

# Raw Cut Creative Company

a healthcare & benefits proposal

Proposal Effective Date: December 1, 2025



Presenter

**Butch Zemar**



Zemar Investments, Inc. dba Elite Benefits of America

(708) 535-3006 Ext. 6001  
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Prepared For

**Raw Cut Creative Company**

IL. 60410  
County: Will  
SIC Code: 7311



Employees Information

**1 Total number of employees**

**1** Full time employees

**1** Eligible employees

**1** Enrolling employees



Medical Coverage

**9 Recommended Plans**

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## Employer Profile

### Employer Information

State IL	Zip Code 60410	County Will
ATNE 1	Total Number of Eligible Employees 1	Primary Contact
Quote ID K7NHH55	SIC Code 7311	

### Producer Information

#### Writing Producer

Butch Zemar

#### Agency

Zemar Investments, Inc. dba Elite Benefits of America

#### General Agent

### Employee Information

Number of Waiving Employees 0	Number of Enrolling Employees 1
Total Dependents 3	Total Enrolling Members 4

### Number at Each Coverage Tier

EE 0  
ES 0  
EC 0  
EF 1

## Medical Coverage

<b>1</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S5N1OPT Blue Options Silver PPO	
	<b>\$1,757.99</b>
	Total Monthly Cost
S5N1OPT	PPO Silver
Deductible	
(In) Ind / Fam	\$5,350 BC, \$6,350 PPO / \$13,350 BC, \$15,200 PPO
(Out) Ind / Fam	19050.0 / 45600.0
Out-of-Pocket Max	
(In) Ind / Fam	\$5,350 BC, \$7,600 PPO / \$13,350 BC, \$15,200 PPO
(Out) Ind / Fam	See SBC
Coinurance	
In-Network	0% BC / 30% PPO
Out-of-Network	50%
Doctor Visit	No Charge after deductible BC / 30% coinsurance PPO
Virtual Visit	See SBC
Specialist Visit	No Charge after deductible BC / 30% coinsurance PPO
X-ray/Lab	No Charge after deductible BC / 30% coinsurance PPO
Imaging	No Charge after deductible BC / 30% coinsurance PPO
Urgent Care	No Charge after deductible BC / 30% coinsurance PPO
Emergency Room	No Charge after deductible BC / No Charge after deductible PPO
Hospital Stay	No Charge after deductible BC / 30% coinsurance PPO
Prescription Drugs	100%
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,757.99
Monthly Premium	<b>\$1,757.99</b>

<b>2</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S507OPT Blue Options Silver PPO	
	<b>\$1,774.68</b>
	Total Monthly Cost
S507OPT	PPO Silver
Deductible	
(In) Ind / Fam	\$4,900 BC, \$5,600 PPO / \$14,700 BC, \$15,000 PPO
(Out) Ind / Fam	16500.0 / 45000.0
Out-of-Pocket Max	
(In) Ind / Fam	\$4,900 BC, \$7,350 PPO / \$14,700 BC, \$15,000 PPO
(Out) Ind / Fam	See SBC
Coinurance	
In-Network	0% BC / 30% PPO
Out-of-Network	50%
Doctor Visit	No Charge after deductible BC / 30% coinsurance PPO
Virtual Visit	See SBC
Specialist Visit	No Charge after deductible BC / 30% coinsurance PPO
X-ray/Lab	No Charge after deductible BC / 30% coinsurance PPO
Imaging	No Charge after deductible BC / 30% coinsurance PPO
Urgent Care	No Charge after deductible BC / 30% coinsurance PPO
Emergency Room	No Charge after deductible BC / No Charge after deductible PPO
Hospital Stay	No Charge after deductible BC / 30% coinsurance PPO
Prescription Drugs	100%
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,774.68
Monthly Premium	<b>\$1,774.68</b>

