



Dear Group Administrator,

We've attached a Blue Balance Funded<sup>SM</sup> ASO proposal, with effective date 01/01/2026, for your consideration.

### Conditional Proposal

This proposal for the Blue Cross and Blue Shield of Illinois. BCBSIL Blue Balance Funded suite of services are based on the effective date and demographic information shown in the proposal. **The proposal is conditional on your group satisfying all eligibility requirements.** If you are interested in the Blue Balance Funded suite of services, please ask your general agent or producer to talk with the Illinois Small Group Account Management team to confirm your group's eligibility. **Please do not hold open enrollment for the Blue Balance Funded suite of services until we notify you that we have confirmed your group's eligibility.** If your group's demographic information changes before the proposed effective date, a new proposal will be required. BCBSIL will make the final eligibility decision regarding policy issuance and fees. Subsequent acceptance for enrollment and/or final fees will be determined by the statements made and information furnished in your final application. Any change in census, zip codes, SIC, effective date, or other criteria may affect the final fees. No policy or fees will be effective without approval by BCBSIL. This proposal assumes the group contract will be issued in Illinois. BCBSIL appointed agents are not authorized to guarantee coverage or fees.

### Your next steps:

- Talk with your Producer about your renewal options.
- When you've made a decision, either you or your Producer can talk with the IL Small Group Account Management Team 45 days prior to the effective date to begin the paperwork process.

### Our next step:

- The IL Small Group Account Management team will start the paperwork and keep you updated with any additional information, as needed.
- Completed paperwork must be submitted to the paperwork area 30 days prior to the effective date.

Thank you for your business. We appreciate your trust in our organization. If you have any questions, our team is ready to help.

Sincerely,

**Blue Cross and Blue Shield of Illinois**

\*The minimum enrollment of 10 employees or 70% enrollment of the employees eligible for coverage (whichever is greater) with at least 12 months of prior group coverage and meet specific eligibility criteria. Maximum enrollment is 50 employees.

\*\* Monthly payment includes claims funding, administrative fee, reserves and stop-loss premium.

The amount of the monthly payment may fluctuate depending on the number of enrolled employees. It is recalculated each year and is subject to change. Employers are solely responsible for taxes, fees, premium and obtaining and paying for their own accounting and legal services.

CITY KIDS DENTAL, PC  
Blue Balance Funded<sup>SM</sup> Proposal

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Proposal Contents

- [How to Read Your Proposal](#)
- [Benefit Design Options](#)
- [Enhancing Employer Benefits](#)
- [Appendix](#)

**CITY KIDS DENTAL, PC**  
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## How to Read Your Proposal

### What is Blue Balance Funded

Blue Balance Funded is available from Blue Cross and Blue Shield of Illinois for Small Group Employers who are interested in options with features that are similar to typical fully insured plans.

#### Details

**Simple Monthly Payments:** A Blue Balance Funded monthly invoice includes the costs for projected claims funding (including reserves), administrative fees and stop loss coverage premiums.

**Stop Loss Coverage:** When employers choose to self-insure their medical and prescription drug benefits, stop loss insurance provides protection for covered claims costs which may be more than planned. This helps protect employer groups against large claims that can lead to financial losses.

- Aggregate Stop Loss is set at 110% of projected claims costs.
- Individual Stop Loss is set at \$25,000 per covered person.

**Credit:** Employers may receive a credit toward a future monthly payment if their eligible claims costs, plus reserves, are less than the claims funding provided throughout the coverage year. This is calculated within 90 days after the Blue Balance Funded contract has ended – also known as the Settlement.

#### Eligibility

Eligibility for Blue Balance Funded is limited to employers that enrolled between 5 and 50 total employees (including full-time, part-time and seasonal) on business days during the last calendar year. The minimum participation is 70% of employees eligible for coverage (valid waivers are excluded from the group participation calculation.)

#### Want to Enhance Benefits?

If you're interested in enhancing your employer benefits and offering dental coverage with your medical coverage. Contact your Producer or the Small Group Account Management Team for more information.

