

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

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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

20 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 2QTK7Y5	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

1	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois B5N1BCE Blue Choice Preferred Bronze	
	\$1,414.83
	Total Monthly Cost
B5N1BCE	PPO
	Bronze
Deductible	
(In) Ind / Fam	\$7,350 / \$14,700
(Out) Ind / Fam	14700.0 / 29400.0
Out-of-Pocket Max	
(In) Ind / Fam	\$7,600 / \$15,200
(Out) Ind / Fam	15200.0 / See SBC
Coinsurance	
In-Network	30%
Out-of-Network	50%
Doctor Visit	30% coinsurance
Virtual Visit	See SBC
Specialist Visit	30% coinsurance
X-ray/Lab	30% coinsurance
Imaging	30% coinsurance
Urgent Care	30% coinsurance
Emergency Room	\$1,000/visit plus 30% coinsurance
Hospital Stay	\$500/visit plus 30% coin...
Prescription Drugs	80%/80%/70%/60%/60%...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,414.83
Monthly Premium	\$1,414.83

2	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois B536BCE Blue Choice Preferred Bronze PPO	
	\$1,433.87
	Total Monthly Cost
B536BCE	PPO
	Bronze
Deductible	
(In) Ind / Fam	\$7,050 / \$14,100
(Out) Ind / Fam	14100.0 / 28200.0
Out-of-Pocket Max	
(In) Ind / Fam	\$7,400 / \$14,800
(Out) Ind / Fam	14800.0 / See SBC
Coinsurance	
In-Network	20%
Out-of-Network	50%
Doctor Visit	20% coinsurance
Virtual Visit	See SBC
Specialist Visit	20% coinsurance
X-ray/Lab	20% coinsurance
Imaging	20% coinsurance
Urgent Care	20% coinsurance
Emergency Room	\$250/visit plus 20% coin...
Hospital Stay	20% coinsurance
Prescription Drugs	80%/80%/70%/60%/60%...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,433.87
Monthly Premium	\$1,433.87

3	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois B535BCE Blue Choice Preferred Bronze PPO	
	\$1,453.29
	Total Monthly Cost
B535BCE	PPO
	Bronze
Deductible	
(In) Ind / Fam	\$7,300 / \$14,600
(Out) Ind / Fam	14600.0 / 29200.0
Out-of-Pocket Max	
(In) Ind / Fam	\$7,300 / \$14,600
(Out) Ind / Fam	14600.0 / 29200.0
Coinsurance	
In-Network	0%
Out-of-Network	0%
Doctor Visit	No Charge after deducti...
Virtual Visit	See SBC
Specialist Visit	No Charge after deducti...
X-ray/Lab	No Charge after deducti...
Imaging	No Charge after deducti...
Urgent Care	No Charge after deducti...
Emergency Room	\$250/visit plus plan ded...
Hospital Stay	No Charge after deducti...
Prescription Drugs	No Charge after deducti...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,453.29
Monthly Premium	\$1,453.29

4	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S5J1BCE Blue Choice Preferred Silver PPO	
	\$1,549.31
	Total Monthly Cost
S5J1BCE	PPO
	Silver
Deductible	
(In) Ind / Fam	\$6,350 / \$12,700
(Out) Ind / Fam	12700.0 / 25400.0
Out-of-Pocket Max	
(In) Ind / Fam	\$6,350 / \$12,700
(Out) Ind / Fam	12700.0 / 25400.0
Coinsurance	
In-Network	0%
Out-of-Network	0%
Doctor Visit	No Charge after deducti...
Virtual Visit	See SBC
Specialist Visit	No Charge after deducti...
X-ray/Lab	No Charge after deducti...
Imaging	No Charge after deducti...
Urgent Care	No Charge after deducti...
Emergency Room	No Charge after deducti...
Hospital Stay	No Charge after deducti...
Prescription Drugs	100%
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,549.31
Monthly Premium	\$1,549.31

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Medical Coverage

5	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S534BCE Blue Choice Preferred Silver PPO	
	\$1,563.86
	Total Monthly Cost
S534BCE	PPO Silver
Deductible (In) Ind / Fam	\$5,350 / \$16,000
(Out) Ind / Fam	10700.0 / 32000.0
Out-of-Pocket Max (In) Ind / Fam	\$5,350 / \$16,000
(Out) Ind / Fam	10700.0 / 32000.0
Coinsurance	
In-Network	0%
Out-of-Network	0%
Doctor Visit	No Charge after deductible does not apply
Virtual Visit	See SBC
Specialist Visit	No Charge after deductible does not apply
X-ray/Lab	No Charge after deductible does not apply
Imaging	No Charge after deductible does not apply
Urgent Care	No Charge after deductible does not apply
Emergency Room	No Charge after deductible does not apply
Hospital Stay	No Charge after deductible does not apply
Prescription Drugs	100%
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,563.86
Monthly Premium	\$1,563.86

6	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S535BCE Blue Choice Preferred Silver PPO	
	\$1,570.56
	Total Monthly Cost
S535BCE	PPO Silver
Deductible (In) Ind / Fam	\$8,000 / \$16,000
(Out) Ind / Fam	16000.0 / 32000.0
Out-of-Pocket Max (In) Ind / Fam	\$9,200 / \$18,400
(Out) Ind / Fam	18400.0 / 36800.0
Coinsurance	
In-Network	0%
Out-of-Network	0%
Doctor Visit	\$50/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$75/visit; deductible does not apply
X-ray/Lab	No Charge after deductible does not apply
Imaging	No Charge after deductible does not apply
Urgent Care	\$80/visit; deductible does not apply
Emergency Room	\$500/visit plus plan deductible does not apply
Hospital Stay	\$250/visit plus plan deductible does not apply
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,570.56
Monthly Premium	\$1,570.56