SBC

<b>3</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S506OPT Blue Options Silver PPO	
	<b>\$1,776.20</b>
	Total Monthly Cost
S506OPT	PPO Silver
Deductible	
(In) Ind / Fam	\$5,300 BC, \$6,350 PPO / \$16,050 BC, \$18,200 PPO
(Out) Ind / Fam	12700.0 / 36400.0
Out-of-Pocket Max	
(In) Ind / Fam	\$8,400 BC, \$9,200 PPO / \$18,400 BC, \$18,400 PPO
(Out) Ind / Fam	See SBC
Coinurance	
In-Network	20% BC / 40% PPO
Out-of-Network	50%
Doctor Visit	\$55/visit; deductible does not apply BC / \$75/visit; deductible does not apply PPO
Virtual Visit	See SBC
Specialist Visit	\$80/visit; deductible does not apply BC / \$120/visit; deductible does not apply PPO
X-ray/Lab	20% coinsurance BC / 40% coinsurance PPO
Imaging	20% coinsurance BC / 40% coinsurance PPO
Urgent Care	\$75/visit; deductible does not apply BC / \$75/visit; deductible does not apply PPO
Emergency Room	\$600/visit plus 20% coinsurance BC / \$600/visit plus 20% coinsurance PPO
Hospital Stay	\$250/visit plus 20% coinsurance BC / \$500/visit plus 40% coinsurance PPO
Prescription Drugs	\$25/\$35/\$80/\$130/\$350...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,776.20
Monthly Premium	<b>\$1,776.20</b>

SBC

<b>4</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G5K1OPT Blue Options Gold PPO	
	<b>\$1,989.69</b>
	Total Monthly Cost
G5K1OPT	PPO Gold
Deductible	
(In) Ind / Fam	\$3,300 BC, \$4,700 PPO / \$9,900 BC, \$14,100 PPO
(Out) Ind / Fam	0.0 / 0.0
Out-of-Pocket Max	
(In) Ind / Fam	\$3,300 BC, \$6,650 PPO / \$9,900 BC, \$14,100 PPO
(Out) Ind / Fam	0.0 / 0.0
Coinurance	
In-Network	0% BC / 20% PPO
Out-of-Network	
Doctor Visit	does not apply
Virtual Visit	See SBC
Specialist Visit	No Charge after deductible BC / 20% coinsurance
X-ray/Lab	No Charge after deductible BC / 20% coinsurance
Imaging	No Charge after deductible BC / 20% coinsurance PPO
Urgent Care	No Charge after deductible BC / 20% coinsurance PPO
Emergency Room	No Charge after deductible BC / No Charge after deductible PPO
Hospital Stay	No Charge after deductible BC / 20% coinsurance PPO
Prescription Drugs	No Charge after deductu...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,989.69
Monthly Premium	<b>\$1,989.69</b>

SBC

## Medical Coverage

<b>5</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G5M3OPT Blue Options Gold PPO	
	<b>\$2,018.12</b>
	Total Monthly Cost
G5M3OPT	PPO
	
Deductible	
(In) Ind / Fam	\$3,000 BC, \$5,500 PPO / \$6,000 BC, \$11,000 PPO
(Out) Ind / Fam	11000.0 / 22000.0
Out-of-Pocket Max	
(In) Ind / Fam	\$7,500 BC, \$9,000 PPO / \$15,000 BC, \$18,000 PPO
(Out) Ind / Fam	See SBC
Coinurance	
In-Network	0% BC / 20% PPO
Out-of-Network	50%
Doctor Visit	\$25/visit; deductible does not apply BC / \$50/visit; deductible does not apply PPO
Virtual Visit	\$50/visit; deductible does not apply BC / \$100/visit; deductible does not apply PPO
Specialist Visit	\$50/visit; deductible does not apply BC / \$100/visit; deductible does not apply PPO
X-ray/Lab	No Charge after deductible BC / 20% coinsurance
Imaging	No Charge after deductible BC / 20% coinsurance PPO
Urgent Care	\$75/visit; deductible does not apply BC / \$75/visit; deductible does not apply PPO
Emergency Room	\$300/visit plus plan deductible BC / \$300/visit plus plan deductible PPO
Hospital Stay	\$150/visit plus plan BC / \$400/visit plus 20% coinsurance PPO
Prescription Drugs	\$25/\$35/\$80/\$130/\$350...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,018.12
Monthly Premium	\$2,018.12
SBC	