#### Find out more

Interested in learning more about Blue Balance Funded? Talk with your Producer or Blue Cross and Blue Shield to decide if Blue Balance Funded may be the right fit.

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Submit completed paperwork at least 30 days before the renewal date.



**Question 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](mailto:ILSGAM@bcbsil.com) prior to 30 days.

[Go back to \*Proposal Contents\*](#)

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## Benefit Design Options

 **Review these 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 Health Cost
<b>BluePrint PPO</b>										
<b>PPO Benefit Design Options</b>										
AIBPP615	\$750//\$1500	\$3000//\$9000	80%/60%	\$25/\$25	\$50	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$5,587.73
AIBPP617	\$1250//\$2500	\$3500//\$10500	80%/60%	\$35/\$35	\$60	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$5,406.76
AIBPP618	\$2500//\$5000	\$5000//\$15000	80%/60%	\$35/\$0	\$60	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$5,068.85
AIBPP619	\$3500//\$7000	\$6000//\$18000	80%/60%	\$25/\$25	\$50	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$4,884.02
AIBPP620	\$5000//\$10000	\$6100//\$18300	80%/60%	\$45/\$45	\$70	\$250//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$4,575.23
<b>Blue Choice Options</b>										
<b>PPO Benefit Design Options</b>										
AIBCO609	\$750/\$1750//\$3500	\$4500/\$6100//\$18300	90%/70%/50%	\$25/\$55//\$25/\$55	\$50/\$110	\$400/\$400//DC/DC	\$75/\$75	\$250/\$500//\$600/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,678.15
AIBCO610	\$1500/\$3750//\$7500	\$3500/\$6000//\$18000	90%/70%/50%	\$35/\$55//\$35/\$55	\$60/\$110	\$400/\$400//DC/DC	\$75/\$75	\$250/\$500//\$600/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,508.76
AICOE691 <sup>*2*3*5</sup>	\$3500/\$4600//\$10500	\$3500/\$6550//\$19650	100%/80%/60%	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	100%	\$4,014.35
AICOE492 <sup>*2*3*5</sup>	\$4000/\$5700//\$12000	\$4000/\$7500//\$22500	100%/80%/60%	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	100%	\$3,837.44
AICOE493 <sup>*3*5</sup>	\$5000/\$6000//\$12000	\$6000/\$7000//\$21000	80%/60%/50%	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	80%/80%/70%/60%/60%/50%	\$3,549.03
<b>Blue Choice Select PPO</b>										
<b>PPO Benefit Design Options</b>										
AIBCS617	\$1250//\$2500	\$3500//\$10500	80%/50%	\$35/\$35	\$35	\$200//100%	DC	DC//\$300/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,368.07
AIBCS616	\$1500//\$3000	\$4000//\$12000	80%/50%	\$35/\$35	\$35	\$200//100%	DC	DC//\$300/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,301.56
AIBCS618	\$2500//\$5000	\$5000//\$15000	80%/50%	\$35/\$35	\$35	\$200//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$4,098.67
<b>BlueEdge HSA</b>										
<b>PPO Benefit Design Options</b>										
AIEEA291 <sup>*1*2*5</sup>	\$2500//\$2500	\$5000//\$5000	100%/80%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	100%	\$5,062.82
AIEEE691 <sup>*2*3*5</sup>	\$3500//\$7000	\$3500//\$7000	100%/100%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	100%	\$4,772.51
AIEEE692 <sup>*3*5</sup>	\$3500//\$7000	\$7000//\$21000	80%/60%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	80%/80%/70%/60%/60%/50%	\$4,384.83

Go back to [Proposal Contents](#)

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## Benefit Design Options

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 Health Cost
AIEEE493 <sup>*2*3*5</sup>	\$6000//\$12000	\$6000//\$12000	100%//100%	DC/DC	DC	DC//DC	DC	DC//DC/DC	100%	\$4,096.79

### BlueEdge Select HSA

#### PPO Benefit Design Options

AIESA491 <sup>*1*5</sup>	\$2500//\$5000	\$5000//\$15000	80%//50%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	80%/80%/70%/60%/60%/50%	\$3,847.59
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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 IP columns reflecting dollar amounts are per occurrence deductibles. Annual deductible and coinsurance will apply after the per occurrence deductible.