SBC

7	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S531BCE Blue Choice Preferred Silver PPO	
	\$1,574.55
	Total Monthly Cost
S531BCE	PPO Silver
Deductible (In) Ind / Fam	\$5,100 / \$15,300
(Out) Ind / Fam	10200.0 / 30600.0
Out-of-Pocket Max (In) Ind / Fam	\$9,200 / \$18,400
(Out) Ind / Fam	See SBC
Coinsurance	
In-Network	30%
Out-of-Network	50%
Doctor Visit	\$50/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$75/visit; deductible does not apply
X-ray/Lab	30% coinsurance
Imaging	30% coinsurance
Urgent Care	\$80/visit; deductible does not apply
Emergency Room	\$500/visit plus 30% coinsurance
Hospital Stay	\$250/visit plus 30% coinsurance
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,574.55
Monthly Premium	\$1,574.55

SBC

8	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois S532BCE Blue Choice Preferred Silver PP	
	\$1,583.31
	Total Monthly Cost
S532BCE	PPO Silver
Deductible (In) Ind / Fam	\$3,700 / \$11,100
(Out) Ind / Fam	7400.0 / 22200.0
Out-of-Pocket Max (In) Ind / Fam	\$9,200 / \$18,400
(Out) Ind / Fam	See SBC
Coinsurance	
In-Network	40%
Out-of-Network	50%
Doctor Visit	\$60/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$80/visit; deductible does not apply
X-ray/Lab	40% coinsurance
Imaging	\$500/test; deductible does not apply
Urgent Care	\$80/visit; deductible does not apply
Emergency Room	\$500/visit plus 40% coinsurance
Hospital Stay	\$250/visit plus 40% coinsurance
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,583.31
Monthly Premium	\$1,583.31

SBC

Medical Coverage

9	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G535BCE Blue Choice Preferred Gold PPO	
	\$1,690.24
	Total Monthly Cost
G535BCE	PPO
	
Deductible (In) Ind / Fam	\$3,300 / \$9,900
(Out) Ind / Fam	3300.0 / 19800.0
Out-of-Pocket Max (In) Ind / Fam	\$5,250 / \$14,000
(Out) Ind / Fam	See SBC
Coinsurance	
In-Network	20%
Out-of-Network	50%
Doctor Visit	20% coinsurance
Virtual Visit	See SBC
Specialist Visit	20% coinsurance
X-ray/Lab	20% coinsurance
Imaging	20% coinsurance
Urgent Care	20% coinsurance
Emergency Room	See SBC
Hospital Stay	20% coinsurance
Prescription Drugs	80%/80%/70%/60%/60%...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,690.24
Monthly Premium	\$1,690.24

SBC

10	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G533BCE Blue Choice Preferred Gold PPO	
	\$1,751.75
	Total Monthly Cost
G533BCE	PPO
	
Deductible (In) Ind / Fam	\$3,300 / \$9,900
(Out) Ind / Fam	6600.0 / 19800.0
Out-of-Pocket Max (In) Ind / Fam	\$3,800 / \$11,400
(Out) Ind / Fam	See SBC
Coinsurance	
In-Network	10%
Out-of-Network	40%
Doctor Visit	10% coinsurance
Virtual Visit	See SBC
Specialist Visit	10% coinsurance
X-ray/Lab	10% coinsurance
Imaging	10% coinsurance
Urgent Care	10% coinsurance
Emergency Room	10% coinsurance
Hospital Stay	10% coinsurance
Prescription Drugs	80%/80%/70%/60%/60%...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,751.75
Monthly Premium	\$1,751.75

SBC

11	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G530BCE Blue Choice Preferred Gold PPO	
	\$1,768.77
	Total Monthly Cost
G530BCE	PPO
	
Deductible (In) Ind / Fam	\$4,000 / \$12,000
(Out) Ind / Fam	8000.0 / 24000.0
Out-of-Pocket Max (In) Ind / Fam	\$5,500 / \$16,500
(Out) Ind / Fam	11000.0 / 33000.0
Coinsurance	
In-Network	0%
Out-of-Network	0%
Doctor Visit	\$50/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$70/visit; deductible does not apply
X-ray/Lab	No Charge after deductible...
Imaging	No Charge after deductible...
Urgent Care	\$75/visit; deductible does not apply
Emergency Room	\$500/visit plus plan deductible...
Hospital Stay	\$250/visit plus plan deductible...
Prescription Drugs	\$15/\$25/\$65/\$105/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,768.77
Monthly Premium	\$1,768.77

SBC

12	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G537BCE Blue Choice Preferred Gold PPO	
	\$1,796.51
	Total Monthly Cost
G537BCE	PPO
	
Deductible (In) Ind / Fam	\$3,200 / \$9,600
(Out) Ind / Fam	6400.0 / 19200.0
Out-of-Pocket Max (In) Ind / Fam	\$3,200 / \$9,600
(Out) Ind / Fam	6400.0 / 19200.0
Coinsurance	
In-Network	0%
Out-of-Network	0%
Doctor Visit	No Charge after deductible...
Virtual Visit	See SBC
Specialist Visit	No Charge after deductible...
X-ray/Lab	No Charge after deductible...
Imaging	No Charge after deductible...
Urgent Care	No Charge after deductible...
Emergency Room	No Charge after deductible...
Hospital Stay	No Charge after deductible...
Prescription Drugs	100%
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,796.51
Monthly Premium	\$1,796.51

