**QUARTERLY RATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Conference** | **Zip** | **Age Group** |
| 2019 | Illinois South | 62249 | 1 (UNDER 25) |
| **Non-Medicare Rates:** | **Plan A** | **Plan B** | **Plan C** | **Dental Plan** | **Annual Vision Rates** |
| **Single** | $1,022.25 | $869.25 | $699.75 | $127.50 | $100.00 |
| **Two Adults** | $2,028.75 | $1,743.00 | $1,403.25 | $246.00 | $183.00 |
| **Single w/Child(ren)** | $1,994.25 | $1,715.25 | $1,381.50 | $249.75 | $164.00 |
| **Two Adults w/Child(ren)** | $2,186.25 | $1,839.75 | $1,477.50 | $280.50 | $249.00 |

**ALL RATES ARE QUARTERLY, EXCEPT VISION**

**\* The correct age rate is based on the employee's age as of January 1 of the current Plan Year.
\* If an employee will age into a different age band during the current Plan Year, their rate will not change until January 1 of the following Plan Year.**

**QUARTERLY RATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Conference** | **Zip** | **Age Group** |
| 2019 | Illinois South | 62249 | 2 (25-29) |
| **Non-Medicare Rates:** | **Plan A** | **Plan B** | **Plan C** | **Dental Plan** | **Annual Vision Rates** |
| **Single** | $1,577.25 | $1,340.25 | $1,079.25 | $127.50 | $100.00 |
| **Two Adults** | $3,130.50 | $2,688.75 | $2,165.25 | $246.00 | $183.00 |
| **Single w/Child(ren)** | $3,076.50 | $2,646.00 | $2,131.50 | $249.75 | $164.00 |
| **Two Adults w/Child(ren)** | $3,372.75 | $2,838.75 | $2,279.25 | $280.50 | $249.00 |

**ALL RATES ARE QUARTERLY, EXCEPT VISION**

**\* The correct age rate is based on the employee's age as of January 1 of the current Plan Year.
\* If an employee will age into a different age band during the current Plan Year, their rate will not change until January 1 of the following Plan Year.**

**QUARTERLY RATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Conference** | **Zip** | **Age Group** |
| 2019 | Illinois South | 62249 | 3 (30-34) |
| **Non-Medicare Rates:** | **Plan A** | **Plan B** | **Plan C** | **Dental Plan** | **Annual Vision Rates** |
| **Single** | $1,694.25 | $1,440.00 | $1,159.50 | $127.50 | $100.00 |
| **Two Adults** | $3,362.25 | $2,888.25 | $2,325.75 | $246.00 | $183.00 |
| **Single w/Child(ren)** | $3,304.50 | $2,841.75 | $2,289.75 | $249.75 | $164.00 |
| **Two Adults w/Child(ren)** | $3,622.50 | $3,049.50 | $2,448.00 | $280.50 | $249.00 |

**ALL RATES ARE QUARTERLY, EXCEPT VISION**

**\* The correct age rate is based on the employee's age as of January 1 of the current Plan Year.
\* If an employee will age into a different age band during the current Plan Year, their rate will not change until January 1 of the following Plan Year.**

**QUARTERLY RATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Conference** | **Zip** | **Age Group** |
| 2019 | Illinois South | 62249 | 4 (35-39) |
| **Non-Medicare Rates:** | **Plan A** | **Plan B** | **Plan C** | **Dental Plan** | **Annual Vision Rates** |
| **Single** | $1,548.00 | $1,315.50 | $1,059.00 | $127.50 | $100.00 |
| **Two Adults** | $3,072.00 | $2,639.25 | $2,124.75 | $246.00 | $183.00 |
| **Single w/Child(ren)** | $3,019.50 | $2,596.50 | $2,091.75 | $249.75 | $164.00 |
| **Two Adults w/Child(ren)** | $3,310.50 | $2,786.25 | $2,237.25 | $280.50 | $249.00 |

**ALL RATES ARE QUARTERLY, EXCEPT VISION**

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\* If an employee will age into a different age band during the current Plan Year, their rate will not change until January 1 of the following Plan Year.**

**QUARTERLY RATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Conference** | **Zip** | **Age Group** |
| 2019 | Illinois South | 62249 | 5 (40) |
| **Non-Medicare Rates:** | **Plan A** | **Plan B** | **Plan C** | **Dental Plan** | **Annual Vision Rates** |
| **Single** | $2,190.75 | $1,862.25 | $1,499.25 | $127.50 | $100.00 |
| **Two Adults** | $4,347.75 | $3,734.25 | $3,007.50 | $246.00 | $183.00 |
| **Single w/Child(ren)** | $4,272.75 | $3,675.00 | $2,960.25 | $249.75 | $164.00 |
| **Two Adults w/Child(ren)** | $4,684.50 | $3,943.50 | $3,165.75 | $280.50 | $249.00 |

**ALL RATES ARE QUARTERLY, EXCEPT VISION**

**\* The correct age rate is based on the employee's age as of January 1 of the current Plan Year.
\* If an employee will age into a different age band during the current Plan Year, their rate will not change until January 1 of the following Plan Year.**

**QUARTERLY RATES**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Conference** | **Zip** | **Age Group** |
| 2019 | Illinois South | 62249 | 6 (41+) |
| **Non-Medicare Rates:** | **Plan A** | **Plan B** | **Plan C** | **Dental Plan** | **Annual Vision Rates** |
| **Single** | $2,920.50 | $2,482.50 | $1,998.75 | $127.50 | $100.00 |
| **Two Adults** | $5,796.75 | $4,979.25 | $4,009.50 | $246.00 | $183.00 |
| **Single w/Child(ren)** | $5,697.00 | $4,899.75 | $3,947.25 | $249.75 | $164.00 |
| **Two Adults w/Child(ren)** | $6,246.00 | $5,257.50 | $4,221.00 | $280.50 | $249.00 |

**ALL RATES ARE QUARTERLY, EXCEPT VISION**

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\* If an employee will age into a different age band during the current Plan Year, their rate will not change until January 1 of the following Plan Year.**