

SWCD of Illinois Insurance

**Health
INVOICE**

**Payment Due
JUNE 15TH
For Period
JUNE 2019**

==Make Payment to SWCD Insurance Group==

Send Payment and Copy of Invoice to:

Montgomery County SWCD
Administering District
1621 Vandalia Road
Hillsboro, IL 62049

Date:	Check #:	County:	Total:	\$0.00
--------------	-----------------	----------------	---------------	---------------

Name:						
Employee Only	Managed Care	Monthly \$ 1031.00	Months Covered		Total Due	\$0.00
	Consumer Driven Plan	Monthly \$ 898.00	Months Covered		Total Due	\$0.00
	Local Care	Monthly \$ 1122.00	Months Covered		Total Due	\$0.00
Add One Dependent	Managed Care	Monthly \$ 949.00	Months Covered		Total Due	\$0.00
	Consumer Driven Plan	Monthly \$ 826.00	Months Covered		Total Due	\$0.00
	Local Care	Monthly \$ 1032.00	Months Covered		Total Due	\$0.00
Add Two or More Dependents	Managed Care	Monthly \$ 1526.00	Months Covered		Total Due	\$0.00
	Consumer Driven Plan	Monthly \$ 1329.00	Months Covered		Total Due	\$0.00
	Local Care	Monthly \$ 1661.00	Months Covered		Total Due	\$0.00