RX plan utilizes the Performance Drug List.

DC = Deductible and Coinsurance.

\*1 Denotes an aggregate HSA Plan.

\*2 RX Section: 100% Coinsurance after Deductible is Plan pays percentage.

\*3 Denotes an embedded HSA Plan.

\*5 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.

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## 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.

[Go back to \*Proposal Contents\*](#)

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**BlueCross BlueShield**  
of Illinois

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## Appendix - Medical 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

[Go back to \*Proposal Contents\*](#)

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## Appendix - Total Monthly Charges

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 Health Cost
BluePrint PPO										
PPO Benefit Design Options										
AIBPP615	\$750//\$1500	\$3000//\$9000	80%//60%	\$25/\$25	\$50	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$5,587.73
Individual Stop Loss (\$25000 Level)						Aggregate Stop Loss 110%				
4 - Tier for Billing										
Tier		Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family		All Tiers
Monthly Enrollment		4		0		1		0		5
Administrative Fees		\$84.23		\$162.90		\$159.54		\$238.22		\$496.46
Individual Stop Loss Premium		\$416.46		\$805.49		\$788.87		\$1,177.91		\$2,454.71
Aggregate Stop Loss Premium		\$132.50		\$256.28		\$250.99		\$374.77		\$780.99
Projected Claim Funding		\$314.81		\$608.89		\$596.33		\$890.42		\$1,855.57
Total Monthly Charges		\$948.00		\$1,833.56		\$1,795.73		\$2,681.32		\$5,587.73
Monthly Tier Total		\$3,792.00		\$0.00		\$1,795.73		\$0.00		\$5,587.73

**Commission Per Contract Per Month (PCPM) \$30**

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AIBPP617	\$1250//\$2500	\$3500//\$10500	80%/60%	\$35/\$35	\$60	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$5,406.76

Individual Stop Loss (\$25000 Level)				Aggregate Stop Loss 110%	
4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$83.95	\$162.37	\$159.02	\$237.45	\$494.82
Individual Stop Loss Premium	\$405.46	\$784.23	\$768.05	\$1,146.82	\$2,389.89
Aggregate Stop Loss Premium	\$127.83	\$247.25	\$242.15	\$361.57	\$753.47
Projected Claim Funding	\$300.05	\$580.35	\$568.38	\$848.67	\$1,768.58
Total Monthly Charges	\$917.29	\$1,774.20	\$1,737.60	\$2,594.51	\$5,406.76
Monthly Tier Total	\$3,669.16	\$0.00	\$1,737.60	\$0.00	\$5,406.76

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AIBPP618	\$2500//\$5000	\$5000//\$15000	80%/60%	\$35/\$0	\$60	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$5,068.85

Individual Stop Loss (\$25000 Level)			Aggregate Stop Loss 110%		
4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$83.44	\$161.38	\$158.05	\$235.99	\$491.81
Individual Stop Loss Premium	\$384.93	\$744.50	\$729.14	\$1,088.72	\$2,268.86
Aggregate Stop Loss Premium	\$119.12	\$230.39	\$225.64	\$336.91	\$702.12
Projected Claim Funding	\$272.48	\$527.01	\$516.14	\$770.68	\$1,606.06
Total Monthly Charges	\$859.97	\$1,663.28	\$1,628.97	\$2,432.30	\$5,068.85
Monthly Tier Total	\$3,439.88	\$0.00	\$1,628.97	\$0.00	\$5,068.85

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AIBPP619	\$3500//\$7000	\$6000//\$18000	80%/60%	\$25/\$25	\$50	\$150//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$4,884.02

