

# 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**

<b>State</b> IL	<b>Zip Code</b> 60410	<b>County</b> Will
<b>ATNE</b> 1	<b>Total Number of Eligible Employees</b> 1	<b>Primary Contact</b>
<b>Quote ID</b> 2QTK7Y5	<b>SIC Code</b> 7311	

**Employee Information**


<b>Number of Waiving Employees</b> 0	<b>Number of Enrolling Employees</b> 1
<b>Total Dependents</b> 3	<b>Total Enrolling Members</b> 4
<b>Number at Each Coverage Tier</b> EE 0 ES 0 EC 0 EF 1	

**Producer Information**

<b>Writing Producer</b> Butch Zemar
<b>Agency</b> Zemar Investments, Inc. dba Elite Benefits of America
<b>General Agent</b>

Medical Coverage

1



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% coinsurance
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 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% coinsurance
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 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 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	\$250/visit plus plan deductible
Hospital Stay	No Charge after deductible
Prescription Drugs	No Charge after deductible
RX deductible	See SBC
Employer Cost	\$0.00
Employee Cost	\$1,453.29
Monthly Premium	\$1,453.29

4



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 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	\$1,549.31
Monthly Premium	\$1,549.31

SBC


SBC

SBC

SBC

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 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	\$1,563.86
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 deducti...
Imaging	No Charge after deducti...
Urgent Care	\$80/visit; deductible does not apply
Emergency Room	\$500/visit plus plan ded...
Hospital Stay	\$250/visit plus plan ded...
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

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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% coin...
Hospital Stay	\$250/visit plus 30% coin...
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

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% coin...
Hospital Stay	\$250/visit plus 40% coin...
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


SBC

SBC

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

Gold

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

Gold

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

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BlueCross BlueShield of Illinois

BlueCross BlueShield of Illinois G530BCE Blue Choice Preferred Gold PPO

\$1,768.77

Total Monthly Cost

G530BCE


PPO

Gold

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 deducti...
Imaging	No Charge after deducti...
Urgent Care	\$75/visit; deductible does not apply
Emergency Room	\$500/visit plus plan ded...
Hospital Stay	\$250/visit plus plan ded...
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


Gold

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 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	\$1,796.51
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

Gold

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

Gold

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

15



BlueCross BlueShield of Illinois

BlueCross BlueShield of Illinois G532BCE Blue Choice Preferred Gold PPO

\$1,809.47

Total Monthly Cost


G532BCE

PPO

Gold

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

16



BlueCross BlueShield of Illinois

BlueCross BlueShield of Illinois G531BCE Blue Choice Preferred Gold PPO

\$1,821.56

Total Monthly Cost

G531BCE

PPO

Gold

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


SBC

SBC

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 deducti...
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

SBC

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

1

BlueCross BlueShield of Illinois

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*

2

BlueCross BlueShield of Illinois

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*

3



BlueCross BlueShield  
of Illinois

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*

4

BlueCross BlueShield of Illinois

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

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*

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BlueCross BlueShield of Illinois

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*


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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield  
of Illinois

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*

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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield  
of Illinois

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*

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BlueCross BlueShield  
of Illinois

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*

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BlueCross BlueShield  
of Illinois

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*


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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield of Illinois

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*

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BlueCross BlueShield  
of Illinois

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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