

## 2019 vs. 2018 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 2,700 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)

	2019	2018	% increase		2019	2018	% increase		2019	2017	% increase
<b>Option 1 Cost</b>				<b>Option 2 Cost</b>				<b>Option 3 Cost</b>			
Premiums paid by Agent	24,145.32	25,389.48	-4.90%	Premiums paid by Agent	11,255.16	11,173.80	0.73%	Premiums paid by Agent	4,565.04	4,123.92	10.70%
Company contribution	35,740.92	37,565.40	-4.86%	Company contribution	27,206.76	27,042.36	0.61%	Company contribution	11,393.76	10,367.28	9.90%
Total cost	59,886.24	62,954.88	-4.87%	Total cost	38,461.92	38,216.16	0.64%	Total cost	15,958.80	14,491.20	10.13%