

**J.B. Sullivan Blue Cross Blue Shield of Illinois Dental effective 01/01/2020**

EMPLOYEE \$ 30.99  
 EMPLOYEE/SPOUSE \$ 63.63  
 EMPLOYEE/CHILD \$ 75.29  
 FAMILY \$ 116.14

INSURANCE COVERAGE	PERCENT EMPLOYEE PAYS	MONTHLY PREMIUM	TIMES MONTHS	DIVIDED BY PAY PERIODS	WHAT YOU PAY PER PERIOD
EMPLOYEE	100%	\$ 30.99	12	26	\$ 14.30
EMPLOYEE/SPOUSE	100%	\$ 63.63	12	26	\$ 29.36
EMPLOYEE/CHILD	100%	\$ 75.29	12	26	\$ 34.75
FAMILY	100%	\$ 116.14	12	26	\$ 53.60

**COBRA RATES** (Monthly)  
 Employee Only \$30.99  
 Employee/Spouse \$63.63  
 Employee/Child \$75.29  
 Family \$116.14