<b>6</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G508OPT Blue Options Gold PPO	
	<b>\$2,023.50</b>
	Total Monthly Cost
G508OPT	PPO
	
Deductible	
(In) Ind / Fam	\$1,600 BC, \$3,850 PPO / \$4,800 BC, \$11,550 PPO
(Out) Ind / Fam	7700.0 / 23100.0
Out-of-Pocket Max	
(In) Ind / Fam	\$6,150 BC, \$8,150 PPO / \$15,375 BC, \$18,200 PPO
(Out) Ind / Fam	See SBC
Coinurance	
In-Network	10% BC / 30% PPO
Out-of-Network	50%
Doctor Visit	\$40/visit; deductible does not apply BC / \$65/visit; deductible does not apply PPO
Virtual Visit	\$60/visit; deductible does not apply BC / \$110/visit; deductible does not apply PPO
Specialist Visit	\$60/visit; deductible does not apply BC / \$110/visit; deductible does not apply PPO
X-ray/Lab	10% coinsurance BC / 30% coinsurance PPO
Imaging	10% coinsurance BC / 30% coinsurance PPO
Urgent Care	\$75/visit; deductible does not apply BC / \$75/visit; deductible does not apply PPO
Emergency Room	\$600/visit plus 10% coinsurance BC / \$600/visit plus 10% coinsurance PPO
Hospital Stay	\$250/visit plus 10% coinsurance BC / \$500/visit plus 30% coinsurance PPO
Prescription Drugs	\$25/\$35/\$80/\$130/\$350...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,023.50
Monthly Premium	\$2,023.50
SBC	

<b>7</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G506OPT Blue Options Gold PPO	
	<b>\$2,025.05</b>
	Total Monthly Cost
G506OPT	PPO
	
Deductible	
(In) Ind / Fam	\$850 BC, \$2,100 PPO / \$2,250 BC, \$6,300 PPO
(Out) Ind / Fam	4200.0 / 12600.0
Out-of-Pocket Max	
(In) Ind / Fam	\$7,000 BC, \$8,750 PPO / \$17,500 BC, \$18,400 PPO
(Out) Ind / Fam	See SBC
Coinurance	
In-Network	20% BC / 40% PPO
Out-of-Network	50%
Doctor Visit	\$45/visit; deductible does not apply BC / \$65/visit; deductible does not apply PPO
Virtual Visit	\$70/visit; deductible does not apply BC / \$110/visit; deductible does not apply PPO
Specialist Visit	\$70/visit; deductible does not apply BC / \$110/visit; deductible does not apply PPO
X-ray/Lab	20% coinsurance BC / 40% coinsurance PPO
Imaging	20% coinsurance BC / 40% coinsurance PPO
Urgent Care	\$75/visit; deductible does not apply BC / \$75/visit; deductible does not apply PPO
Emergency Room	\$600/visit plus 10% coinsurance BC / \$600/visit plus 20% coinsurance PPO
Hospital Stay	\$250/visit plus 10% coinsurance BC / \$500/visit plus 20% coinsurance PPO
Prescription Drugs	\$25/\$35/\$80/\$130/\$350...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,025.05
Monthly Premium	\$2,025.05
SBC	

<b>8</b>	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G507OPT Blue Options Gold PPO	
	<b>\$2,056.04</b>
	Total Monthly Cost
G507OPT	PPO
	
Deductible	
(In) Ind / Fam	\$2,100 BC, \$3,600 PPO / \$4,200 BC, \$10,800 PPO
(Out) Ind / Fam	7200.0 / 21600.0
Out-of-Pocket Max	
(In) Ind / Fam	\$4,600 BC, \$7,600 PPO / \$9,550 BC, \$18,400 PPO
(Out) Ind / Fam	See SBC
Coinurance	
In-Network	10% BC / 30% PPO
Out-of-Network	50%
Doctor Visit	\$40/visit; deductible does not apply BC / \$65/visit; deductible does not apply PPO
Virtual Visit	\$60/visit; deductible does not apply BC / \$110/visit; deductible does not apply PPO
Specialist Visit	\$60/visit; deductible does not apply BC / \$110/visit; deductible does not apply PPO
X-ray/Lab	10% coinsurance BC / 30% coinsurance PPO
Imaging	10% coinsurance BC / 30% coinsurance PPO
Urgent Care	\$75/visit; deductible does not apply BC / \$75/visit; deductible does not apply PPO
Emergency Room	\$400/visit plus 10% coinsurance BC / \$400/visit plus 10% coinsurance PPO
Hospital Stay	\$250/visit plus 10% coinsurance BC / \$500/visit plus 30% coinsurance PPO
Prescription Drugs	\$25/\$35/\$80/\$130/\$350...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,056.04
Monthly Premium	\$2,056.04
SBC	