Individual Stop Loss (\$25000 Level)				Aggregate Stop Loss 110%	
4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$83.16	\$160.84	\$157.52	\$235.20	\$490.16
Individual Stop Loss Premium	\$373.70	\$722.78	\$707.87	\$1,056.96	\$2,202.67
Aggregate Stop Loss Premium	\$114.35	\$221.17	\$216.61	\$323.43	\$674.01
Projected Claim Funding	\$257.40	\$497.85	\$487.58	\$728.03	\$1,517.18
Total Monthly Charges	\$828.61	\$1,602.64	\$1,569.58	\$2,343.62	\$4,884.02
Monthly Tier Total	\$3,314.44	\$0.00	\$1,569.58	\$0.00	\$4,884.02

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AIBPP620	\$5000//\$10000	\$6100//\$18300	80%/60%	\$45/\$45	\$70	\$250//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$4,575.23

Individual Stop Loss (\$25000 Level)				Aggregate Stop Loss 110%	
4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$82.69	\$159.93	\$156.63	\$233.87	\$487.39
Individual Stop Loss Premium	\$354.93	\$686.49	\$672.33	\$1,003.89	\$2,092.05
Aggregate Stop Loss Premium	\$106.39	\$205.77	\$201.52	\$300.90	\$627.08
Projected Claim Funding	\$232.21	\$449.13	\$439.87	\$656.79	\$1,368.71
Total Monthly Charges	\$776.22	\$1,501.32	\$1,470.35	\$2,195.45	\$4,575.23
Monthly Tier Total	\$3,104.88	\$0.00	\$1,470.35	\$0.00	\$4,575.23

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PPO Benefit Design Options										
AIBCO609	\$750/\$1750//\$3500	\$4500/\$6100//\$18300	90%/70%//50%	\$25/\$55//\$25/\$55	\$50/\$110	\$400/\$400//DC/DC	\$75/\$75	\$250/\$500//\$600/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,678.15

Individual Stop Loss (\$25000 Level)					Aggregate Stop Loss 110%	
4 - Tier for Billing						
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers	
Monthly Enrollment	4	0	1	0	5	
Administrative Fees	\$82.85	\$160.24	\$156.94	\$234.33	\$488.34	
Individual Stop Loss Premium	\$360.61	\$697.47	\$683.08	\$1,019.94	\$2,125.52	
Aggregate Stop Loss Premium	\$109.27	\$211.34	\$206.98	\$309.06	\$644.06	
Projected Claim Funding	\$240.95	\$466.04	\$456.43	\$681.52	\$1,420.23	
<b>Total Monthly Charges</b>	<b>\$793.68</b>	<b>\$1,535.09</b>	<b>\$1,503.43</b>	<b>\$2,244.85</b>	<b>\$4,678.15</b>	
<b>Monthly Tier Total</b>	<b>\$3,174.72</b>	<b>\$0.00</b>	<b>\$1,503.43</b>	<b>\$0.00</b>	<b>\$4,678.15</b>	

Commission Per Contract Per Month (PCPM) \$30

**CITY KIDS DENTAL, PC**

**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Appendix - Total Monthly Charges

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 Health Cost
AIBCO610	\$1500/\$3750//\$7500	\$3500/\$6000//\$18000	90%/70%//50%	\$35/\$55//\$35/\$55	\$60/\$110	\$400/\$400//DC/DC	\$75/\$75	\$250/\$500//\$600/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,508.76

Individual Stop Loss (\$25000 Level)			Aggregate Stop Loss 110%		
4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$82.59	\$159.75	\$156.45	\$233.61	\$486.81
Individual Stop Loss Premium	\$350.34	\$677.61	\$663.63	\$990.90	\$2,064.99
Aggregate Stop Loss Premium	\$104.89	\$202.88	\$198.69	\$296.68	\$618.25
Projected Claim Funding	\$227.12	\$439.30	\$430.23	\$642.40	\$1,338.71
Total Monthly Charges	\$764.94	\$1,479.54	\$1,449.00	\$2,163.59	\$4,508.76
Monthly Tier Total	\$3,059.76	\$0.00	\$1,449.00	\$0.00	\$4,508.76

