94	49	\$945.02	58	\$1,411.44		

Composite Rates							
Plan ID: G5M3OPT				Network: Blue Options Tiered Product - Blue Options PPO Network			
Plan Type: ACA				Metallic: Gold			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$1,016.98	ES	\$2,033.96	EC	\$1,881.41	EF	\$2,898.39

Age Rates											
Plan ID: S506OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$369.14	23	\$482.53	32	\$570.83	41	\$628.25	50	\$861.80	59	\$1,256.03
15	\$401.95	24	\$482.53	33	\$578.07	42	\$639.35	51	\$899.92	60	\$1,309.59
16	\$414.49	25	\$484.46	34	\$585.79	43	\$654.79	52	\$941.90	61	\$1,355.91
17	\$427.04	26	\$494.11	35	\$589.65	44	\$674.09	53	\$984.36	62	\$1,386.31
18	\$440.55	27	\$505.69	36	\$593.51	45	\$696.77	54	\$1,030.20	63	\$1,424.43
19	\$454.06	28	\$524.51	37	\$597.37	46	\$723.80	55	\$1,076.04	64+	\$1,447.59
20	\$468.05	29	\$539.95	38	\$601.23	47	\$754.19	56	\$1,125.74		
21	\$482.53	30	\$547.67	39	\$608.95	48	\$788.94	57	\$1,175.93		
22	\$482.53	31	\$559.25	40	\$616.67	49	\$823.20	58	\$1,229.49		

Composite Rates							
Plan ID: S506OPT				Network: Blue Options Tiered Product - Blue Options PPO Network			
Plan Type: ACA				Metallic: Silver			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$885.88	ES	\$1,771.76	EC	\$1,638.88	EF	\$2,524.76

Age Rates											
Plan ID: G5K1OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$414.43	23	\$541.74	32	\$640.88	41	\$705.35	50	\$967.55	59	\$1,410.15
15	\$451.27	24	\$541.74	33	\$649.00	42	\$717.81	51	\$1,010.35	60	\$1,470.28
16	\$465.35	25	\$543.91	34	\$657.67	43	\$735.14	52	\$1,057.48	61	\$1,522.29
17	\$479.44	26	\$554.74	35	\$662.01	44	\$756.81	53	\$1,105.15	62	\$1,556.42
18	\$494.61	27	\$567.74	36	\$666.34	45	\$782.27	54	\$1,156.61	63	\$1,599.22
19	\$509.78	28	\$588.87	37	\$670.67	46	\$812.61	55	\$1,208.08	64+	\$1,625.22
20	\$525.49	29	\$606.21	38	\$675.01	47	\$846.74	56	\$1,263.88		
21	\$541.74	30	\$614.87	39	\$683.68	48	\$885.74	57	\$1,320.22		
22	\$541.74	31	\$627.88	40	\$692.34	49	\$924.21	58	\$1,380.35		

Composite Rates							
Plan ID: G5K1OPT				Network: Blue Options Tiered Product - Blue Options PPO Network			
Plan Type: ACA				Metallic: Gold			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$994.58	ES	\$1,989.16	EC	\$1,839.97	EF	\$2,834.55

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S507OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$367.97	23	\$481.00	32	\$569.02	41	\$626.26	50	\$859.07	59	\$1,252.04
15	\$400.67	24	\$481.00	33	\$576.24	42	\$637.33	51	\$897.07	60	\$1,305.43
16	\$413.18	25	\$482.92	34	\$583.93	43	\$652.72	52	\$938.91	61	\$1,351.61
17	\$425.69	26	\$492.54	35	\$587.78	44	\$671.96	53	\$981.24	62	\$1,381.91
18	\$439.15	27	\$504.09	36	\$591.63	45	\$694.56	54	\$1,026.94	63	\$1,419.91
19	\$452.62	28	\$522.85	37	\$595.48	46	\$721.50	55	\$1,072.63	64+	\$1,443.00
20	\$466.57	29	\$538.24	38	\$599.33	47	\$751.80	56	\$1,122.17		
21	\$481.00	30	\$545.94	39	\$607.02	48	\$786.44	57	\$1,172.20		
22	\$481.00	31	\$557.48	40	\$614.72	49	\$820.59	58	\$1,225.59		

Composite Rates							
Plan ID: S507OPT				Network: Blue Options Tiered Product - Blue Options PPO Network			
Plan Type: ACA				Metallic: Silver			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$883.07	ES	\$1,766.14	EC	\$1,633.68	EF	\$2,516.75

Age Rates											
Plan ID: S5N1OPT				Network: Blue Options Tiered Product - Blue Options PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$369.40	23	\$482.88	32	\$571.25	41	\$628.71	50	\$862.42	59	\$1,256.94
15	\$402.24	24	\$482.88	33	\$578.49	42	\$639.82	51	\$900.57	60	\$1,310.54
16	\$414.79	25	\$484.81	34	\$586.22	43	\$655.27	52	\$942.58	61	\$1,356.89
17	\$427.35	26	\$494.47	35	\$590.08	44	\$674.58	53	\$985.08	62	\$1,387.31
18	\$440.87	27	\$506.06	36	\$593.94	45	\$697.28	54	\$1,030.95	63	\$1,425.46
19	\$454.39	28	\$524.89	37	\$597.81	46	\$724.32	55	\$1,076.82	64+	\$1,448.64
20	\$468.39	29	\$540.34	38	\$601.67	47	\$754.74	56	\$1,126.56		
21	\$482.88	30	\$548.07	39	\$609.39	48	\$789.51	57	\$1,176.78		
22	\$482.88	31	\$559.66	40	\$617.12	49	\$823.79	58	\$1,230.38		

Composite Rates							
Plan ID: S5N1OPT				Network: Blue Options Tiered Product - Blue Options PPO Network			
Plan Type: ACA				Metallic: Silver			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$886.52	ES	\$1,773.04	EC	\$1,640.06	EF	\$2,526.58

Age Rates											
Plan ID: P503PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$586.34	23	\$766.46	32	\$906.72	41	\$997.93	50	\$1,368.90	59	\$1,995.10
15	\$638.46	24	\$766.46	33	\$918.22	42	\$1,015.56	51	\$1,429.45	60	\$2,080.17
16	\$658.39	25	\$769.53	34	\$930.48	43	\$1,040.09	52	\$1,496.13	61	\$2,153.75
17	\$678.32	26	\$784.86	35	\$936.61	44	\$1,070.74	53	\$1,563.58	62	\$2,202.04
18	\$699.78	27	\$803.25	36	\$942.75	45	\$1,106.77	54	\$1,636.39	63	\$2,262.59
19	\$721.24	28	\$833.14	37	\$948.88	46	\$1,149.69	55	\$1,709.21	64+	\$2,299.38
20	\$743.47	29	\$857.67	38	\$955.01	47	\$1,197.98	56	\$1,788.15		
21	\$766.46	30	\$869.93	39	\$967.27	48	\$1,253.16	57	\$1,867.86		
22	\$766.46	31	\$888.33	40	\$979.54	49	\$1,307.58	58	\$1,952.94		

Composite Rates							
Plan ID: P503PPO				Network: Blue PPO Network			
Plan Type: ACA				Metallic: Platinum			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$1,407.14	ES	\$2,814.28	EC	\$2,603.21	EF	\$4,010.35