SBC

Medical Coverage

13	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G534BCE Blue Choice Preferred Gold PPO	
	\$1,798.53
	Total Monthly Cost
G534BCE	PPO
	
Deductible (In) Ind / Fam	\$1,100 / \$3,300
(Out) Ind / Fam	2200.0 / 6600.0
Out-of-Pocket Max (In) Ind / Fam	\$8,000 / \$16,000
(Out) Ind / Fam	See SBC
Coinsurance In-Network	20%
Out-of-Network	50%
Doctor Visit	\$50/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$75/visit; deductible does not apply
X-ray/Lab	20% coinsurance
Imaging	20% coinsurance
Urgent Care	\$80/visit; deductible does not apply
Emergency Room	\$500/visit plus 20% coin...
Hospital Stay	\$250/visit plus 20% coin...
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,798.53
Monthly Premium	\$1,798.53

14	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G536BCE Blue Choice Preferred Gold PPO	
	\$1,806.82
	Total Monthly Cost
G536BCE	PPO
	
Deductible (In) Ind / Fam	\$2,100 / \$6,300
(Out) Ind / Fam	4200.0 / 12600.0
Out-of-Pocket Max (In) Ind / Fam	\$6,000 / \$18,000
(Out) Ind / Fam	See SBC
Coinsurance In-Network	10%
Out-of-Network	40%
Doctor Visit	\$50/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$75/visit; deductible does not apply
X-ray/Lab	10% coinsurance
Imaging	10% coinsurance
Urgent Care	\$75/visit; deductible does not apply
Emergency Room	\$500/visit plus 10% coin...
Hospital Stay	\$200/visit plus 10% coin...
Prescription Drugs	\$20/\$30/\$80/\$130/\$350...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,806.82
Monthly Premium	\$1,806.82

SBC

15	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G532BCE Blue Choice Preferred Gold PPO	
	\$1,809.47
	Total Monthly Cost
G532BCE	PPO
	
Deductible (In) Ind / Fam	\$1,600 / \$3,200
(Out) Ind / Fam	3200.0 / 6400.0
Out-of-Pocket Max (In) Ind / Fam	\$6,500 / \$13,000
(Out) Ind / Fam	See SBC
Coinsurance In-Network	20%
Out-of-Network	50%
Doctor Visit	\$45/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$70/visit; deductible does not apply
X-ray/Lab	20% coinsurance
Imaging	20% coinsurance
Urgent Care	\$75/visit; deductible does not apply
Emergency Room	\$400/visit plus 20% coin...
Hospital Stay	\$200/visit plus 20% coin...
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,809.47
Monthly Premium	\$1,809.47

SBC

16	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G531BCE Blue Choice Preferred Gold PPO	
	\$1,821.56
	Total Monthly Cost
G531BCE	PPO
	
Deductible (In) Ind / Fam	\$2,600 / \$5,200
(Out) Ind / Fam	5200.0 / 10400.0
Out-of-Pocket Max (In) Ind / Fam	\$5,250 / \$10,500
(Out) Ind / Fam	See SBC
Coinsurance In-Network	20%
Out-of-Network	50%
Doctor Visit	\$25/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$70/visit; deductible does not apply
X-ray/Lab	20% coinsurance
Imaging	20% coinsurance
Urgent Care	\$75/visit; deductible does not apply
Emergency Room	\$400/visit plus 20% coin...
Hospital Stay	\$200/visit plus 20% coin...
Prescription Drugs	\$15/\$25/\$65/\$105/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,821.56
Monthly Premium	\$1,821.56

SBC

Medical Coverage

17	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois G5M2BCE Blue Choice Preferred Gold PPO	
	\$1,866.50
Total Monthly Cost	
G5M2BCE	PPO
	Gold
Deductible (In) Ind / Fam	\$2,500 / \$5,000
(Out) Ind / Fam	5000.0 / 10000.0
Out-of-Pocket Max (In) Ind / Fam	\$7,500 / \$15,000
(Out) Ind / Fam	15000.0 / 30000.0
Coinsurance	
In-Network	0%
Out-of-Network	20%
Doctor Visit	\$30/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$60/visit; deductible does not apply
X-ray/Lab	No Charge after deduct...
Imaging	No Charge after deducti...
Urgent Care	\$75/visit; deductible does not apply
Emergency Room	\$300/visit; deductible does not apply
Hospital Stay	\$150/visit plus plan ded...
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,866.50
Monthly Premium	\$1,866.50

18	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois P5M1BCE Blue Choice Preferred Platinum PPO	
	\$2,105.22
Total Monthly Cost	
P5M1BCE	PPO
	Platinum
Deductible (In) Ind / Fam	\$1,500 / \$3,000
(Out) Ind / Fam	3000.0 / 6000.0
Out-of-Pocket Max (In) Ind / Fam	\$3,000 / \$6,000
(Out) Ind / Fam	6000.0 / 12000.0
Coinsurance	
In-Network	0%
Out-of-Network	20%
Doctor Visit	\$15/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$30/visit; deductible does not apply
X-ray/Lab	No Charge after deducti...
Imaging	No Charge after deducti...
Urgent Care	\$50/visit; deductible does not apply
Emergency Room	\$200/visit; deductible does not apply
Hospital Stay	No Charge after deducti...
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,105.22
Monthly Premium	\$2,105.22

