



Diocese of Rockford
Health Insurance Office
555 Colman Center Drive
P.O. Box 7044
Rockford, IL 61125

(815) 399-4300
FAX: (815) 997-5225

CATHOLIC DIOCESE OF ROCKFORD INSURANCE COVERAGE RATES

Effective July 1, 2012

Single Coverage	\$	736.00
Priest's Coverage		958.00
Dependent Coverage		588.00
Dependent Coverage (both family members are employees)		82.00
Retired Coverage		306.00
Retired Dependent Coverage		234.00
Women Religious Coverage		722.00
Retired Women Religious Coverage		284.00

After leaving the employment of the Diocese, terminated employees have the option of extending coverage for up to one year. The Insurance Trust reserves the right to refuse coverage beyond the first 3 months when circumstances create excessive risk to the Health Plan. *Health Care Plan Extension Request* forms can be supplied by the Health Insurance Office.

The first three months are at the rates above. The next nine months are at the following rates:

EXTENDED COVERAGE RATES

Single Coverage	\$	920.00
Dependent Coverage		736.00
Women Religious Coverage		902.00