Age Rates											
Plan ID: P5E1PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$587.38	23	\$767.82	32	\$908.33	41	\$999.70	50	\$1,371.33	59	\$1,998.64
15	\$639.59	24	\$767.82	33	\$919.85	42	\$1,017.36	51	\$1,431.98	60	\$2,083.86
16	\$659.56	25	\$770.89	34	\$932.13	43	\$1,041.93	52	\$1,498.78	61	\$2,157.57
17	\$679.52	26	\$786.25	35	\$938.28	44	\$1,072.64	53	\$1,566.35	62	\$2,205.95
18	\$701.02	27	\$804.68	36	\$944.42	45	\$1,108.73	54	\$1,639.30	63	\$2,266.60
19	\$722.52	28	\$834.62	37	\$950.56	46	\$1,151.73	55	\$1,712.24	64+	\$2,303.46
20	\$744.79	29	\$859.19	38	\$956.70	47	\$1,200.10	56	\$1,791.32		
21	\$767.82	30	\$871.48	39	\$968.99	48	\$1,255.39	57	\$1,871.18		
22	\$767.82	31	\$889.90	40	\$981.27	49	\$1,309.90	58	\$1,956.41		

Composite Rates							
Plan ID: P5E1PPO				Network: Blue PPO Network			
Plan Type: ACA				Metallic: Platinum			
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$1,409.64	ES	\$2,819.28	EC	\$2,607.83	EF	\$4,017.47

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: P5M1PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$580.91	23	\$759.36	32	\$898.32	41	\$988.69	50	\$1,356.22	59	\$1,976.61
15	\$632.55	24	\$759.36	33	\$909.71	42	\$1,006.15	51	\$1,416.21	60	\$2,060.90
16	\$652.29	25	\$762.40	34	\$921.86	43	\$1,030.45	52	\$1,482.27	61	\$2,133.80
17	\$672.03	26	\$777.58	35	\$927.94	44	\$1,060.83	53	\$1,549.09	62	\$2,181.64
18	\$693.30	27	\$795.81	36	\$934.01	45	\$1,096.52	54	\$1,621.23	63	\$2,241.63
19	\$714.56	28	\$825.42	37	\$940.09	46	\$1,139.04	55	\$1,693.37	64+	\$2,278.08
20	\$736.58	29	\$849.72	38	\$946.16	47	\$1,186.88	56	\$1,771.59		
21	\$759.36	30	\$861.87	39	\$958.31	48	\$1,241.55	57	\$1,850.56		
22	\$759.36	31	\$880.10	40	\$970.46	49	\$1,295.47	58	\$1,934.85		

Composite Rates											
Plan ID: P5M1PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Platinum
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,394.11			ES	\$2,788.22			EC	\$2,579.10		
								EF	\$3,973.21		

Age Rates											
Plan ID: G534PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$497.04	23	\$649.72	32	\$768.62	41	\$845.94	50	\$1,160.40	59	\$1,691.22
15	\$541.22	24	\$649.72	33	\$778.36	42	\$860.88	51	\$1,211.73	60	\$1,763.34
16	\$558.11	25	\$652.32	34	\$788.76	43	\$881.67	52	\$1,268.25	61	\$1,825.71
17	\$575.00	26	\$665.31	35	\$793.96	44	\$907.66	53	\$1,325.43	62	\$1,866.65
18	\$593.19	27	\$680.91	36	\$799.16	45	\$938.20	54	\$1,387.15	63	\$1,917.97
19	\$611.39	28	\$706.25	37	\$804.35	46	\$974.58	55	\$1,448.88	64+	\$1,949.16
20	\$630.23	29	\$727.04	38	\$809.55	47	\$1,015.51	56	\$1,515.80		
21	\$649.72	30	\$737.43	39	\$819.95	48	\$1,062.29	57	\$1,583.37		
22	\$649.72	31	\$753.03	40	\$830.34	49	\$1,108.42	58	\$1,655.49		

Composite Rates											
Plan ID: G534PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,192.82			ES	\$2,385.64			EC	\$2,206.72		
								EF	\$3,399.54		

Age Rates											
Plan ID: G532PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$500.16	23	\$653.80	32	\$773.45	41	\$851.25	50	\$1,167.69	59	\$1,701.84
15	\$544.62	24	\$653.80	33	\$783.25	42	\$866.29	51	\$1,219.34	60	\$1,774.41
16	\$561.61	25	\$656.42	34	\$793.71	43	\$887.21	52	\$1,276.22	61	\$1,837.18
17	\$578.61	26	\$669.49	35	\$798.94	44	\$913.36	53	\$1,333.75	62	\$1,878.37
18	\$596.92	27	\$685.18	36	\$804.17	45	\$944.09	54	\$1,395.86	63	\$1,930.02
19	\$615.23	28	\$710.68	37	\$809.40	46	\$980.70	55	\$1,457.97	64+	\$1,961.40
20	\$634.19	29	\$731.60	38	\$814.63	47	\$1,021.89	56	\$1,525.32		
21	\$653.80	30	\$742.06	39	\$825.10	48	\$1,068.96	57	\$1,593.31		
22	\$653.80	31	\$757.75	40	\$835.56	49	\$1,115.38	58	\$1,665.88		

Composite Rates											
Plan ID: G532PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,200.31			ES	\$2,400.62			EC	\$2,220.57		
								EF	\$3,420.88		

Age Rates											
Plan ID: G536PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$495.76	23	\$648.05	32	\$766.64	41	\$843.76	50	\$1,157.42	59	\$1,686.87
15	\$539.83	24	\$648.05	33	\$776.36	42	\$858.67	51	\$1,208.61	60	\$1,758.81
16	\$556.67	25	\$650.64	34	\$786.73	43	\$879.40	52	\$1,264.99	61	\$1,821.02
17	\$573.52	26	\$663.60	35	\$791.92	44	\$905.33	53	\$1,322.02	62	\$1,861.85
18	\$591.67	27	\$679.16	36	\$797.10	45	\$935.78	54	\$1,383.59	63	\$1,913.04
19	\$609.82	28	\$704.43	37	\$802.29	46	\$972.08	55	\$1,445.15	64+	\$1,944.15
20	\$628.61	29	\$725.17	38	\$807.47	47	\$1,012.90	56	\$1,511.90		
21	\$648.05	30	\$735.54	39	\$817.84	48	\$1,059.56	57	\$1,579.30		
22	\$648.05	31	\$751.09	40	\$828.21	49	\$1,105.57	58	\$1,651.23		

Composite Rates											
Plan ID: G536PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,189.75			ES	\$2,379.50			EC	\$2,201.04		
								EF	\$3,390.79		

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G5M2PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$516.71	23	\$675.44	32	\$799.05	41	\$879.42	50	\$1,206.34	59	\$1,758.17
15	\$562.64	24	\$675.44	33	\$809.18	42	\$894.96	51	\$1,259.70	60	\$1,833.14
16	\$580.20	25	\$678.14	34	\$819.98	43	\$916.57	52	\$1,318.46	61	\$1,897.99
17	\$597.76	26	\$691.65	35	\$825.39	44	\$943.59	53	\$1,377.90	62	\$1,940.54
18	\$616.68	27	\$707.86	36	\$830.79	45	\$975.34	54	\$1,442.06	63	\$1,993.90
19	\$635.59	28	\$734.20	37	\$836.19	46	\$1,013.16	55	\$1,506.23	64+	\$2,026.32
20	\$655.18	29	\$755.82	38	\$841.60	47	\$1,055.71	56	\$1,575.80		
21	\$675.44	30	\$766.62	39	\$852.41	48	\$1,104.34	57	\$1,646.05		
22	\$675.44	31	\$782.83	40	\$863.21	49	\$1,152.30	58	\$1,721.02		

Composite Rates											
Plan ID: G5M2PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,240.04			ES	\$2,480.08			EC	\$2,294.07		
								EF	\$3,534.11		

