

J.B. Sullivan Blue Cross Blue Shield of Illinois Dental effective 01/01/2019

EMPLOYEE \$ 29.51
 EMPLOYEE/SPOUSE \$ 60.45
 EMPLOYEE/CHILD \$ 72.36
 FAMILY \$ 111.24

INSURANCE COVERAGE	PERCENT EMPLOYEE PAYS	MONTHLY PREMIUM	TIMES MONTHS	DIVIDED BY PAY PERIODS	WHAT YOU PAY PER PERIOD
EMPLOYEE	100%	\$ 29.51	12	26	\$ 13.60
EMPLOYEE/SPOUSE	100%	\$ 60.45	12	26	\$ 27.90
EMPLOYEE/CHILD	100%	\$ 72.36	12	26	\$ 33.30
FAMILY	100%	\$ 111.24	12	26	\$ 51.30