## ⊕ Medical Coverage

9	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois P5N1OPT Blue Options Platinum PPO	
<b>\$2,381.27</b>	
Total Monthly Cost	
P5N1OPT	PPO Platinum
Deductible	
(In) Ind / Fam	\$350 BC, \$850 PPO / \$1,050 BC, \$2,550 PPO
(Out) Ind / Fam	1700.0 / 7650.0
Out-of-Pocket Max	
(In) Ind / Fam	\$2,500 BC, \$7,000 PPO / \$7,500 BC, \$18,400 PPO
(Out) Ind / Fam	See SBC
Coinsurance	
In-Network	10% BC / 30% PPO
Out-of-Network	50%
Doctor Visit	\$20/visit; deductible does not apply BC / \$35/visit; deductible does not apply PPO
Virtual Visit	See SBC
Specialist Visit	\$40/visit; deductible does not apply BC / \$70/visit; deductible does not apply PPO
X-ray/Lab	10% coinsurance BC / 30% coinsurance PPO
Imaging	10% coinsurance BC / 30% coinsurance PPO
Urgent Care	\$75/visit; deductible does not apply BC / \$75/visit; deductible does not apply PPO
Emergency Room	\$200/visit plus 10% coinsurance BC / \$200/visit plus 10% coinsurance PPO
Hospital Stay	\$150/visit plus 10% coinsurance BC / \$450/visit plus 30% coinsurance PPO
Prescription Drugs	\$25/\$35/\$80/\$130/\$350...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,381.27
Monthly Premium	\$2,381.27

SBC

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## Medical Employee Costs Breakdown



BlueCross BlueShield of Illinois S5N1OPT Blue Options Silver PPO  
S5N1OPT, PPO, Silver

Medical

Monthly 

### Monthly Age Banded Rates

<= 14	\$332.72	31	\$504.08	48	\$711.11
15	\$362.30	32	\$514.52	49	\$741.99
16	\$373.60	33	\$521.05	50	\$776.78
17	\$384.91	34	\$528.00	51	\$811.14
18	\$397.09	35	\$531.48	52	\$848.98
19	\$409.27	36	\$534.96	53	\$887.26
20	\$421.88	37	\$538.44	54	\$928.57
21	\$434.93	38	\$541.92	55	\$969.89
22	\$434.93	39	\$548.88	56	\$1,014.69
23	\$434.93	40	\$555.84	57	\$1,059.92
24	\$434.93	41	\$566.28	58	\$1,108.20
25	\$436.67	42	\$576.28	59	\$1,132.12
26	\$445.37	43	\$590.20	60	\$1,180.40
27	\$455.81	44	\$607.60	61	\$1,222.15
28	\$472.77	45	\$628.04	62	\$1,249.55
29	\$486.69	46	\$652.39	63	\$1,283.91
30	\$493.65	47	\$679.79	64=>	\$1,304.79

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$1,757.99	<b>\$1,757.99</b>
			<b>\$0.00</b>	<b>\$1,757.99</b>	<b>\$1,757.99*</b>