Age Rates											
Plan ID: G531PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$503.45	23	\$658.11	32	\$778.54	41	\$856.86	50	\$1,175.38	59	\$1,713.06
15	\$548.21	24	\$658.11	33	\$788.42	42	\$872.00	51	\$1,227.38	60	\$1,786.11
16	\$565.32	25	\$660.74	34	\$798.95	43	\$893.06	52	\$1,284.63	61	\$1,849.29
17	\$582.43	26	\$673.90	35	\$804.21	44	\$919.38	53	\$1,342.54	62	\$1,890.75
18	\$600.85	27	\$689.70	36	\$809.48	45	\$950.31	54	\$1,405.06	63	\$1,942.74
19	\$619.28	28	\$715.37	37	\$814.74	46	\$987.17	55	\$1,467.59	64+	\$1,974.33
20	\$638.37	29	\$736.43	38	\$820.01	47	\$1,028.63	56	\$1,535.37		
21	\$658.11	30	\$746.95	39	\$830.53	48	\$1,076.01	57	\$1,603.81		
22	\$658.11	31	\$762.75	40	\$841.06	49	\$1,122.74	58	\$1,676.86		

Composite Rates											
Plan ID: G531PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,208.22			ES	\$2,416.44			EC	\$2,235.21		
								EF	\$3,443.43		

Age Rates											
Plan ID: G537PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$500.40	23	\$654.12	32	\$773.82	41	\$851.66	50	\$1,168.26	59	\$1,702.67
15	\$544.88	24	\$654.12	33	\$783.64	42	\$866.71	51	\$1,219.93	60	\$1,775.28
16	\$561.89	25	\$656.74	34	\$794.10	43	\$887.64	52	\$1,276.84	61	\$1,838.08
17	\$578.90	26	\$669.82	35	\$799.33	44	\$913.81	53	\$1,334.40	62	\$1,879.29
18	\$597.21	27	\$685.52	36	\$804.57	45	\$944.55	54	\$1,396.55	63	\$1,930.96
19	\$615.53	28	\$711.03	37	\$809.80	46	\$981.18	55	\$1,458.69	64+	\$1,962.36
20	\$634.50	29	\$731.96	38	\$815.03	47	\$1,022.39	56	\$1,526.06		
21	\$654.12	30	\$742.43	39	\$825.50	48	\$1,069.49	57	\$1,594.09		
22	\$654.12	31	\$758.13	40	\$835.97	49	\$1,115.93	58	\$1,666.70		

Composite Rates											
Plan ID: G537PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,200.90			ES	\$2,401.80			EC	\$2,221.67		
								EF	\$3,422.57		

Age Rates											
Plan ID: G530PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$490.20	23	\$640.78	32	\$758.04	41	\$834.30	50	\$1,144.43	59	\$1,667.95
15	\$533.77	24	\$640.78	33	\$767.65	42	\$849.03	51	\$1,195.05	60	\$1,739.08
16	\$550.43	25	\$643.34	34	\$777.91	43	\$869.54	52	\$1,250.80	61	\$1,800.59
17	\$567.09	26	\$656.16	35	\$783.03	44	\$895.17	53	\$1,307.19	62	\$1,840.96
18	\$585.03	27	\$671.54	36	\$788.16	45	\$925.29	54	\$1,368.07	63	\$1,891.58
19	\$602.97	28	\$696.53	37	\$793.29	46	\$961.17	55	\$1,428.94	64+	\$1,922.34
20	\$621.56	29	\$717.03	38	\$798.41	47	\$1,001.54	56	\$1,494.94		
21	\$640.78	30	\$727.29	39	\$808.66	48	\$1,047.68	57	\$1,561.58		
22	\$640.78	31	\$742.66	40	\$818.92	49	\$1,093.17	58	\$1,632.71		

Composite Rates											
Plan ID: G530PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,176.41			ES	\$2,352.82			EC	\$2,176.36		
								EF	\$3,352.77		

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: S532PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$438.58	23	\$573.31	32	\$678.23	41	\$746.45	50	\$1,023.93	59	\$1,492.33
15	\$477.57	24	\$573.31	33	\$686.83	42	\$759.64	51	\$1,069.22	60	\$1,555.96
16	\$492.47	25	\$575.60	34	\$696.00	43	\$777.98	52	\$1,119.10	61	\$1,611.00
17	\$507.38	26	\$587.07	35	\$700.58	44	\$800.91	53	\$1,169.55	62	\$1,647.12
18	\$523.43	27	\$600.83	36	\$705.17	45	\$827.86	54	\$1,224.02	63	\$1,692.41
19	\$539.48	28	\$623.19	37	\$709.76	46	\$859.97	55	\$1,278.48	64+	\$1,719.93
20	\$556.11	29	\$641.53	38	\$714.34	47	\$896.08	56	\$1,337.53		
21	\$573.31	30	\$650.71	39	\$723.52	48	\$937.36	57	\$1,397.16		
22	\$573.31	31	\$664.47	40	\$732.69	49	\$978.07	58	\$1,460.79		

Composite Rates											
Plan ID: S532PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,052.54			ES	\$2,105.08			EC	\$1,947.20		
								EF	\$2,999.74		

Age Rates											
Plan ID: S531PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$435.84	23	\$569.72	32	\$673.98	41	\$741.78	50	\$1,017.52	59	\$1,482.98
15	\$474.58	24	\$569.72	33	\$682.52	42	\$754.88	51	\$1,062.53	60	\$1,546.22
16	\$489.39	25	\$572.00	34	\$691.64	43	\$773.11	52	\$1,112.09	61	\$1,600.91
17	\$504.20	26	\$583.39	35	\$696.20	44	\$795.90	53	\$1,162.23	62	\$1,636.81
18	\$520.15	27	\$597.07	36	\$700.76	45	\$822.68	54	\$1,216.35	63	\$1,681.81
19	\$536.11	28	\$619.29	37	\$705.31	46	\$854.58	55	\$1,270.48	64+	\$1,709.16
20	\$552.63	29	\$637.52	38	\$709.87	47	\$890.47	56	\$1,329.16		
21	\$569.72	30	\$646.63	39	\$718.99	48	\$931.49	57	\$1,388.41		
22	\$569.72	31	\$660.31	40	\$728.10	49	\$971.94	58	\$1,451.65		

Composite Rates											
Plan ID: S531PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,045.95			ES	\$2,091.90			EC	\$1,935.01		
								EF	\$2,980.96		

Age Rates											
Plan ID: S535PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$435.35	23	\$569.08	32	\$673.22	41	\$740.94	50	\$1,016.38	59	\$1,481.32
15	\$474.04	24	\$569.08	33	\$681.76	42	\$754.03	51	\$1,061.33	60	\$1,544.48
16	\$488.84	25	\$571.36	34	\$690.86	43	\$772.24	52	\$1,110.84	61	\$1,599.11
17	\$503.64	26	\$582.74	35	\$695.42	44	\$795.00	53	\$1,160.92	62	\$1,634.97
18	\$519.57	27	\$596.40	36	\$699.97	45	\$821.75	54	\$1,214.99	63	\$1,679.92
19	\$535.50	28	\$618.59	37	\$704.52	46	\$853.62	55	\$1,269.05	64+	\$1,707.24
20	\$552.01	29	\$636.80	38	\$709.07	47	\$889.47	56	\$1,327.66		
21	\$569.08	30	\$645.91	39	\$718.18	48	\$930.45	57	\$1,386.85		
22	\$569.08	31	\$659.56	40	\$727.28	49	\$970.85	58	\$1,450.02		

Composite Rates											
Plan ID: S535PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,044.77			ES	\$2,089.54			EC	\$1,932.82		
								EF	\$2,977.59		