SBC

19	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois P5E2BCE Blue Choice Preferred Platinum PPO	
	\$2,129.42
Total Monthly Cost	
P5E2BCE	PPO
	Platinum
Deductible (In) Ind / Fam	\$350 / \$1,050
(Out) Ind / Fam	700.0 / 2100.0
Out-of-Pocket Max (In) Ind / Fam	\$1,750 / \$5,250
(Out) Ind / Fam	See SBC
Coinsurance	
In-Network	20%
Out-of-Network	50%
Doctor Visit	\$35/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$70/visit; deductible does not apply
X-ray/Lab	20% coinsurance
Imaging	20% coinsurance
Urgent Care	\$70/visit; deductible does not apply
Emergency Room	\$400/visit plus 20% coin...
Hospital Stay	\$200/visit plus 20% coin...
Prescription Drugs	\$15/\$25/\$65/\$105/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,129.42
Monthly Premium	\$2,129.42

SBC

20	 BlueCross BlueShield of Illinois
BlueCross BlueShield of Illinois P5E1BCE Blue Choice Preferred Platinum PPO	
	\$2,132.33
Total Monthly Cost	
P5E1BCE	PPO
	Platinum
Deductible (In) Ind / Fam	\$600 / \$1,800
(Out) Ind / Fam	1200.0 / 3600.0
Out-of-Pocket Max (In) Ind / Fam	\$1,750 / \$5,250
(Out) Ind / Fam	See SBC
Coinsurance	
In-Network	10%
Out-of-Network	60%
Doctor Visit	\$25/visit; deductible does not apply
Virtual Visit	See SBC
Specialist Visit	\$50/visit; deductible does not apply
X-ray/Lab	10% coinsurance
Imaging	10% coinsurance
Urgent Care	\$75/visit; deductible does not apply
Emergency Room	\$400/visit plus 10% coin...
Hospital Stay	\$200/visit plus 10% coin...
Prescription Drugs	\$15/\$25/\$80/\$130/\$250...
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$2,132.33
Monthly Premium	\$2,132.33

SBC

Medical Employee Costs Breakdown



BlueCross BlueShield of Illinois B5N1BCE Blue Choice Preferred Bronze
B5N1BCE, PPO, Bronze

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$267.77	31	\$405.69	48	\$572.30
15	\$291.58	32	\$414.09	49	\$597.15
16	\$300.68	33	\$419.34	50	\$625.16
17	\$309.78	34	\$424.94	51	\$652.81
18	\$319.58	35	\$427.74	52	\$683.26
19	\$329.38	36	\$430.54	53	\$714.06
20	\$339.53	37	\$433.34	54	\$747.32
21	\$350.03	38	\$436.14	55	\$780.57
22	\$350.03	39	\$441.74	56	\$816.62
23	\$350.03	40	\$447.34	57	\$853.03
24	\$350.03	41	\$455.74	58	\$891.88
25	\$351.43	42	\$463.79	59	\$911.13
26	\$358.43	43	\$474.99	60	\$949.98
27	\$366.83	44	\$488.99	61	\$983.59
28	\$380.48	45	\$505.45	62	\$1,005.64
29	\$391.69	46	\$525.05	63	\$1,033.29
30	\$397.29	47	\$547.10	64=>	\$1,050.09

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	\$1,414.83	\$1,414.83
			\$0.00	\$1,414.83	\$1,414.83*



**BlueCross BlueShield of Illinois B536BCE Blue Choice Preferred Bronze PPO
B536BCE, PPO, Bronze**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$271.38	31	\$411.15	48	\$580.00
15	\$295.50	32	\$419.66	49	\$605.19
16	\$304.72	33	\$424.98	50	\$633.57
17	\$313.95	34	\$430.66	51	\$661.59
18	\$323.88	35	\$433.49	52	\$692.46
19	\$333.81	36	\$436.33	53	\$723.67
20	\$344.10	37	\$439.17	54	\$757.37
21	\$354.74	38	\$442.01	55	\$791.07
22	\$354.74	39	\$447.68	56	\$827.61
23	\$354.74	40	\$453.36	57	\$864.51
24	\$354.74	41	\$461.87	58	\$903.88
25	\$356.16	42	\$470.03	59	\$923.39
26	\$363.26	43	\$481.38	60	\$962.77
27	\$371.77	44	\$495.57	61	\$996.82
28	\$385.60	45	\$512.25	62	\$1,019.17
29	\$396.96	46	\$532.11	63	\$1,047.20
30	\$402.63	47	\$554.46	64=>	\$1,064.23

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	\$1,433.87	\$1,433.87
			\$0.00	\$1,433.87	\$1,433.87*



**BlueCross BlueShield of Illinois B535BCE Blue Choice Preferred Bronze PPO
B535BCE, PPO, Bronze**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$275.05	31	\$416.71	48	\$587.86
15	\$299.50	32	\$425.34	49	\$613.39
16	\$308.85	33	\$430.74	50	\$642.15
17	\$318.20	34	\$436.49	51	\$670.55
18	\$328.27	35	\$439.37	52	\$701.83
19	\$338.33	36	\$442.24	53	\$733.47
20	\$348.76	37	\$445.12	54	\$767.63
21	\$359.55	38	\$447.99	55	\$801.79
22	\$359.55	39	\$453.75	56	\$838.82
23	\$359.55	40	\$459.50	57	\$876.21
24	\$359.55	41	\$468.13	58	\$916.12
25	\$360.98	42	\$476.40	59	\$935.90
26	\$368.18	43	\$487.90	60	\$975.81
27	\$376.80	44	\$502.29	61	\$1,010.32
28	\$390.83	45	\$519.18	62	\$1,032.98
29	\$402.33	46	\$539.32	63	\$1,061.38
30	\$408.08	47	\$561.97	64=>	\$1,078.64