Commission Per Contract Per Month (PCPM) \$30

**CITY KIDS DENTAL, PC**

**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Appendix - Total Monthly Charges

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 Health Cost
AICOE691 <sup>*2*3*5</sup>	\$3500/\$4600//\$10500	\$3500/\$6550//\$19650	100%/80%/60%	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	100%	\$4,014.35

Individual Stop Loss (\$25000 Level)			Aggregate Stop Loss 110%		
4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$81.84	\$158.29	\$155.03	\$231.48	\$482.39
Individual Stop Loss Premium	\$320.36	\$619.63	\$606.85	\$906.12	\$1,888.29
Aggregate Stop Loss Premium	\$92.11	\$178.16	\$174.48	\$260.53	\$542.92
Projected Claim Funding	\$186.75	\$361.21	\$353.75	\$528.21	\$1,100.75
Total Monthly Charges	\$681.06	\$1,317.29	\$1,290.11	\$1,926.34	\$4,014.35
Monthly Tier Total	\$2,724.24	\$0.00	\$1,290.11	\$0.00	\$4,014.35

Commission Per Contract Per Month (PCPM) \$30



**CITY KIDS DENTAL, PC**  
**Blue Balance Funded<sup>SM</sup> Proposal**

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## Appendix - Total Monthly Charges

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 Health Cost
AICOE492 <sup>*2*3*5</sup>	\$4000/\$5700//\$12000	\$4000/\$7500//\$22500	100%/80%/60%	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	100%	\$3,837.44

Individual Stop Loss (\$25000 Level)					Aggregate Stop Loss 110%	
4 - Tier for Billing						
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers	
Monthly Enrollment	4	0	1	0	5	
Administrative Fees	\$81.57	\$157.77	\$154.52	\$230.72	\$480.80	
Individual Stop Loss Premium	\$309.64	\$598.88	\$586.52	\$875.77	\$1,825.08	
Aggregate Stop Loss Premium	\$87.54	\$169.31	\$165.82	\$247.60	\$515.98	
Projected Claim Funding	\$172.30	\$333.25	\$326.38	\$487.33	\$1,015.58	
<b>Total Monthly Charges</b>	<b>\$651.05</b>	<b>\$1,259.21</b>	<b>\$1,233.24</b>	<b>\$1,841.42</b>	<b>\$3,837.44</b>	
<b>Monthly Tier Total</b>	<b>\$2,604.20</b>	<b>\$0.00</b>	<b>\$1,233.24</b>	<b>\$0.00</b>	<b>\$3,837.44</b>	

Commission Per Contract Per Month (PCPM) \$30

**CITY KIDS DENTAL, PC**  
**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Appendix - Total Monthly Charges

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 Health Cost
AICOE493 <sup>*3*5</sup>	\$5000/\$6000//\$12000	\$6000/\$7000//\$21000	80%/60%//50%	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	DC/DC	DC/DC//DC/DC	80%/80%/70%/60%/60%/50%	\$3,549.03

Individual Stop Loss (\$25000 Level)					Aggregate Stop Loss 110%	
4 - Tier for Billing						
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers	
Monthly Enrollment	4	0	1	0	5	
Administrative Fees	\$81.13	\$156.92	\$153.69	\$229.48	\$478.21	
Individual Stop Loss Premium	\$292.15	\$565.06	\$553.40	\$826.31	\$1,722.00	
Aggregate Stop Loss Premium	\$80.09	\$154.89	\$151.70	\$226.51	\$472.06	
Projected Claim Funding	\$148.75	\$287.69	\$281.76	\$420.71	\$876.76	
<b>Total Monthly Charges</b>	<b>\$602.12</b>	<b>\$1,164.56</b>	<b>\$1,140.55</b>	<b>\$1,703.01</b>	<b>\$3,549.03</b>	
<b>Monthly Tier Total</b>	<b>\$2,408.48</b>	<b>\$0.00</b>	<b>\$1,140.55</b>	<b>\$0.00</b>	<b>\$3,549.03</b>	