Age Rates											
Plan ID: G533PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$483.91	23	\$632.56	32	\$748.32	41	\$823.59	50	\$1,129.75	59	\$1,646.55
15	\$526.92	24	\$632.56	33	\$757.81	42	\$838.14	51	\$1,179.72	60	\$1,716.77
16	\$543.37	25	\$635.09	34	\$767.93	43	\$858.38	52	\$1,234.76	61	\$1,777.49
17	\$559.82	26	\$647.74	35	\$772.99	44	\$883.69	53	\$1,290.42	62	\$1,817.34
18	\$577.53	27	\$662.92	36	\$778.05	45	\$913.42	54	\$1,350.52	63	\$1,867.32
19	\$595.24	28	\$687.59	37	\$783.11	46	\$948.84	55	\$1,410.61	64+	\$1,897.68
20	\$613.58	29	\$707.83	38	\$788.17	47	\$988.69	56	\$1,475.76		
21	\$632.56	30	\$717.96	39	\$798.29	48	\$1,034.24	57	\$1,541.55		
22	\$632.56	31	\$733.14	40	\$808.41	49	\$1,079.15	58	\$1,611.76		

Composite Rates											
Plan ID: G533PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,161.31			ES	\$2,322.62			EC	\$2,148.42		
								EF	\$3,309.73		

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: G535PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$465.95	23	\$609.08	32	\$720.54	41	\$793.02	50	\$1,087.82	59	\$1,585.44
15	\$507.36	24	\$609.08	33	\$729.68	42	\$807.03	51	\$1,135.93	60	\$1,653.04
16	\$523.20	25	\$611.52	34	\$739.42	43	\$826.52	52	\$1,188.92	61	\$1,711.51
17	\$539.04	26	\$623.70	35	\$744.30	44	\$850.88	53	\$1,242.52	62	\$1,749.89
18	\$556.09	27	\$638.32	36	\$749.17	45	\$879.51	54	\$1,300.39	63	\$1,798.00
19	\$573.14	28	\$662.07	37	\$754.04	46	\$913.62	55	\$1,358.25	64+	\$1,827.24
20	\$590.81	29	\$681.56	38	\$758.91	47	\$951.99	56	\$1,420.98		
21	\$609.08	30	\$691.31	39	\$768.66	48	\$995.85	57	\$1,484.33		
22	\$609.08	31	\$705.92	40	\$778.40	49	\$1,039.09	58	\$1,551.94		

Composite Rates											
Plan ID: G535PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Gold
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,118.21			ES	\$2,236.42			EC	\$2,068.69		
								EF	\$3,186.90		

Age Rates											
Plan ID: S534PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$435.47	23	\$569.24	32	\$673.41	41	\$741.15	50	\$1,016.66	59	\$1,481.73
15	\$474.18	24	\$569.24	33	\$681.95	42	\$754.24	51	\$1,061.63	60	\$1,544.92
16	\$488.98	25	\$571.52	34	\$691.06	43	\$772.46	52	\$1,111.16	61	\$1,599.56
17	\$503.78	26	\$582.90	35	\$695.61	44	\$795.23	53	\$1,161.25	62	\$1,635.43
18	\$519.72	27	\$596.56	36	\$700.17	45	\$821.98	54	\$1,215.33	63	\$1,680.40
19	\$535.65	28	\$618.76	37	\$704.72	46	\$853.86	55	\$1,269.41	64+	\$1,707.72
20	\$552.16	29	\$636.98	38	\$709.27	47	\$889.72	56	\$1,328.04		
21	\$569.24	30	\$646.09	39	\$718.38	48	\$930.71	57	\$1,387.24		
22	\$569.24	31	\$659.75	40	\$727.49	49	\$971.12	58	\$1,450.42		

Composite Rates											
Plan ID: S534PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,045.07			ES	\$2,090.14			EC	\$1,933.38		
								EF	\$2,978.45		

Age Rates											
Plan ID: S5J1PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$430.09	23	\$562.21	32	\$665.09	41	\$732.00	50	\$1,004.11	59	\$1,463.43
15	\$468.32	24	\$562.21	33	\$673.53	42	\$744.93	51	\$1,048.52	60	\$1,525.84
16	\$482.94	25	\$564.46	34	\$682.52	43	\$762.92	52	\$1,097.43	61	\$1,579.81
17	\$497.56	26	\$575.70	35	\$687.02	44	\$785.41	53	\$1,146.91	62	\$1,615.23
18	\$513.30	27	\$589.20	36	\$691.52	45	\$811.83	54	\$1,200.32	63	\$1,659.64
19	\$529.04	28	\$611.12	37	\$696.02	46	\$843.32	55	\$1,253.73	64+	\$1,686.63
20	\$545.34	29	\$629.11	38	\$700.51	47	\$878.73	56	\$1,311.64		
21	\$562.21	30	\$638.11	39	\$709.51	48	\$919.21	57	\$1,370.11		
22	\$562.21	31	\$651.60	40	\$718.50	49	\$959.13	58	\$1,432.51		

Composite Rates											
Plan ID: S5J1PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Silver
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$1,032.16			ES	\$2,064.32			EC	\$1,909.50		
								EF	\$2,941.66		

Age Rates											
Plan ID: B536PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Expanded Bronze
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$402.24	23	\$525.80	32	\$622.02	41	\$684.59	50	\$939.08	59	\$1,368.66
15	\$437.99	24	\$525.80	33	\$629.91	42	\$696.69	51	\$980.62	60	\$1,427.02
16	\$451.66	25	\$527.90	34	\$638.32	43	\$713.51	52	\$1,026.36	61	\$1,477.50
17	\$465.33	26	\$538.42	35	\$642.53	44	\$734.54	53	\$1,072.63	62	\$1,510.62
18	\$480.06	27	\$551.04	36	\$646.73	45	\$759.26	54	\$1,122.58	63	\$1,552.16
19	\$494.78	28	\$571.54	37	\$650.94	46	\$788.70	55	\$1,172.53	64+	\$1,577.40
20	\$510.03	29	\$588.37	38	\$655.15	47	\$821.83	56	\$1,226.69		
21	\$525.80	30	\$596.78	39	\$663.56	48	\$859.68	57	\$1,281.37		
22	\$525.80	31	\$609.40	40	\$671.97	49	\$897.01	58	\$1,339.74		

Composite Rates											
Plan ID: B536PPO				Network: Blue PPO Network				Plan Type: ACA			Metallic: Expanded Bronze
Tier	Monthly Medical Cost			Tier	Monthly Medical Cost			Tier	Monthly Medical Cost		
EO	\$965.32			ES	\$1,930.64			EC	\$1,785.84		
								EF	\$2,751.16		

Appendix - Monthly Medical Premiums

Age Rates											
Plan ID: B535PPO				Network: Blue PPO Network				Plan Type: ACA			
Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost	Age Band	Monthly Medical Cost
<15	\$407.80	23	\$533.07	32	\$630.62	41	\$694.06	50	\$952.06	59	\$1,387.58
15	\$444.05	24	\$533.07	33	\$638.62	42	\$706.32	51	\$994.18	60	\$1,446.75
16	\$457.91	25	\$535.20	34	\$647.15	43	\$723.38	52	\$1,040.55	61	\$1,497.93
17	\$471.77	26	\$545.86	35	\$651.41	44	\$744.70	53	\$1,087.46	62	\$1,531.51
18	\$486.69	27	\$558.66	36	\$655.68	45	\$769.75	54	\$1,138.10	63	\$1,573.62
19	\$501.62	28	\$579.45	37	\$659.94	46	\$799.61	55	\$1,188.75	64+	\$1,599.21
20	\$517.08	29	\$596.51	38	\$664.21	47	\$833.19	56	\$1,243.65		
21	\$533.07	30	\$605.03	39	\$672.73	48	\$871.57	57	\$1,299.09		
22	\$533.07	31	\$617.83	40	\$681.26	49	\$909.42	58	\$1,358.26		

Composite Rates							
Plan ID: B535PPO		Network: Blue PPO Network		Plan Type: ACA		Metallic: Expanded Bronze	
Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost	Tier	Monthly Medical Cost
EO	\$978.66	ES	\$1,957.32	EC	\$1,810.52	EF	\$2,789.18

Appendix - Monthly Dental Premiums

Renewal Alternate Dental Plan Premiums – Monthly Premium Shown by Age and Composite Rates (due to system rounding, the group's total composite rated premium may vary slightly from the group's age rated premium).

