

**J.B. Sullivan Blue Cross Blue Sheild of Illinois Health effective 01/01/2023**

Sullivan's Pay 75% of Employee only and 65% of other packages

**EMPLOYEE \$610.66**  
**EMPLOYEE/SPOUSE \$1,288.67**  
**EMPLOYEE/CHILD \$1,135.15**  
**FAMILY \$1,813.16**

PERCENT SULLIVAN'S FOODS PAYS	INSURANCE COVERAGE	TOTAL PREMIUM	PERCENT EMPLOYEE PAYS	EQUALS	TIMES MONTHS	DIVIDED BY PAY PERIODS	WHAT YOU PAY PER PERIOD	Biweekly compared to 2022
75%	EMPLOYEE	\$610.66	25%	\$152.67	12	26	\$70.45	Up \$4.34
65%	EMPLOYEE/SPOUSE	\$1,288.67	35%	\$451.03	12	26	\$208.16	Up \$64.86
65%	EMPLOYEE/CHILD	\$1,135.15	35%	\$397.30	12	26	\$183.36	Up \$67.04
65%	FAMILY	\$1,813.16	35%	\$634.60	12	26	\$292.89	Up \$99.39

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

**COBRA RATES** (Monthly)  
 Employee Only \$622.87  
 Employee/Spouse \$1,314.44  
 Employee/Child \$1,157.85  
 Family \$1,849.42