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	\$1,453.29	\$1,453.29
			\$0.00	\$1,453.29	\$1,453.29*



**BlueCross BlueShield of Illinois S5J1BCE Blue Choice Preferred Silver PPO
S5J1BCE, PPO, Silver**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$293.23	31	\$444.25	48	\$626.70
15	\$319.29	32	\$453.45	49	\$653.91
16	\$329.26	33	\$459.20	50	\$684.58
17	\$339.22	34	\$465.33	51	\$714.86
18	\$349.95	35	\$468.40	52	\$748.21
19	\$360.69	36	\$471.46	53	\$781.94
20	\$371.80	37	\$474.53	54	\$818.35
21	\$383.30	38	\$477.59	55	\$854.76
22	\$383.30	39	\$483.73	56	\$894.24
23	\$383.30	40	\$489.86	57	\$934.11
24	\$383.30	41	\$499.06	58	\$976.65
25	\$384.84	42	\$507.88	59	\$997.74
26	\$392.50	43	\$520.14	60	\$1,040.28
27	\$401.70	44	\$535.47	61	\$1,077.08
28	\$416.65	45	\$553.49	62	\$1,101.23
29	\$428.91	46	\$574.95	63	\$1,131.51
30	\$435.05	47	\$599.10	64=>	\$1,149.91

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	\$1,549.31	\$1,549.31
			\$0.00	\$1,549.31	\$1,549.31*



5 BlueCross BlueShield of Illinois S534BCE Blue Choice Preferred Silver PPO
S534BCE, PPO, Silver

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$295.98	31	\$448.42	48	\$632.58
15	\$322.29	32	\$457.70	49	\$660.05
16	\$332.35	33	\$463.51	50	\$691.01
17	\$342.41	34	\$469.70	51	\$721.57
18	\$353.24	35	\$472.79	52	\$755.23
19	\$364.07	36	\$475.89	53	\$789.28
20	\$375.29	37	\$478.98	54	\$826.03
21	\$386.90	38	\$482.08	55	\$862.79
22	\$386.90	39	\$488.27	56	\$902.64
23	\$386.90	40	\$494.46	57	\$942.88
24	\$386.90	41	\$503.75	58	\$985.82
25	\$388.45	42	\$512.64	59	\$1,007.10
26	\$396.19	43	\$525.03	60	\$1,050.05
27	\$405.47	44	\$540.50	61	\$1,087.19
28	\$420.56	45	\$558.69	62	\$1,111.57
29	\$432.94	46	\$580.35	63	\$1,142.13
30	\$439.13	47	\$604.73	64=>	\$1,160.70

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	\$1,563.86	\$1,563.86
			\$0.00	\$1,563.86	\$1,563.86*



**BlueCross BlueShield of Illinois S535BCE Blue Choice Preferred Silver PPO
S535BCE, PPO, Silver**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$297.25	31	\$450.34	48	\$635.30
15	\$323.67	32	\$459.67	49	\$662.88
16	\$333.77	33	\$465.50	50	\$693.97
17	\$343.88	34	\$471.71	51	\$724.66
18	\$354.76	35	\$474.82	52	\$758.47
19	\$365.64	36	\$477.93	53	\$792.66
20	\$376.90	37	\$481.04	54	\$829.58
21	\$388.56	38	\$484.15	55	\$866.49
22	\$388.56	39	\$490.36	56	\$906.51
23	\$388.56	40	\$496.58	57	\$946.92
24	\$388.56	41	\$505.91	58	\$990.05
25	\$390.11	42	\$514.84	59	\$1,011.42
26	\$397.89	43	\$527.28	60	\$1,054.55
27	\$407.21	44	\$542.82	61	\$1,091.85
28	\$422.36	45	\$561.08	62	\$1,116.33
29	\$434.80	46	\$582.84	63	\$1,147.03
30	\$441.02	47	\$607.32	64=>	\$1,165.68

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	\$1,570.56	\$1,570.56
			\$0.00	\$1,570.56	\$1,570.56*



**BlueCross BlueShield of Illinois S531BCE Blue Choice Preferred Silver PPO
S531BCE, PPO, Silver**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$298.00	31	\$451.48	48	\$636.91
15	\$324.49	32	\$460.83	49	\$664.57
16	\$334.62	33	\$466.68	50	\$695.73
17	\$344.75	34	\$472.91	51	\$726.50
18	\$355.66	35	\$476.03	52	\$760.39
19	\$366.56	36	\$479.14	53	\$794.67
20	\$377.86	37	\$482.26	54	\$831.68
21	\$389.55	38	\$485.37	55	\$868.69
22	\$389.55	39	\$491.61	56	\$908.81
23	\$389.55	40	\$497.84	57	\$949.32
24	\$389.55	41	\$507.19	58	\$992.56
25	\$391.10	42	\$516.15	59	\$1,013.99
26	\$398.90	43	\$528.61	60	\$1,057.23
27	\$408.24	44	\$544.20	61	\$1,094.62
28	\$423.44	45	\$562.50	62	\$1,119.17
29	\$435.90	46	\$584.32	63	\$1,149.94
30	\$442.13	47	\$608.86	64=>	\$1,168.64

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	\$1,574.55	\$1,574.55
			\$0.00	\$1,574.55	\$1,574.55*