Renewing dental plan rates shown in the [Renewal at a Glance](#) section are based only on currently enrolled members. Alternative dental plan options shown in this section include all members.

DILHR30			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$61.69	Over 21: \$79.96	\$523.18
Composite Rates:	EO: \$81.11	ES: \$162.22	
	EC: \$198.72	EF: \$320.38	\$523.16

DILHR31			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$54.53	Over 21: \$66.29	\$440.51
Composite Rates:	EO: \$68.30	ES: \$136.60	
	EC: \$167.34	EF: \$269.79	\$440.54

DILHR32			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$53.38	Over 21: \$61.68	\$415.16
Composite Rates:	EO: \$64.36	ES: \$128.72	
	EC: \$157.68	EF: \$254.22	\$415.12

DILHR33			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$48.18	Over 21: \$55.60	\$374.36
Composite Rates:	EO: \$58.04	ES: \$116.08	
	EC: \$142.20	EF: \$229.26	\$374.36

Appendix - Monthly Dental Premiums

DILHR34			Total Monthly Dental Cost
Contributory Group	High Allocation	Active	
Age Rates:	Under 21: \$38.61	Over 21: \$43.59	\$295.17
Composite Rates:	EO: \$45.76	ES: \$91.52	
	EC: \$112.11	EF: \$180.75	\$295.15

DILHR35			Total Monthly Dental Cost
Contributory Group	High Allocation	Active	
Age Rates:	Under 21: \$55.17	Over 21: \$67.41	\$447.39
Composite Rates:	EO: \$69.37	ES: \$138.74	
	EC: \$169.96	EF: \$274.01	\$447.44

DILHM38			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$35.26	Over 21: \$35.37	\$247.37
Composite Rates:	EO: \$38.35	ES: \$76.70	
	EC: \$93.96	EF: \$151.48	\$247.36

DILHM40			Total Monthly Dental Cost
Contributory Group	High Allocation	Active	
Age Rates:	Under 21: \$28.55	Over 21: \$33.54	\$224.80
Composite Rates:	EO: \$34.86	ES: \$69.72	
	EC: \$85.41	EF: \$137.70	\$224.85

DILHM42			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$20.71	Over 21: \$17.12	\$127.02
Composite Rates:	EO: \$19.70	ES: \$39.40	
	EC: \$48.27	EF: \$77.82	\$127.07

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Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Appendix - Monthly Dental Premiums

DILHR50			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$41.41	Over 21: \$53.01	\$347.87
Composite Rates:	EO: \$53.93	ES: \$107.86	
	EC: \$132.13	EF: \$213.02	\$347.85

DILHM57			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$44.64	Over 21: \$50.06	\$339.58
Composite Rates:	EO: \$52.65	ES: \$105.30	
	EC: \$128.99	EF: \$207.97	\$339.59

DILHR61			Total Monthly Dental Cost
Contributory Group	High Allocation	Passive	
Age Rates:	Under 21: \$50.23	Over 21: \$58.21	\$391.51
Composite Rates:	EO: \$60.70	ES: \$121.40	
	EC: \$148.72	EF: \$239.77	\$391.52

DILLR36			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$35.99	Over 21: \$44.06	\$292.28
Composite Rates:	EO: \$45.31	ES: \$90.62	
	EC: \$111.01	EF: \$178.97	\$292.25

DILLM41			Total Monthly Dental Cost
Contributory Group	Low Allocation	Active	
Age Rates:	Under 21: \$21.30	Over 21: \$24.19	\$163.55
Composite Rates:	EO: \$25.36	ES: \$50.72	
	EC: \$62.13	EF: \$100.17	\$163.57

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Appendix - Monthly Dental Premiums

DILLM51			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$32.31	Over 21: \$32.17	\$225.47
Composite Rates:	EO: \$34.95	ES: \$69.90	
	EC: \$85.63	EF: \$138.05	\$225.43

DILLR58			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$42.10	Over 21: \$46.18	\$315.10
Composite Rates:	EO: \$48.85	ES: \$97.70	
	EC: \$119.68	EF: \$192.96	\$315.08

DILLR62			Total Monthly Dental Cost
Contributory Group	Low Allocation	Passive	
Age Rates:	Under 21: \$45.36	Over 21: \$50.53	\$343.37
Composite Rates:	EO: \$53.24	ES: \$106.48	
	EC: \$130.44	EF: \$210.30	\$343.40

DILHR43			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$52.92	Over 21: \$58.18	\$396.74
Composite Rates:	EO: \$61.51	ES: \$123.02	
	EC: \$150.70	EF: \$242.96	\$396.74

DILHM44			Total Monthly Dental Cost
Voluntary Group	High Allocation	Active	
Age Rates:	Under 21: \$31.32	Over 21: \$36.00	\$242.64
Composite Rates:	EO: \$37.61	ES: \$75.22	
	EC: \$92.14	EF: \$148.56	\$242.58

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Appendix - Monthly Dental Premiums

DILHR45			Total Monthly Dental Cost
Voluntary Group	High Allocation	Active	
Age Rates:	Under 21: \$53.80	Over 21: \$54.90	\$382.10
Composite Rates:	EO: \$59.24	ES: \$118.48	
	EC: \$145.14	EF: \$234.00	\$382.10

DILHM46			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$22.78	Over 21: \$18.83	\$139.71
Composite Rates:	EO: \$21.66	ES: \$43.32	
	EC: \$53.07	EF: \$85.56	\$139.71

DILHR53			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$45.44	Over 21: \$56.82	\$374.98
Composite Rates:	EO: \$58.13	ES: \$116.26	
	EC: \$142.42	EF: \$229.61	\$374.94

DILHM59			Total Monthly Dental Cost
Voluntary Group	High Allocation	Passive	
Age Rates:	Under 21: \$48.97	Over 21: \$52.33	\$359.59
Composite Rates:	EO: \$55.75	ES: \$111.50	
	EC: \$136.59	EF: \$220.21	\$359.59

DILLR47			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$41.29	Over 21: \$52.85	\$346.83
Composite Rates:	EO: \$53.78	ES: \$107.56	
	EC: \$131.76	EF: \$212.43	\$346.88

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Appendix - Monthly Dental Premiums

DILLR48			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$45.99	Over 21: \$54.02	\$362.08
Composite Rates:	EO: \$56.13	ES: \$112.26	
	EC: \$137.52	EF: \$221.71	\$362.04

DILLM49			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$29.74	Over 21: \$31.32	\$216.08
Composite Rates:	EO: \$33.50	ES: \$67.00	
	EC: \$82.08	EF: \$132.33	\$216.08

DILLR54			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$39.51	Over 21: \$47.39	\$315.97
Composite Rates:	EO: \$48.99	ES: \$97.98	
	EC: \$120.03	EF: \$193.51	\$315.99

DILLM55			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$35.46	Over 21: \$34.61	\$243.97
Composite Rates:	EO: \$37.82	ES: \$75.64	
	EC: \$92.66	EF: \$149.39	\$243.94

DILLM56			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Active	
Age Rates:	Under 21: \$27.89	Over 21: \$29.71	\$204.33
Composite Rates:	EO: \$31.68	ES: \$63.36	
	EC: \$77.62	EF: \$125.14	\$204.34

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Appendix - Monthly Dental Premiums

DILLR60			Total Monthly Dental Cost
Voluntary Group	Low Allocation	Passive	
Age Rates:	Under 21: \$46.23	Over 21: \$49.69	\$340.91
Composite Rates:	EO: \$52.86	ES: \$105.72	\$340.95
	EC: \$129.51	EF: \$208.80	

Dental Group Size : A

Appendix - Monthly Standalone Vision Premiums

Composite Rates

Plan Name : Plan 2

Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost
EO	\$8.42	ES	\$16.01	EC	\$16.86	EF	\$24.78

