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

Sullivan's Pay 72% of Employee only and 62% of other packages

EMPLOYEE \$567.50 EMPLOYEE/SPOUSE \$1,249.47 EMPLOYEE/CHILD \$969.00 FAMILY \$1,651.76

PERCENT SULLIVAN'S FOODS PAYS	INSURANCE COVERAGE	P	TOTAL REMIUM	PERCENT EMPLOYEE PAYS	EQUALS	TIMES MONTHS	DIVIDED BY PAY PERIODS	P	HAT YOU PAY PER PERIOD
72%	EMPLOYEE	\$	567.50	28%	\$ 158.90	12	26	\$	73.30
62%	EMPLOYEE/SPOUSE	\$	1,249.47	38%	\$ 474.70	12	26	\$	219.00
62%	EMPLOYEE/CHILD	\$	969.00	38%	\$ 368.20	12	26	\$	169.90
62%	FAMILY	\$	1,651.76	38%	\$ 627.60	12	26	\$	289.60

^{*}Note: Pre-tax calculations are an estimated savings amount. Please consult your tax advisor for an exact amount.

COBRA RATES (Monthly)
Employee Only \$578.85
Employee/Spouse \$1,274.45
Employee/Child \$989.18
Family \$1,684.79