

Education Service Center Region XII

802376

RATE SHEET

Rates shown are based on monthly deductions. Your payroll deductions will be taken after taxes are taken.

YOUR COVERAGE CHOICES **Check the box for the level of coverage you want.**

Hospital Plan

No Hospital Plan

Plan 2

- Yourself only.....\$20.77
- Yourself and spouse/civil union partner/domestic partner\$44.24
- Yourself plus dependent child(ren)\$32.62
- Yourself and family.....\$52.62

Plan 3

- Yourself only.....\$35.57
 - Yourself and spouse/civil union partner/domestic partner\$74.30
 - Yourself plus dependent child(ren)\$55.73
 - Yourself and family.....\$89.39
-