Composite Rates

Plan Name : Plan 4

Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost
EO	\$9.70	ES	\$18.44	EC	\$19.41	EF	\$28.53

Composite Rates

Plan Name : Plan 8

Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost	Tier	Monthly Cost
EO	\$7.60	ES	\$14.44	EC	\$15.20	EF	\$22.35

Appendix - Monthly Employee Basic Life Premiums

Age-Banded Rates					
Plan Name: Plan 1					
Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost
<20	\$0.100	45 - 49	\$0.237	75 - 79	\$6.213
20 - 24	\$0.100	50 - 54	\$0.355	80 - 84	\$6.213
25 - 29	\$0.097	55 - 59	\$0.564	85 - 89	\$6.213
30 - 34	\$0.110	60 - 64	\$0.820	90 - 94	\$6.213
35 - 39	\$0.120	65 - 69	\$1.300	95 - 99	\$6.213
40 - 44	\$0.164	70 - 74	\$2.090	100+	\$6.213

Age-Banded Rates					
Plan Name: Plan 2					
Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost
<20	\$0.100	45 - 49	\$0.237	75 - 79	\$6.213
20 - 24	\$0.100	50 - 54	\$0.355	80 - 84	\$6.213
25 - 29	\$0.097	55 - 59	\$0.564	85 - 89	\$6.213
30 - 34	\$0.110	60 - 64	\$0.820	90 - 94	\$6.213
35 - 39	\$0.120	65 - 69	\$1.300	95 - 99	\$6.213
40 - 44	\$0.164	70 - 74	\$2.090	100+	\$6.213

Age-Banded Rates					
Plan Name: Plan 3					
Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost	Age	Employee Rates per \$1,000 Monthly Cost
<20	\$0.100	45 - 49	\$0.237	75 - 79	\$6.213
20 - 24	\$0.100	50 - 54	\$0.355	80 - 84	\$6.213
25 - 29	\$0.097	55 - 59	\$0.564	85 - 89	\$6.213
30 - 34	\$0.110	60 - 64	\$0.820	90 - 94	\$6.213
35 - 39	\$0.120	65 - 69	\$1.300	95 - 99	\$6.213
40 - 44	\$0.164	70 - 74	\$2.090	100+	\$6.213

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Appendix - Monthly Supplemental Life Premiums

Age-Tier Rates

Plan Name : Plan 1

Age	Employee Rates Per \$1,000 Monthly Cost	Spouse Rates Per \$1,000 Monthly Cost	Child Rates Per \$1,000 Monthly Cost	Age	Employee Rates Per \$1,000 Monthly Cost	Spouse Rates Per \$1,000 Monthly Cost	Child Rates Per \$1,000 Monthly Cost	Age	Employee Rates Per \$1,000 Monthly Cost	Spouse Rates Per \$1,000 Monthly Cost	Child Rates Per \$1,000 Monthly Cost
<20	\$0.128	\$0.128	\$0.250	45 - 49	\$0.303	\$0.303	\$0.250	75 - 79	\$7.934	\$7.934	\$0.250
20 - 24	\$0.128	\$0.128	\$0.250	50 - 54	\$0.453	\$0.453	\$0.250	80 - 84	\$7.934	\$7.934	\$0.250
25 - 29	\$0.124	\$0.124	\$0.250	55 - 59	\$0.720	\$0.720	\$0.250	85 - 89	\$7.934	\$7.934	\$0.250
30 - 34	\$0.140	\$0.140	\$0.250	60 - 64	\$1.047	\$1.047	\$0.250	90 - 94	\$7.934	\$7.934	\$0.250
35 - 39	\$0.153	\$0.153	\$0.250	65 - 69	\$1.660	\$1.660	\$0.250	95 - 99	\$7.934	\$7.934	\$0.250
40 - 44	\$0.209	\$0.209	\$0.250	70 - 74	\$2.669	\$2.669	\$0.250	100+	\$7.934	\$7.934	\$0.250

Appendix - Plan Notes

Additional Benefit Information

This renewal exhibit does not contain a complete listing of exclusions, limitations and conditions that apply to the plan benefits displayed. For more information on these products, please refer to the plan's Summary of Benefits and Coverage

Embedded Deductibles

All small group metallic plans include an embedded deductible.



Health Savings Accounts (HSA) Plans

In accordance with federal regulations, copays will not apply until after the deductible is met, for applicable HSA plans.

Some HSA plans may require a mandatory employer contribution, refer to the chart below to determine if a mandatory contribution is required and the contribution range:

Plan #	B535BCE	B5N1PPO	B5N1BCE	S507OPT	S5N1OPT	B536PPO	B535PPO	B536BCE
Contribution Amount	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Plan #	G533BCE	S534PPO	S534BCE	S5J1PPO	S5J1BCE	G535PPO	G535BCE	G5K1OPT
Contribution Amount	\$50 \$50-\$350	\$0 \$0-\$40	\$0 \$0-\$40	\$150 \$150-\$400	\$150 \$150-\$400	\$350 \$350-\$700	\$350 \$350-\$700	\$50 \$50-\$325
Plan #	G533PPO							
Contribution Amount	\$50 \$50-\$350							

Preventive prescription coverage

All HSA plans - now feature a \$0 copay for certain preventive drugs, helping members stick to their treatment plans and better manage their health conditions.



Pharmacy Benefits

All small group plans include prescription drug benefits. For those plans which offer a prescription coinsurance, the coinsurance amount will be applied after the medical deductible is met.

Prescription drug benefits are based upon a drug list and tier level. How much a member pays out-of-pocket for prescription drugs is determined by whether their medication is on the drug list and which tier it is under – if a member chooses a medication on a lower tier, the out-of-pocket cost will be lower.

Some prescriptions may require members to meet certain criteria before prescription drug coverage may be approved, including prior authorization or step therapy.

Prescription copays are also based upon use of preferred or non-preferred pharmacies. Benefits displayed within the Plan Options section represent the higher copays for Non-Preferred Pharmacies. If a member visits an in network Preferred Pharmacy (excluding HMO and 100% cost sharing plans), they may pay a lower copay or coinsurance amount for a covered, non-specialty prescription drug. A full list of preferred pharmacies is available online at myprime.com using the "preferred" filter.

Please Note: BCBSIL HMO and 100% cost sharing plans do not have the Preferred Pharmacy Network.



Qualified small group health plans include pediatric vision and dental benefits.

Pediatric vision benefits are available to members up to age 19 and include one eye exam every 12 months as well as select pediatric hardware and vision discounts. To locate a provider, visit [eyemedvisioncare.com/bcbsil](https://www.bcbsil.com/find-care/find-a-dentist).

Pediatric dental benefits are available to child dependents up to age 19. Benefits are subject to the medical deductible; coinsurance, copayments and other cost-sharing rules apply. To find an in-network pediatric dental provider, visit <https://www.bcbsil.com/find-care/find-a-dentist> and search BlueCare Dental PPO to search for Providers.

Please note: Blue Precision HMO plans do not cover pediatric dental benefits if received from an out of network provider.



DENTAL BENEFIT COVERAGE

BlueCare Dental Enhanced BenefitSM

BCBS dental plans work together with medical plans to offer comprehensive coverage for the entire member. Through the BlueCare Dental Enhanced Benefit program, members identified with heart disease, diabetes or those who are pregnant are eligible for additional cleaning - as studies have shown that poor dental health can complicate these conditions.

Working together with the medical plan, this additional dental benefit can help to keep members healthier and lower chances of more serious complications.

Orthodontics Coverage

Some dental plans offer orthodontic benefits for both children AND adults. Refer to the Dental Plan Options to review applicable plans and available life time maximum benefits.