**BlueCross BlueShield of Illinois S532BCE Blue Choice Preferred Silver PP
S532BCE, PPO, Silver**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$299.66	31	\$454.00	48	\$640.45
15	\$326.30	32	\$463.40	49	\$668.26
16	\$336.48	33	\$469.27	50	\$699.60
17	\$346.67	34	\$475.54	51	\$730.55
18	\$357.63	35	\$478.67	52	\$764.62
19	\$368.60	36	\$481.81	53	\$799.10
20	\$379.96	37	\$484.94	54	\$836.31
21	\$391.71	38	\$488.08	55	\$873.52
22	\$391.71	39	\$494.34	56	\$913.87
23	\$391.71	40	\$500.61	57	\$954.61
24	\$391.71	41	\$510.01	58	\$998.09
25	\$393.28	42	\$519.02	59	\$1,019.63
26	\$401.11	43	\$531.56	60	\$1,063.11
27	\$410.52	44	\$547.22	61	\$1,100.72
28	\$425.79	45	\$565.63	62	\$1,125.39
29	\$438.33	46	\$587.57	63	\$1,156.34
30	\$444.59	47	\$612.25	64=>	\$1,175.14

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	\$1,583.31	\$1,583.31
			\$0.00	\$1,583.31	\$1,583.31*



**BlueCross BlueShield of Illinois G535BCE Blue Choice Preferred Gold PPO
G535BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$319.90	31	\$484.66	48	\$683.71
15	\$348.33	32	\$494.69	49	\$713.40
16	\$359.21	33	\$500.97	50	\$746.85
17	\$370.08	34	\$507.66	51	\$779.89
18	\$381.79	35	\$511.00	52	\$816.27
19	\$393.50	36	\$514.35	53	\$853.06
20	\$405.62	37	\$517.69	54	\$892.79
21	\$418.17	38	\$521.04	55	\$932.52
22	\$418.17	39	\$527.73	56	\$975.59
23	\$418.17	40	\$534.42	57	\$1,019.08
24	\$418.17	41	\$544.46	58	\$1,065.49
25	\$419.84	42	\$554.07	59	\$1,088.49
26	\$428.21	43	\$567.46	60	\$1,134.91
27	\$438.24	44	\$584.18	61	\$1,175.05
28	\$454.55	45	\$603.84	62	\$1,201.40
29	\$467.93	46	\$627.25	63	\$1,234.43
30	\$474.62	47	\$653.60	64=>	\$1,254.51

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	\$1,690.24	\$1,690.24
			\$0.00	\$1,690.24	\$1,690.24*



**BlueCross BlueShield of Illinois G533BCE Blue Choice Preferred Gold PPO
G533BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$331.54	31	\$502.30	48	\$708.59
15	\$361.01	32	\$512.70	49	\$739.36
16	\$372.28	33	\$519.20	50	\$774.03
17	\$383.55	34	\$526.13	51	\$808.27
18	\$395.68	35	\$529.60	52	\$845.97
19	\$407.82	36	\$533.07	53	\$884.11
20	\$420.39	37	\$536.53	54	\$925.28
21	\$433.39	38	\$540.00	55	\$966.46
22	\$433.39	39	\$546.94	56	\$1,011.09
23	\$433.39	40	\$553.87	57	\$1,056.17
24	\$433.39	41	\$564.27	58	\$1,104.27
25	\$435.12	42	\$574.24	59	\$1,128.11
26	\$443.79	43	\$588.11	60	\$1,176.22
27	\$454.19	44	\$605.44	61	\$1,217.82
28	\$471.09	45	\$625.81	62	\$1,245.12
29	\$484.96	46	\$650.08	63	\$1,279.36
30	\$491.90	47	\$677.39	64=>	\$1,300.16

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	\$1,751.75	\$1,751.75
			\$0.00	\$1,751.75	\$1,751.75*



**BlueCross BlueShield of Illinois G530BCE Blue Choice Preferred Gold PPO
G530BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$334.76	31	\$507.18	48	\$715.47
15	\$364.52	32	\$517.68	49	\$746.54
16	\$375.90	33	\$524.24	50	\$781.55
17	\$387.27	34	\$531.24	51	\$816.12
18	\$399.53	35	\$534.74	52	\$854.19
19	\$411.78	36	\$538.25	53	\$892.70
20	\$424.47	37	\$541.75	54	\$934.27
21	\$437.60	38	\$545.25	55	\$975.84
22	\$437.60	39	\$552.25	56	\$1,020.92
23	\$437.60	40	\$559.25	57	\$1,066.43
24	\$437.60	41	\$569.75	58	\$1,115.00
25	\$439.35	42	\$579.82	59	\$1,139.07
26	\$448.10	43	\$593.82	60	\$1,187.64
27	\$458.60	44	\$611.32	61	\$1,229.65
28	\$475.67	45	\$631.89	62	\$1,257.22
29	\$489.67	46	\$656.40	63	\$1,291.79
30	\$496.67	47	\$683.97	64=>	\$1,312.79

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	\$1,768.77	\$1,768.77
			\$0.00	\$1,768.77	\$1,768.77*



**BlueCross BlueShield of Illinois G537BCE Blue Choice Preferred Gold PPO
G537BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$340.01	31	\$515.13	48	\$726.69
15	\$370.24	32	\$525.80	49	\$758.25
16	\$381.79	33	\$532.46	50	\$793.81
17	\$393.35	34	\$539.57	51	\$828.92
18	\$405.79	35	\$543.13	52	\$867.59
19	\$418.24	36	\$546.69	53	\$906.70
20	\$431.13	37	\$550.24	54	\$948.92
21	\$444.46	38	\$553.80	55	\$991.15
22	\$444.46	39	\$560.91	56	\$1,036.93
23	\$444.46	40	\$568.02	57	\$1,083.15
24	\$444.46	41	\$578.69	58	\$1,132.48
25	\$446.24	42	\$588.91	59	\$1,156.93
26	\$455.13	43	\$603.13	60	\$1,206.26
27	\$465.79	44	\$620.91	61	\$1,248.93
28	\$483.13	45	\$641.80	62	\$1,276.93
29	\$497.35	46	\$666.69	63	\$1,312.05
30	\$504.46	47	\$694.69	64=>	\$1,333.38

