



**BlueCross BlueShield
of Illinois**

Product Rates

Account: 212125

Product: 0005 S507OPT

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	\$224.91	15	\$244.90	16	\$252.55	17	\$260.19	18	\$268.42	19	\$276.66
20	\$285.18	21	\$294.00	22	\$294.00	23	\$294.00	24	\$294.00	25	\$295.18
26	\$301.06	27	\$308.11	28	\$319.58	29	\$328.99	30	\$333.69	31	\$340.75
32	\$347.80	33	\$352.21	34	\$356.92	35	\$359.27	36	\$361.62	37	\$363.97
38	\$366.33	39	\$371.03	40	\$375.74	41	\$382.79	42	\$389.55	43	\$398.96
44	\$410.72	45	\$424.54	46	\$441.00	47	\$459.53	48	\$480.69	49	\$501.57
50	\$525.09	51	\$548.31	52	\$573.89	53	\$599.76	54	\$627.70	55	\$655.63
56	\$685.91	57	\$716.48	58	\$749.12	59	\$765.29	60	\$797.92	61	\$826.15
62	\$844.67	63	\$867.90	64- 120	\$882.00						