

2021 vs. 2020 Illinois Agent's Group Medical Evaluation Comparison

Member + all dependents(member, wife, and at least 1 child)

Option 1A 1,000 dollar family deductible 3,000 Max Family out of pocket(this number includes your deductible)
 Option 2 A 2,800 dollar family deductible 6,000 Max Family out of pocket(this number includes your deductible)
 Option 3A 5,000 dollar family deductible 10,000 Max Family out of pocket(this number includes your deductible)

	2021	2020	% increase		2021	2020	% increase		2021	2020	% increase
Option 1 Cost				Option 2 Cost				Option 3 Cost			
Premiums paid by Agent	29,062.44	25,156.80	15.53%	Premiums paid by Agent	15,255.36	12,071.16	26.38%	Premiums paid by Agent	5,925.60	5,007.48	18.33%
Company contribution	43,883.16	37,217.52	17.91%	Company contribution	37,567.44	29,112.60	29.04%	Company contribution	15,708.72	12,432.60	26.35%
Total cost	72,945.60	62,374.32	16.95%	Total cost	52,822.80	41,183.76	28.26%	Total cost	21,634.32	17,440.08	24.05%