Commission Per Contract Per Month (PCPM) \$30

CITY KIDS DENTAL, PC

Blue Balance Funded<sup>SM</sup> Proposal

Producer: ZEMAR INVESTMENTS INC

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Appendix - Total Monthly Charges

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 Health Cost
Blue Choice Select PPO										
PPO Benefit Design Options										
AIBCS617	\$1250//\$2500	\$3500//\$10500	80%//50%	\$35/\$35	\$35	\$200//100%	DC	DC//\$300/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,368.07
Individual Stop Loss (\$25000 Level)						Aggregate Stop Loss 110%				
4 - Tier for Billing										
Tier		Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family		All Tiers
Monthly Enrollment		4		0		1		0		5
Administrative Fees		\$82.38		\$159.33		\$156.05		\$233.00		\$485.57
Individual Stop Loss Premium		\$341.76		\$661.01		\$647.38		\$966.63		\$2,014.42
Aggregate Stop Loss Premium		\$101.27		\$195.88		\$191.84		\$286.44		\$596.92
Projected Claim Funding		\$215.66		\$417.12		\$408.52		\$609.98		\$1,271.16
Total Monthly Charges		\$741.07		\$1,433.34		\$1,403.79		\$2,096.05		\$4,368.07
Monthly Tier Total		\$2,964.28		\$0.00		\$1,403.79		\$0.00		\$4,368.07

Commission Per Contract Per Month (PCPM) \$30

**CITY KIDS DENTAL, PC**

**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Appendix - Total Monthly Charges

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 Health Cost
AIBCS616	\$1500//\$3000	\$4000//\$12000	80%/50%	\$35/\$35	\$35	\$200//100%	DC	DC//\$300/DC	\$15/\$25/\$65/\$105/\$250/\$350	\$4,301.56

**Individual Stop Loss (\$25000 Level)** **Aggregate Stop Loss 110%**

4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$82.28	\$159.14	\$155.85	\$232.72	\$484.97
Individual Stop Loss Premium	\$337.73	\$653.22	\$639.74	\$955.23	\$1,990.66
Aggregate Stop Loss Premium	\$99.55	\$192.55	\$188.58	\$281.58	\$586.78
Projected Claim Funding	\$210.23	\$406.62	\$398.23	\$594.61	\$1,239.15
<b>Total Monthly Charges</b>	<b>\$729.79</b>	<b>\$1,411.53</b>	<b>\$1,382.40</b>	<b>\$2,064.14</b>	<b>\$4,301.56</b>
<b>Monthly Tier Total</b>	<b>\$2,919.16</b>	<b>\$0.00</b>	<b>\$1,382.40</b>	<b>\$0.00</b>	<b>\$4,301.56</b>

**Commission Per Contract Per Month (PCPM) \$30**

**CITY KIDS DENTAL, PC**  
**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
Renewal Date: Jan 1, 2026  
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Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Appendix - Total Monthly Charges

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 Health Cost
AIBCS618	\$2500//\$5000	\$5000//\$15000	80%/50%	\$35/\$35	\$35	\$200//100%	DC	DC//\$300/DC	\$15/\$25/\$80/\$130/\$250/\$350	\$4,098.67

Individual Stop Loss (\$25000 Level)				Aggregate Stop Loss 110%	
4 - Tier for Billing					
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers
Monthly Enrollment	4	0	1	0	5
Administrative Fees	\$81.97	\$158.54	\$155.27	\$231.84	\$483.15
Individual Stop Loss Premium	\$325.43	\$629.42	\$616.44	\$920.44	\$1,918.16
Aggregate Stop Loss Premium	\$94.31	\$182.41	\$178.64	\$266.74	\$555.88
Projected Claim Funding	\$193.66	\$374.56	\$366.84	\$547.74	\$1,141.48
Total Monthly Charges	\$695.37	\$1,344.93	\$1,317.19	\$1,966.76	\$4,098.67
Monthly Tier Total	\$2,781.48	\$0.00	\$1,317.19	\$0.00	\$4,098.67