**BlueCross BlueShield of Illinois S507OPT Blue Options Silver PPO  
S507OPT, PPO, Silver**

Medical

Monthly 

**Monthly Age Banded Rates**

<= 14	\$335.88	31	\$508.87	48	\$717.86
15	\$365.74	32	\$519.41	49	\$749.04
16	\$377.15	33	\$526.00	50	\$784.16
17	\$388.57	34	\$533.02	51	\$818.85
18	\$400.86	35	\$536.53	52	\$857.05
19	\$413.16	36	\$540.05	53	\$895.68
20	\$425.89	37	\$543.56	54	\$937.40
21	\$439.06	38	\$547.07	55	\$979.11
22	\$439.06	39	\$554.10	56	\$1,024.33
23	\$439.06	40	\$561.12	57	\$1,069.99
24	\$439.06	41	\$571.66	58	\$1,118.73
25	\$440.82	42	\$581.76	59	\$1,142.88
26	\$449.60	43	\$595.81	60	\$1,191.61
27	\$460.14	44	\$613.37	61	\$1,233.76
28	\$477.26	45	\$634.00	62	\$1,261.42
29	\$491.31	46	\$658.59	63	\$1,296.11
30	\$498.33	47	\$686.25	64=>	\$1,317.18

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$1,774.68	<b>\$1,774.68</b>
			<b>\$0.00</b>	<b>\$1,774.68</b>	<b>\$1,774.68*</b>



**BlueCross BlueShield of Illinois S506OPT Blue Options Silver PPO  
S506OPT, PPO, Silver**

Medical

Monthly 

**Monthly Age Banded Rates**

<= 14	\$336.17	31	\$509.31	48	\$718.48
15	\$366.05	32	\$519.85	49	\$749.68
16	\$377.48	33	\$526.45	50	\$784.83
17	\$388.90	34	\$533.48	51	\$819.55
18	\$401.21	35	\$536.99	52	\$857.78
19	\$413.51	36	\$540.51	53	\$896.45
20	\$426.25	37	\$544.02	54	\$938.20
21	\$439.44	38	\$547.54	55	\$979.94
22	\$439.44	39	\$554.57	56	\$1,025.21
23	\$439.44	40	\$561.60	57	\$1,070.91
24	\$439.44	41	\$572.15	58	\$1,119.68
25	\$441.19	42	\$582.25	59	\$1,143.85
26	\$449.98	43	\$596.32	60	\$1,192.63
27	\$460.53	44	\$613.89	61	\$1,234.82
28	\$477.67	45	\$634.55	62	\$1,262.50
29	\$491.73	46	\$659.15	63	\$1,297.22
30	\$498.76	47	\$686.84	64=>	\$1,318.31

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$1,776.20	<b>\$1,776.20</b>
			<b>\$0.00</b>	<b>\$1,776.20</b>	<b>\$1,776.20*</b>



**BlueCross BlueShield of Illinois G5K1OPT Blue Options Gold PPO  
G5K1OPT, PPO, Gold**

Medical

Monthly 

**Monthly Age Banded Rates**

<= 14	\$376.57	31	\$570.52	48	\$804.83
15	\$410.05	32	\$582.34	49	\$839.78
16	\$422.85	33	\$589.72	50	\$879.16
17	\$435.64	34	\$597.60	51	\$918.05
18	\$449.43	35	\$601.53	52	\$960.88
19	\$463.21	36	\$605.47	53	\$1,004.20
20	\$477.49	37	\$609.41	54	\$1,050.96
21	\$492.25	38	\$613.35	55	\$1,097.73
22	\$492.25	39	\$621.22	56	\$1,148.43
23	\$492.25	40	\$629.10	57	\$1,199.62
24	\$492.25	41	\$640.91	58	\$1,254.26
25	\$494.22	42	\$652.24	59	\$1,281.34
26	\$504.07	43	\$667.99	60	\$1,335.98
27	\$515.88	44	\$687.68	61	\$1,383.23
28	\$535.08	45	\$710.81	62	\$1,414.24
29	\$550.83	46	\$738.38	63	\$1,453.13
30	\$558.71	47	\$769.39	64=>	\$1,476.76

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$1,989.69	<b>\$1,989.69</b>
			<b>\$0.00</b>	<b>\$1,989.69</b>	<b>\$1,989.69*</b>



