

J.B. Sullivan United Health Care of Illinois Dental effective 01/01/2021

EMPLOYEE \$ 32.13
 EMPLOYEE/SPOUSE \$ 65.97
 EMPLOYEE/CHILD \$ 78.06
 FAMILY \$ 120.41

INSURANCE COVERAGE	PERCENT EMPLOYEE PAYS	MONTHLY PREMIUM	TIMES MONTHS	DIVIDED BY PAY PERIODS	WHAT YOU PAY PER PERIOD
EMPLOYEE	100%	\$ 32.13	12	26	\$ 14.82
EMPLOYEE/SPOUSE	100%	\$ 65.97	12	26	\$ 30.50
EMPLOYEE/CHILD	100%	\$ 78.06	12	26	\$ 36.10
FAMILY	100%	\$ 120.41	12	26	\$ 55.60

COBRA RATES (Monthly)
 Employee Only \$32.83
 Employee/Spouse \$67.37
 Employee/Child \$79.66
 Family \$122.91