Commission Per Contract Per Month (PCPM) \$30

**CITY KIDS DENTAL, PC**  
**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## Appendix - Total Monthly Charges

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 Health Cost
BlueEdge HSA										
PPO Benefit Design Options										
AIEEA291 <sup>1125</sup>	\$2500//\$2500	\$5000//\$5000	100%//80%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	100%	\$5,062.82
Individual Stop Loss (\$25000 Level)						Aggregate Stop Loss 110%				
						4 - Tier for Billing				
Tier		Employee Only	Employee + Spouse		Employee + Child(ren)			Employee + Family		All Tiers
Monthly Enrollment		4	0		1			0		5
Administrative Fees		\$83.43	\$161.36		\$158.03			\$235.97		\$491.75
Individual Stop Loss Premium		\$384.56	\$743.80		\$728.46			\$1,087.70		\$2,266.70
Aggregate Stop Loss Premium		\$118.96	\$230.09		\$225.35			\$336.48		\$701.19
Projected Claim Funding		\$271.99	\$526.08		\$515.22			\$769.30		\$1,603.18
Total Monthly Charges		\$858.94	\$1,661.33		\$1,627.06			\$2,429.45		\$5,062.82
Monthly Tier Total		\$3,435.76	\$0.00		\$1,627.06			\$0.00		\$5,062.82

**Commission Per Contract Per Month (PCPM) \$30**

**CITY KIDS DENTAL, PC**  
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## Appendix - Total Monthly Charges

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 Health Cost
AIEEE691 <sup>12/3/5</sup>	\$3500//\$7000	\$3500//\$7000	100%//100%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	100%	\$4,772.51

Individual Stop Loss (\$25000 Level)					Aggregate Stop Loss 110%	
4 - Tier for Billing						
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers	
Monthly Enrollment	4	0	1	0	5	
Administrative Fees	\$82.99	\$160.51	\$157.20	\$234.72	\$489.16	
Individual Stop Loss Premium	\$366.92	\$709.67	\$695.04	\$1,037.79	\$2,162.72	
Aggregate Stop Loss Premium	\$111.47	\$215.61	\$211.16	\$315.29	\$657.04	
Projected Claim Funding	\$248.31	\$480.26	\$470.35	\$702.30	\$1,463.59	
<b>Total Monthly Charges</b>	<b>\$809.69</b>	<b>\$1,566.05</b>	<b>\$1,533.75</b>	<b>\$2,290.10</b>	<b>\$4,772.51</b>	
<b>Monthly Tier Total</b>	<b>\$3,238.76</b>	<b>\$0.00</b>	<b>\$1,533.75</b>	<b>\$0.00</b>	<b>\$4,772.51</b>	

Commission Per Contract Per Month (PCPM) \$30

**CITY KIDS DENTAL, PC**

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## Appendix - Total Monthly Charges

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 Health Cost
AIEEE692 <sup>*3*5</sup>	\$3500//\$7000	\$7000//\$21000	80%/60%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	80%/80%/70%/60%/60%/50%	\$4,384.83

Individual Stop Loss (\$25000 Level)					Aggregate Stop Loss 110%	
4 - Tier for Billing						
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers	
Monthly Enrollment	4	0	1	0	5	
Administrative Fees	\$82.40	\$159.37	\$156.08	\$233.06	\$485.68	
Individual Stop Loss Premium	\$343.36	\$664.11	\$650.41	\$971.17	\$2,023.85	
Aggregate Stop Loss Premium	\$101.48	\$196.27	\$192.22	\$287.02	\$598.14	
Projected Claim Funding	\$216.68	\$419.09	\$410.44	\$612.86	\$1,277.16	
<b>Total Monthly Charges</b>	<b>\$743.92</b>	<b>\$1,438.84</b>	<b>\$1,409.15</b>	<b>\$2,104.11</b>	<b>\$4,384.83</b>	
<b>Monthly Tier Total</b>	<b>\$2,975.68</b>	<b>\$0.00</b>	<b>\$1,409.15</b>	<b>\$0.00</b>	<b>\$4,384.83</b>	