**5** **BlueCross BlueShield of Illinois G5M3OPT Blue Options Gold PPO  
G5M3OPT, PPO, Gold**

Medical

Monthly 

**Monthly Age Banded Rates**

<= 14	\$381.96	31	\$578.67	48	\$816.34
15	\$415.91	32	\$590.66	49	\$851.79
16	\$428.89	33	\$598.15	50	\$891.73
17	\$441.87	34	\$606.14	51	\$931.17
18	\$455.85	35	\$610.13	52	\$974.61
19	\$469.83	36	\$614.12	53	\$1,018.55
20	\$484.31	37	\$618.12	54	\$1,065.98
21	\$499.29	38	\$622.11	55	\$1,113.41
22	\$499.29	39	\$630.10	56	\$1,164.84
23	\$499.29	40	\$638.09	57	\$1,216.76
24	\$499.29	41	\$650.07	58	\$1,272.19
25	\$501.29	42	\$661.56	59	\$1,299.65
26	\$511.27	43	\$677.53	60	\$1,355.07
27	\$523.25	44	\$697.51	61	\$1,403.00
28	\$542.73	45	\$720.97	62	\$1,434.45
29	\$558.70	46	\$748.93	63	\$1,473.90
30	\$566.69	47	\$780.39	64=>	\$1,497.86

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 <b>Jacob Ziech</b>	35   35   5 / 15	EF	\$0.00	\$2,018.12	<b>\$2,018.12</b>
			<b>\$0.00</b>	<b>\$2,018.12</b>	<b>\$2,018.12*</b>



**BlueCross BlueShield of Illinois G508OPT Blue Options Gold PPO  
G508OPT, PPO, Gold**

Medical

Monthly 

**Monthly Age Banded Rates**

<= 14	\$382.97	31	\$580.22	48	\$818.51
15	\$417.01	32	\$592.23	49	\$854.05
16	\$430.03	33	\$599.74	50	\$894.10
17	\$443.05	34	\$607.75	51	\$933.65
18	\$457.06	35	\$611.76	52	\$977.21
19	\$471.08	36	\$615.76	53	\$1,021.26
20	\$485.60	37	\$619.77	54	\$1,068.82
21	\$500.62	38	\$623.77	55	\$1,116.38
22	\$500.62	39	\$631.78	56	\$1,167.94
23	\$500.62	40	\$639.79	57	\$1,220.01
24	\$500.62	41	\$651.80	58	\$1,275.58
25	\$502.62	42	\$663.32	59	\$1,303.11
26	\$512.63	43	\$679.34	60	\$1,358.68
27	\$524.65	44	\$699.36	61	\$1,406.74
28	\$544.17	45	\$722.89	62	\$1,438.28
29	\$560.19	46	\$750.93	63	\$1,477.82
30	\$568.20	47	\$782.47	64=>	\$1,501.85

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$2,023.50	<b>\$2,023.50</b>
			<b>\$0.00</b>	<b>\$2,023.50</b>	<b>\$2,023.50*</b>


**BlueCross BlueShield of Illinois G506OPT Blue Options Gold PPO  
G506OPT, PPO, Gold**

Medical

Monthly 
**Monthly Age Banded Rates**

<= 14	\$383.27	31	\$580.66	48	\$819.14
15	\$417.33	32	\$592.68	49	\$854.71
16	\$430.36	33	\$600.20	50	\$894.79
17	\$443.39	34	\$608.22	51	\$934.37
18	\$457.41	35	\$612.22	52	\$977.96
19	\$471.44	36	\$616.23	53	\$1,022.04
20	\$485.97	37	\$620.24	54	\$1,069.64
21	\$501.00	38	\$624.25	55	\$1,117.23
22	\$501.00	39	\$632.26	56	\$1,168.84
23	\$501.00	40	\$640.28	57	\$1,220.94
24	\$501.00	41	\$652.30	58	\$1,276.55
25	\$503.01	42	\$663.83	59	\$1,304.11
26	\$513.03	43	\$679.86	60	\$1,359.72
27	\$525.05	44	\$699.90	61	\$1,407.81
28	\$544.59	45	\$723.45	62	\$1,439.38
29	\$560.62	46	\$751.50	63	\$1,478.96
30	\$568.64	47	\$783.07	64=>	\$1,503.00