Review [Dental Plans](#)

Appendix - Monthly Premiums

Individual Age and Composite - Rated Premiums

Premium rates for all medical and dental plans include two rating options:

1. Individual age-rates. Age-rates are based on each individual's age. This means the total premium for a family would equal the sum of all individual family members' rates.

If an employee covers more than three dependent children (under the age of 21) on their family policy, the premium rate for children is capped at the three oldest children, under the age of 21.

2. Composite-rates. Composite-rates are billed by coverage tier (EO = Employee Only; ES = Employee + Spouse; EC = Employee + Child(ren); EF = Employee + Family).

Both the EC and EF tiers include all children covered under the plan, regardless of the number of children.

Groups with multiple medical and/or dental plans may select only one rating method. Combining plans with age and composite rates (including medical and dental plan combinations) is not allowed.

Appendix - Medical Rate Contingencies

Rates are Contingent Upon

- A minimum and sustained enrollment of 70% of eligible employees (less valid waivers).
- An employer contribution of at least 25% of the 'Employee Only' cost. If multiple medical options are provided to employees, the employer may elect to contribute 25% of the lowest cost plan "Employee Only" premium.
- Employer will promptly notify Blue Cross and Blue Shield of Illinois (BCBSIL) of any change in participation and Employer contribution.
- BCBSIL reserves the right to:
 - Restrict new business enrollment in medical insurance coverage to open or special enrollment periods unless the 25% minimum employer contribution is met and at least 70% of eligible employees (less valid waivers) have enrolled for coverage.
 - Review participation and contribution on existing business and non-renew or discontinue medical coverage unless the 25% minimum employer contribution is met and at least 70% of eligible employees (less valid waivers) have enrolled for coverage.
 - Change premium rates upon 31 days written notice in the event of new local, state, or federal legislation or administrative rulings which obligate BCBSIL to pay new taxes, surcharges, or other fees, or to modify a benefit or mandate a new benefit.
- Contracts shown represent enrollment as of four months prior to the renewal effective date.
- The medical and/or dental rates shown are for twelve (12) months from the renewal effective date and have been priced in accordance with our current regulatory status and the existing benefit program. If your rate effective date is different from your renewal effective date, your rates are guaranteed until your next renewal effective date.
- If Medicare rates are shown, those are only applicable for employees and dependents that have Medicare as their primary coverage. The actual billed premium rates where split Medicare contracts exist will differ from the rates appearing on this renewal exhibit and enclosed proposal depending on an individuals' primary/secondary coverages, active-at-work/retired status and the number of employees within the group (not applicable to Metallic plans).
- For Government Plans and Church Plans, BCBSIL's administration is based on the Benefit Plan not being subject to ERISA. For all other plans, BCBSIL's administration is based on the Benefit Plan being subject to ERISA. In the event you have determined that the above administration is not applicable to the Plan, please advise BCBSIL of your position in writing as soon as possible.
- This renewal assumes the contract will be issued in Illinois.
- Upon inquiry from employer groups, BCBSIL will provide information to the employer group regarding compensation paid to the employer's Producer/Agent by BCBSIL in connection with the employer's policy or contract with BCBSIL.
- This information is not intended, nor does it modify the terms of any agreement in any way. The coverage provided under any group contract may only be changed in accordance with the terms of the agreement and in accordance with the law.

Review Total Monthly Medical Premium

Appendix - Dental Rate Contingencies and Plan Pairings

Dental Rates Are Contingent Upon:

- A 12-month effective period beginning from the renewal effective date.
- Retirees are not eligible for coverage.

Plan Pairings (Groups with 10 or more Subscribers)

Any one contributory high option can be paired with any one contributory low option.

Any one voluntary high option can be paired with any one voluntary low option.

Voluntary plans and contributory plans may not be offered together.

Exception: DILHM57 can be paired with DILHR33.

Also DILHM59 can be paired with DILHR43 respectively.

Also: DILHM42 can be paired with any contributory plan. And DILHM46 can be paired with any voluntary plan.

Participation Requirements

Contributory

>70% participation

>50% employer contribution

Voluntary

>25% participation

<50% employer contribution

Review Total Monthly Dental Premium

Appendix - Notices and Important Information

Off-Cycle Plan Change Requests for Regulated Small Groups (1-50)

If a plan change or addition is needed, a new quote must be obtained from BCBSIL. Rate quotes are only required for new plans. Existing/remaining plans that are not changed are not required to be requoted.

Rate information from this renewal packet cannot be used for any Anniversary Date or off-cycle changes.

BCBSIL Quotes pulled for off cycle changes (those not occurring upon the group's Anniversary Date) may be impacted by:

- **Age changes** – if a subscriber has aged between the time of the group's renewal and the off-cycle plan change(s), the new age must be used for quoting purposes for plan changes only. If the subscriber remains in their existing plan, no rate adjustment is required.
- **Headquarter location changes** – if the group moves headquarter locations after the Anniversary Date, this may affect the rating area and rates for off cycle plan change(s). Rates for existing plans will not be affected by the new rating area, until the group's next Anniversary Date.
- **Inaccurate rate information** – in the unlikely event that inaccurate information is provided for off-cycle plan change(s), such as updating the group's new rating area, BCBSIL cannot honor the quote.
- **Composite Changes** – Off-cycle plan change(s) are not available to groups who wish to change their billing method, (electing to move from age rates to composite rates and vice versa); or groups who wish to add additional composite rated plans. Anniversary Date changes are required in these situations. Contact BCBSIL to obtain final rates involving Anniversary Date changes.

Appendix - Notices and Important Information

Notwithstanding anything in the renewal or proposal to the contrary, BCBSIL reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSIL to pay, submit or forward, on its own behalf or on the Employer Group's behalf. BCBSIL also reserves the right to change the premium rates it charges Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/implemented which results in increased projected claim costs or an increase to BCBSIL's expenses or cost of plan administration.

If this document was generated for an employer with current BCBSIL coverage, it is void unless provided by a BCBSIL Representative with express permission from Underwriting.

Notice of Privacy Practices

The federal and state laws require medical plans to provide notice of their privacy practices, legal duties and an insured's rights concerning protected medical information. Please copy and distribute the enclosed Notice of Privacy Practices to each new employee at the time of his or her enrollment of medical coverage.

Important Notices Document

The federal Medical Insurance Portability and Accountability Act of 1996 (HIPAA) requires employers to notify all eligible employees of important provisions in their medical care plans:

- The employees' right to enroll in the plan under the "special enrollment provision".

Please copy and distribute the enclosed Important Notices - *Initial Notice about Special Enrollment Rights in Your Group Medical Plan and Additional Notices* directly to all your employees as soon as possible.

NOTE: This notice must also be given to each new employee prior to his or her enrollment in, or declination of, medical coverage, and must be redistributed each year at open enrollment.

INSTRUCTIONS

If you are adding more than one plan to your coverage offerings in the new year, then employee applications will be required to identify what coverage option they choose.

Important: all open enrollment applications must be signed, dated, and received by BCBSIL prior to the open enrollment effective date. If the date on the application is after the open enrollment effective date, regardless of receipt date, the applicant may not enroll until the next annual open enrollment.

Please note that late enrollment for employees/dependents selecting HMO or PPO coverage will only be permitted at open enrollment.

Payment of the premium due under the policy constitutes acceptance of the terms of our renewal offer.

Medicare-Eligible HMO Members

To continue receiving medical care benefits through an HMO of Blue Cross and Blue Shield of Illinois. HMO members who are retired and who are eligible for Medicare must be actively enrolled in both Medicare Part A and Part B. Also, this includes HMO members who are active employees of groups with less than 20 employees where Medicare is the primary payer. When your company's active members retire, please make sure that they provide proof of both Medicare Part A and Part B coverage.