Commission Per Contract Per Month (PCPM) \$30



**CITY KIDS DENTAL, PC**

**Blue Balance Funded<sup>SM</sup> Proposal**

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## Appendix - Total Monthly Charges

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 Health Cost
AIEEE493 <sup>*2*3*5</sup>	\$6000//\$12000	\$6000//\$12000	100%//100%	DC/DC	DC	DC//DC	DC	DC//DC/DC	100%	\$4,096.79

Individual Stop Loss (\$25000 Level)					Aggregate Stop Loss 110%	
4 - Tier for Billing						
Tier	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	All Tiers	
Monthly Enrollment	4	0	1	0	5	
Administrative Fees	\$81.96	\$158.52	\$155.25	\$231.82	\$483.09	
Individual Stop Loss Premium	\$325.86	\$630.26	\$617.26	\$921.66	\$1,920.70	
Aggregate Stop Loss Premium	\$94.05	\$181.90	\$178.15	\$266.00	\$554.35	
Projected Claim Funding	\$193.18	\$373.64	\$365.93	\$546.39	\$1,138.65	
<b>Total Monthly Charges</b>	<b>\$695.05</b>	<b>\$1,344.32</b>	<b>\$1,316.59</b>	<b>\$1,965.87</b>	<b>\$4,096.79</b>	
<b>Monthly Tier Total</b>	<b>\$2,780.20</b>	<b>\$0.00</b>	<b>\$1,316.59</b>	<b>\$0.00</b>	<b>\$4,096.79</b>	

Commission Per Contract Per Month (PCPM) \$30

**CITY KIDS DENTAL, PC**
**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
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## Appendix - Total Monthly Charges

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 Health Cost
BlueEdge Select HSA										
PPO Benefit Design Options										
AIESA491**5	\$2500//\$5000	\$5000//\$15000	80%//50%	DC/DC	DC	DC//DC	DC	DC//\$300/DC	80%/80%/70%/60%/60%/50%	\$3,847.59
Individual Stop Loss (\$25000 Level)						Aggregate Stop Loss 110%				
4 - Tier for Billing										
Tier		Employee Only	Employee + Spouse		Employee + Child(ren)			Employee + Family		All Tiers
Monthly Enrollment		4	0		1			0		5
Administrative Fees		\$81.59	\$157.80		\$154.55			\$230.76		\$480.91
Individual Stop Loss Premium		\$310.21	\$599.99		\$587.61			\$877.39		\$1,828.45
Aggregate Stop Loss Premium		\$87.82	\$169.85		\$166.35			\$248.38		\$517.63
Projected Claim Funding		\$173.15	\$334.91		\$328.00			\$489.75		\$1,020.60
Total Monthly Charges		\$652.77	\$1,262.55		\$1,236.51			\$1,846.28		\$3,847.59
Monthly Tier Total		\$2,611.08	\$0.00		\$1,236.51			\$0.00		\$3,847.59

**Commission Per Contract Per Month (PCPM) \$30**

**CITY KIDS DENTAL, PC**  
**Blue Balance Funded<sup>SM</sup> Proposal**

Account Number: 205780  
Renewal Date: Jan 1, 2026  
No. of Enrolled Employees: 5

Producer: ZEMAR INVESTMENTS INC

SIC Code: 8021  
Zip Code of Business: 60625  
County: Cook

## 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. "HCSC also reserves the right to change the administrative fees it charges the 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 HCSC'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 Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires employers to notify all eligible employees of important provisions in their medical care plans:

**CITY KIDS DENTAL, PC**  
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## 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.*

[Go back to Proposal Contents](#)

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