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	\$1,796.51	\$1,796.51
			\$0.00	\$1,796.51	\$1,796.51*



**BlueCross BlueShield of Illinois G534BCE Blue Choice Preferred Gold PPO
G534BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$340.40	31	\$515.71	48	\$727.51
15	\$370.65	32	\$526.39	49	\$759.10
16	\$382.22	33	\$533.06	50	\$794.70
17	\$393.79	34	\$540.18	51	\$829.85
18	\$406.25	35	\$543.74	52	\$868.56
19	\$418.71	36	\$547.30	53	\$907.72
20	\$431.61	37	\$550.86	54	\$949.99
21	\$444.96	38	\$554.42	55	\$992.26
22	\$444.96	39	\$561.54	56	\$1,038.09
23	\$444.96	40	\$568.66	57	\$1,084.37
24	\$444.96	41	\$579.34	58	\$1,133.76
25	\$446.74	42	\$589.57	59	\$1,158.23
26	\$455.64	43	\$603.81	60	\$1,207.62
27	\$466.32	44	\$621.61	61	\$1,250.34
28	\$483.67	45	\$642.52	62	\$1,278.37
29	\$497.91	46	\$667.44	63	\$1,313.52
30	\$505.03	47	\$695.47	64=>	\$1,334.88

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	\$1,798.53	\$1,798.53
			\$0.00	\$1,798.53	\$1,798.53*



**BlueCross BlueShield of Illinois G536BCE Blue Choice Preferred Gold PPO
G536BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$341.96	31	\$518.09	48	\$730.86
15	\$372.36	32	\$528.81	49	\$762.60
16	\$383.98	33	\$535.52	50	\$798.36
17	\$395.60	34	\$542.67	51	\$833.68
18	\$408.12	35	\$546.25	52	\$872.57
19	\$420.64	36	\$549.82	53	\$911.90
20	\$433.60	37	\$553.40	54	\$954.37
21	\$447.01	38	\$556.98	55	\$996.83
22	\$447.01	39	\$564.13	56	\$1,042.88
23	\$447.01	40	\$571.28	57	\$1,089.37
24	\$447.01	41	\$582.01	58	\$1,138.98
25	\$448.80	42	\$592.29	59	\$1,163.57
26	\$457.74	43	\$606.59	60	\$1,213.19
27	\$468.47	44	\$624.47	61	\$1,256.10
28	\$485.90	45	\$645.48	62	\$1,284.26
29	\$500.21	46	\$670.52	63	\$1,319.58
30	\$507.36	47	\$698.68	64=>	\$1,341.03

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	\$1,806.82	\$1,806.82
			\$0.00	\$1,806.82	\$1,806.82*



**BlueCross BlueShield of Illinois G532BCE Blue Choice Preferred Gold PPO
G532BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$342.47	31	\$518.85	48	\$731.94
15	\$372.91	32	\$529.59	49	\$763.72
16	\$384.55	33	\$536.31	50	\$799.54
17	\$396.19	34	\$543.47	51	\$834.90
18	\$408.72	35	\$547.05	52	\$873.85
19	\$421.26	36	\$550.63	53	\$913.24
20	\$434.24	37	\$554.21	54	\$955.77
21	\$447.67	38	\$557.79	55	\$998.30
22	\$447.67	39	\$564.96	56	\$1,044.41
23	\$447.67	40	\$572.12	57	\$1,090.97
24	\$447.67	41	\$582.86	58	\$1,140.66
25	\$449.46	42	\$593.16	59	\$1,165.28
26	\$458.41	43	\$607.49	60	\$1,214.97
27	\$469.16	44	\$625.39	61	\$1,257.95
28	\$486.62	45	\$646.43	62	\$1,286.15
29	\$500.94	46	\$671.50	63	\$1,321.52
30	\$508.10	47	\$699.71	64=>	\$1,343.00

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	\$1,809.47	\$1,809.47
			\$0.00	\$1,809.47	\$1,809.47*



**BlueCross BlueShield of Illinois G531BCE Blue Choice Preferred Gold PPO
G531BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$344.75	31	\$522.31	48	\$736.82
15	\$375.40	32	\$533.13	49	\$768.82
16	\$387.11	33	\$539.89	50	\$804.87
17	\$398.83	34	\$547.10	51	\$840.48
18	\$411.45	35	\$550.70	52	\$879.68
19	\$424.07	36	\$554.31	53	\$919.34
20	\$437.14	37	\$557.91	54	\$962.15
21	\$450.66	38	\$561.52	55	\$1,004.97
22	\$450.66	39	\$568.73	56	\$1,051.38
23	\$450.66	40	\$575.94	57	\$1,098.25
24	\$450.66	41	\$586.76	58	\$1,148.27
25	\$452.46	42	\$597.12	59	\$1,173.06
26	\$461.47	43	\$611.54	60	\$1,223.08
27	\$472.29	44	\$629.57	61	\$1,266.35
28	\$489.86	45	\$650.75	62	\$1,294.74
29	\$504.29	46	\$675.99	63	\$1,330.34
30	\$511.50	47	\$704.38	64=>	\$1,351.97

