



**BlueCross BlueShield  
of Illinois**

**Product Rates**

Account: 212125

Product: 0002 P506PSN

**Rates as of 01/01/2020**

Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*	Age	Total Monthly Health Cost*
0- 14	\$242.17	15	\$263.69	16	\$271.92	17	\$280.15	18	\$289.02	19	\$297.88
20	\$307.06	21	\$316.56	22	\$316.56	23	\$316.56	24	\$316.56	25	\$317.83
26	\$324.16	27	\$331.75	28	\$344.10	29	\$354.23	30	\$359.29	31	\$366.89
32	\$374.49	33	\$379.24	34	\$384.30	35	\$386.84	36	\$389.37	37	\$391.90
38	\$394.43	39	\$399.50	40	\$404.56	41	\$412.16	42	\$419.44	43	\$429.57
44	\$442.23	45	\$457.11	46	\$474.84	47	\$494.78	48	\$517.57	49	\$540.05
50	\$565.37	51	\$590.38	52	\$617.92	53	\$645.78	54	\$675.85	55	\$705.93
56	\$738.53	57	\$771.45	58	\$806.59	59	\$824.00	60	\$859.14	61	\$889.53
62	\$909.47	63	\$934.48	64- 120	\$949.68						