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$2,025.05	<b>\$2,025.05</b>
			<b>\$0.00</b>	<b>\$2,025.05</b>	<b>\$2,025.05*</b>

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**BlueCross BlueShield of Illinois G507OPT Blue Options Gold PPO  
G507OPT, PPO, Gold**

Medical

Monthly 

**Monthly Age Banded Rates**

<= 14	\$389.13	31	\$589.55	48	\$831.68
15	\$423.72	32	\$601.76	49	\$867.79
16	\$436.95	33	\$609.39	50	\$908.48
17	\$450.17	34	\$617.53	51	\$948.67
18	\$464.42	35	\$621.59	52	\$992.92
19	\$478.66	36	\$625.66	53	\$1,037.69
20	\$493.41	37	\$629.73	54	\$1,086.01
21	\$508.67	38	\$633.80	55	\$1,134.33
22	\$508.67	39	\$641.94	56	\$1,186.73
23	\$508.67	40	\$650.08	57	\$1,239.63
24	\$508.67	41	\$662.29	58	\$1,296.09
25	\$510.70	42	\$673.99	59	\$1,324.07
26	\$520.88	43	\$690.26	60	\$1,380.53
27	\$533.09	44	\$710.61	61	\$1,429.36
28	\$552.92	45	\$734.52	62	\$1,461.41
29	\$569.20	46	\$763.00	63	\$1,501.59
30	\$577.34	47	\$795.05	64=>	\$1,526.01

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$2,056.04	<b>\$2,056.04</b>
			<b>\$0.00</b>	<b>\$2,056.04</b>	<b>\$2,056.04*</b>

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**BlueCross BlueShield of Illinois P5N1OPT Blue Options Platinum PPO  
P5N1OPT, PPO, Platinum**

Medical

**Monthly** 
**Monthly Age Banded Rates**

<= 14	\$450.69	31	\$682.80	48	\$963.23
15	\$490.75	32	\$696.94	49	\$1,005.06
16	\$506.06	33	\$705.78	50	\$1,052.19
17	\$521.38	34	\$715.21	51	\$1,098.73
18	\$537.88	35	\$719.92	52	\$1,149.98
19	\$554.37	36	\$724.63	53	\$1,201.83
20	\$571.46	37	\$729.34	54	\$1,257.80
21	\$589.13	38	\$734.06	55	\$1,313.76
22	\$589.13	39	\$743.48	56	\$1,374.44
23	\$589.13	40	\$752.91	57	\$1,435.71
24	\$589.13	41	\$767.05	58	\$1,501.11
25	\$591.49	42	\$780.60	59	\$1,533.51
26	\$603.27	43	\$799.45	60	\$1,598.90
27	\$617.41	44	\$823.02	61	\$1,655.46
28	\$640.39	45	\$850.71	62	\$1,692.57
29	\$659.24	46	\$883.70	63	\$1,739.12
30	\$668.66	47	\$920.81	64=>	\$1,767.39

Eligible Employees (1)	Age at effective date (EE   SP   CH)	Medical Enrollment Tier	Employer Cost	Employee Cost	Total Cost
1 Jacob Ziech	35   35   5 / 15	EF	\$0.00	\$2,381.27	<b>\$2,381.27</b>
			<b>\$0.00</b>	<b>\$2,381.27</b>	<b>\$2,381.27*</b>

 **Census**

#	First Name	Last Name	Age at effective date	Date of Birth	Gender	Relationship	Home Zip	Medical	Dental	Vision
1	Jacob	Ziech	35		male	Employee		EF	EF	EF
2	spouse	Ziech	35		female	Spouse				
3	Daughter	Ziech	5		female	Child				
4	Son	Ziech	15		male	Child				

## **Disclaimers**

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. Actual costs will vary based on factors such as the case characteristics of the group and/or employees/dependents to be insured, the insurance plan selected and the start date. Rates are determined by the carrier and are not final until the group is enrolled with the carrier. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by the carrier and final rates have been accepted by and initial premium paid by the group.

All above rates and benefits are for general information and discussion only. Rates are determined by the carrier and are not final until the group is enrolled with the carrier.

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