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	\$1,821.56	\$1,821.56
			\$0.00	\$1,821.56	\$1,821.56*



**BlueCross BlueShield of Illinois G5M2BCE Blue Choice Preferred Gold PPO
G5M2BCE, PPO, Gold**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$353.26	31	\$535.20	48	\$755.00
15	\$384.66	32	\$546.28	49	\$787.79
16	\$396.67	33	\$553.21	50	\$824.73
17	\$408.67	34	\$560.60	51	\$861.21
18	\$421.60	35	\$564.29	52	\$901.39
19	\$434.53	36	\$567.98	53	\$942.02
20	\$447.92	37	\$571.68	54	\$985.89
21	\$461.78	38	\$575.37	55	\$1,029.76
22	\$461.78	39	\$582.76	56	\$1,077.32
23	\$461.78	40	\$590.15	57	\$1,125.35
24	\$461.78	41	\$601.23	58	\$1,176.61
25	\$463.62	42	\$611.85	59	\$1,202.00
26	\$472.86	43	\$626.63	60	\$1,253.26
27	\$483.94	44	\$645.10	61	\$1,297.59
28	\$501.95	45	\$666.80	62	\$1,326.68
29	\$516.73	46	\$692.66	63	\$1,363.16
30	\$524.12	47	\$721.76	64=>	\$1,385.33

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	\$1,866.50	\$1,866.50
			\$0.00	\$1,866.50	\$1,866.50*



**BlueCross BlueShield of Illinois P5M1BCE Blue Choice Preferred Platinum PPO
P5M1BCE, PPO, Platinum**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$398.44	31	\$603.65	48	\$851.57
15	\$433.86	32	\$616.15	49	\$888.55
16	\$447.40	33	\$623.96	50	\$930.22
17	\$460.94	34	\$632.30	51	\$971.36
18	\$475.52	35	\$636.46	52	\$1,016.67
19	\$490.11	36	\$640.63	53	\$1,062.51
20	\$505.21	37	\$644.80	54	\$1,111.99
21	\$520.84	38	\$648.96	55	\$1,161.47
22	\$520.84	39	\$657.30	56	\$1,215.11
23	\$520.84	40	\$665.63	57	\$1,269.28
24	\$520.84	41	\$678.13	58	\$1,327.09
25	\$522.92	42	\$690.11	59	\$1,355.74
26	\$533.34	43	\$706.78	60	\$1,413.55
27	\$545.84	44	\$727.61	61	\$1,463.55
28	\$566.15	45	\$752.09	62	\$1,496.37
29	\$582.82	46	\$781.26	63	\$1,537.51
30	\$591.15	47	\$814.07	64=>	\$1,562.51

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	\$2,105.22	\$2,105.22
			\$0.00	\$2,105.22	\$2,105.22*



**BlueCross BlueShield of Illinois P5E2BCE Blue Choice Preferred Platinum PPO
P5E2BCE, PPO, Platinum**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$403.02	31	\$610.59	48	\$861.36
15	\$438.84	32	\$623.23	49	\$898.76
16	\$452.54	33	\$631.13	50	\$940.91
17	\$466.24	34	\$639.56	51	\$982.53
18	\$480.99	35	\$643.78	52	\$1,028.36
19	\$495.74	36	\$647.99	53	\$1,074.72
20	\$511.02	37	\$652.21	54	\$1,124.77
21	\$526.82	38	\$656.42	55	\$1,174.82
22	\$526.82	39	\$664.85	56	\$1,229.08
23	\$526.82	40	\$673.28	57	\$1,283.87
24	\$526.82	41	\$685.92	58	\$1,342.35
25	\$528.93	42	\$698.04	59	\$1,371.32
26	\$539.47	43	\$714.90	60	\$1,429.80
27	\$552.11	44	\$735.97	61	\$1,480.37
28	\$572.66	45	\$760.73	62	\$1,513.56
29	\$589.52	46	\$790.23	63	\$1,555.18
30	\$597.94	47	\$823.42	64=>	\$1,580.47

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	\$2,129.42	\$2,129.42
			\$0.00	\$2,129.42	\$2,129.42*



**BlueCross BlueShield of Illinois P5E1BCE Blue Choice Preferred Platinum PPO
P5E1BCE, PPO, Platinum**

Medical

Monthly

Monthly Age Banded Rates

<= 14	\$403.57	31	\$611.42	48	\$862.53
15	\$439.44	32	\$624.08	49	\$899.99
16	\$453.16	33	\$632.00	50	\$942.19
17	\$466.88	34	\$640.44	51	\$983.87
18	\$481.65	35	\$644.66	52	\$1,029.76
19	\$496.42	36	\$648.88	53	\$1,076.19
20	\$511.72	37	\$653.10	54	\$1,126.30
21	\$527.54	38	\$657.32	55	\$1,176.42
22	\$527.54	39	\$665.76	56	\$1,230.76
23	\$527.54	40	\$674.20	57	\$1,285.62
24	\$527.54	41	\$686.86	58	\$1,344.18
25	\$529.65	42	\$698.99	59	\$1,373.19
26	\$540.20	43	\$715.88	60	\$1,431.75
27	\$552.87	44	\$736.98	61	\$1,482.40
28	\$573.44	45	\$761.77	62	\$1,515.63
29	\$590.32	46	\$791.31	63	\$1,557.31
30	\$598.76	47	\$824.55	64=>	\$1,582.63

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	\$2,132.33	\$2,132.33
			\$0.00	\$2,132.33	\$2,132.33*

 **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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