Appendix - Summary of Benefits & Coverage

Summary of Benefits & Coverage Notice to Policyholder

The Affordable Care Act requires group medical plans and/or insurance issuers to create and distribute a Summary of Benefits and Coverage (or alternate format permitted by the Affordable Care Act) (the "SBC"), to participants and beneficiaries in certain specified situations as required by Section 2715 of the Public Medical Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time (the "SBC Requirements"). This Notice is to inform you that effective for Policy Years for which you, as Policyholder, hold an open enrollment period on or after September 23, 2012, Blue Cross and Blue Shield of Illinois (BCBSIL) will provide certain SBC services as follows.

For participants and beneficiaries who join other than through an open enrollment period BCBSIL will provide the following SBC services as of the first day of your first plan year that is on or after September 23, 2012. Policyholder will promptly provide BCBSIL with such policy year date.

SBC Creation

Policyholder can use the SBC Tool to access the SBC. The SBC Tool resides on Blue Access® for Employers (BAE). See below for how to locate the SBC Tool in BAE:

- Go to www.bcbsil.com/employer
- Click on Register today! and sign up for BAE.
- Create a user ID and password. Then, login to BAE (Account Summary page displayed).
- Click on View Plan Documents, select desired product, then click on Display.
- Click on Summary of Benefits and Coverage. Then, click on SBC Tool.

SBC Review and Distribution

The Policyholder shall carefully review the SBC and if it is satisfactory, the Policyholder will distribute it to participants and beneficiaries at the time and in a manner consistent with the SBC Requirements. If not satisfactory, Policyholder will promptly notify BCBSIL

Accordingly, your policy is being issued or renewed subject to the above responsibilities and to additional SBC terms and conditions, including but not limited to:

- Policyholder is responsible for synthesizing information from its various insurers and administrative service providers it uses for its group medical plan (or providing multiple partial SBCs if permitted by law).
- Nothing in the Contract relieves the Policyholder or its group medical plan of their respective legal and regulatory obligations with respect to the SBC.
- BCBSIL has no responsibility for, or obligations with respect to, the SBCs except as specified in this Contract.
- Policyholder is responsible for furnishing to BCBSIL in a timely manner all information necessary for the timely creation and distribution of SBCs, including but not limited to names and addresses for: (i) any person currently enrolled in any plan administered or insured by BCBSIL, and (ii) any person the employer tells us is eligible or may become eligible. Policyholder's failure to furnish such information, to agree to an implementation plan or to promptly review/approve SBCs may delay and/or jeopardize BCBSIL's preparation of the SBC and the Plan is relieved of its SBC obligations.
- BCBSIL's SBC operations will not be considered to be in breach of the Contract to the extent BCBSIL has worked diligently and in good faith to provide the SBC services, based on a reasonable interpretation of then-current SBC-related ACA provisions and Guidance, in a manner consistent with the SBC Requirements.
- BCBSIL may, but is not required to, monitor Policyholder's performance of its SBC obligations, audit the Policyholder with respect to the SBC, request and receive information, documents and assurances from Policyholder with respect to the SBC, provide its own SBC (or SBC corrections) to participants and beneficiaries, communicate with participants and beneficiaries regarding the SBC, respond to SBC-related inquiries from participants and beneficiaries, and/or take steps to avoid or correct potential violations of applicable laws or regulations. Policyholder will notify the Plan of any actual or potential non-compliance with the SBC Requirements.
- Policyholder will indemnify and hold BCBSIL harmless with respect to the SBC.

These changes are binding on your Policy and/or you will receive a formal Policy amendment for your files once it has been approved by the Illinois Department of Insurance.

Summary of Benefits and Coverage Tool Steps

No Login Requirements

Use the link on the right or continue to use
Blue Access for EmployersSM or Blue Access for ProducersSM.



CLICK HERE
for the SBC
Tool Link

Steps to use the SBC Tool

STEP 1:	Click Customize to begin.	TIP — Use the Standard Plan SBC Tool to order SBCs for metallic plans with effective dates before 2021, and for all grandfathered and transitional plans.
STEP 2:	<ul style="list-style-type: none"> For Small Group SBCs, enter the Plan ID in the Plan ID field. For Mid-Market SBCs, enter the Plan ID in the MPI field. For Blue Balance FundedSM, enter the Plan ID in the MPI field. Identify the plan year and state. Other search fields are optional. Select English or Spanish. Click Search. 	TIPS <ul style="list-style-type: none"> Blue Balance Funded is a separate Market Segment drop-down option. DD/MM/YY is the date format for Spanish SBCs.
STEP 3:	<ul style="list-style-type: none"> Available SBCs will appear in the Results section. If the Plan ID or MPI were not included in the search, a full list of benefit plans will appear in the Results drop-down tab. Select your requested SBC and click Next. 	
STEP 4:	Choose the required plan effective dates. "Coverage for" will default to Individual/Family. Click Next .	
STEP 5:	Review the proof carefully. Check to make sure the correct period and coverage is populated on page 1 of the PDF in the upper right corner. Click View PDF Proof to download, save or print the SBC.	
STEP 6:	Close the PDF pop-up window to complete your order.	



Technical Help

If an SBC is missing or additional assistance is needed, please reach out to
StandardSBCRequests@bcbsil.com.

Appendix - Notices and Important Information

I. Initial Notice about Special Enrollment Rights in Your Group Medical Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, nonfederal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Medical Insurance Program)

If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Medical Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s medical insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s medical insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent because of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Medical Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s medical insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

Appendix - Notices and Important Information

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED MEDICAL PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child:

For children, you may designate a pediatrician as the primary care provider.

Appendix - Notices and Important Information

IRS Announces Inflation Adjustments for 2026 HDHPs and HSAs

The IRS has announced the inflation adjustments for 2026 High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA). These adjustments include maximum HSA contributions, minimum deductible amounts and maximum out-of-pocket limits. The following adjustments apply to the calendar year 2026.

Contributions to an HSA

For the calendar year 2026, the annual limitation on contributions to an HSA under §223(b)(2)(A) for an individual with self-only coverage under a HDHP is **\$4,400**. The annual limitation on contributions to an HSA under §223(b)(2)(B) for an individual with family coverage under an HDHP is **\$8,750**.

Additional Contribution Amount (Individuals Age 55 and Older)

The catch-up contribution limit to an HSA under §223(b)(3)(B), is \$1,000. There is no change from 2025.

High Deductible Health Plans

An HDHP is defined under §223(c)(2)(A) as a health plan with an annual deductible that is not less than **\$1,700** for self-only coverage or **\$3,400** for family coverage. The annual out-of-pocket expenses (deductibles, copayments, and other amounts, but not premiums) do not exceed **\$8,500** for self-only coverage or **\$17,000** for family coverage.

	2026	2025
Minimum Individual Deductible	\$1,700	\$1,650
Minimum Family Deductible	\$3,400	\$3,300
Maximum Individual Out of Pocket (OOP)	\$8,500	\$8,300
Maximum Family OOP	\$17,000	\$16,600
Maximum Individual Contribution	\$4,400	\$4,300
Maximum Family Contribution	\$8,750	\$8,550
Minimum Individual Embedded Deductible	\$3,400*	\$3,300
Minimum Family Embedded Deductible	\$3,400	\$3,300

**According to IRS guidance, an individual deductible (an embedded deductible) provided under a family HDHP must be at least the family minimum for the year (\$3,400 in 2026). Due to system limitations, groups with an embedded deductible family HDHP may not offer an employee-only HDHP with a deductible less than the family minimum (\$3,400) unless separate benefit agreements are established for employee-only and family HDHP coverage. The IRS individual minimum is \$1,700 for 2026.*

Please note that the HDHP limits on out-of-pocket expenses and the maximum out of pocket limits under the Affordable Care Act ("ACA") are NOT the same. The maximum out of pocket limits for 2026 are \$10,150 for self-only coverage, \$20,300 for other than self-only coverage.