

2020 vs. 2019 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)

	2020	2019	% increase		2020	2019	% increase		2020	2019	% increase
Option 1 Cost				Option 2 Cost				Option 3 Cost			
Premiums paid by Agent	25,156.80	24,145.32	4.19%	Premiums paid by Agent	12,071.16	11,255.16	7.25%	Premiums paid by Agent	5,007.48	4,565.04	9.69%
Company contribution	37,217.52	35,740.92	4.13%	Company contribution	29,112.60	27,206.76	7.01%	Company contribution	12,432.60	11,393.76	9.12%
Total cost	62,374.32	59,886.24	4.15%	Total cost	41,183.76	38,461.92	7.08%	Total cost	17,440.08	15,958.80	9.28%