

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – MASTER  
HEALTH, VISION, DENTAL RATES (MONTHLY)**

**RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES & SURVIVING DEPENDENTS  
NOTE: THE FOLLOWING RATES APPLY TO ACTIVE EMPLOYEES, RETIRED EMPLOYEES AND  
SURVIVING DEPENDENTS OF A DECEASED EMPLOYEE.**

Active Employee rates include \$1.20 for \$10,000 Basic Life Insurance. Surviving Dependents/Retirees are not eligible for Basic Life Insurance and therefore the rates exclude the charge for Basic Life.

ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLATINUM PLAN		SURVIVING DEPS/RETIRES PLATINUM
COVERAGE TYPE	Eff. 9-1-10	Eff. 9-1-10
Employee	\$536	\$534.80
Employee + Spouse	\$1,106	\$1,104.80
Employee + Child or Children	\$1,068	\$1,066.80
Family	\$1,191	\$1,189.80
Spouse only – no employee	N/A	\$570.00
Child or Children – no employee	N/A	\$532.00
Spouse & Child or Children – no employee	N/A	\$655.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – GOLD PLAN		SURVIVING DEPS/RETIRES GOLD
COVERAGE TYPE	Eff. 9-1-10	Eff. 9-1-10
Employee	\$484	\$482.80
Employee + Spouse	\$998	\$996.80
Employee + Child or Children	\$963	\$961.80
Family	\$1,073	\$1,071.80
Spouse only – no employee	N/A	\$514.00
Child or Children – no employee	N/A	\$479.00
Spouse & Child or Children – no employee	N/A	\$589.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – SILVER PLAN		SURVIVING DEPS/RETIRES SILVER
COVERAGE TYPE	Eff. 9-1-10	Eff. 9-1-10
Employee	\$418	\$416.80
Employee + Spouse	\$866	\$864.80
Employee + Child or Children	\$835	\$833.80
Family	\$932	\$930.80
Spouse only – no employee	N/A	\$448.00
Child or Children – no employee	N/A	\$417.00
Spouse & Child or Children – no employee	N/A	\$514.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – BRONZE PLAN		SURVIVING DEPS/RETIRES BRONZE
COVERAGE TYPE	Eff. 9-1-10	Eff. 9-1-10
Employee	\$356	\$354.80
Employee + Spouse	\$732	\$730.80
Employee + Child or Children	\$719	\$717.80
Family	\$791	\$789.80
Spouse only – no employee	N/A	\$376.00
Child or Children – no employee	N/A	\$363.00
Spouse & Child or Children – no employee	N/A	\$435.00
VISION		
COVERAGE TYPE	Eff. 9-1-10	
Employee	\$6.64	
Employee + 1 dependent	\$9.50	
Employee + 2 or more dependents	\$17.20	
DENTAL PLAN		
COVERAGE TYPE	Eff. 9-1-10	
	HIGH PLAN	LOW PLAN
Employee	\$27.94	\$11.80
Employee + 1 dependent	\$51.16	\$21.44
Employee + 2 or more dependents	\$74.26	\$40.38
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$27.94	\$11.80
2 Dependents-no employee	\$51.16	\$21.44
3 Dependents-no employee	\$74.26	\$40.38

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**NOTE: COBRA RATES – RETIRED EMPLOYEES AND SURVIVING DEPENDENTS ARE NOT COBRA!!**

<b>COBRA RATES/MEDICAL – PLATINUM PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-10</b>	
Employee	\$545.50	
Employee + Spouse	\$1,126.90	
Employee + Child or Children	\$1,088.14	
Family	\$1,213.60	
Spouse only – no employee	\$581.40	
Child or Children – no employee	\$542.64	
Spouse & Child or Children – no employee	\$668.10	
<b>COBRA RATES/MEDICAL – GOLD PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-10</b>	
Employee	\$492.46	
Employee + Spouse	\$1,016.74	
Employee + Child or Children	\$981.04	
Family	\$1,093.24	
Spouse only – no employee	\$524.28	
Child or Children – no employee	\$488.58	
Spouse & Child or Children – no employee	\$600.78	
<b>COBRA RATES/MEDICAL – SILVER PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-10</b>	
Employee	\$425.14	
Employee + Spouse	\$882.10	
Employee + Child or Children	\$850.48	
Family	\$949.42	
Spouse only – no employee	\$456.96	
Child or Children – no employee	\$425.34	
Spouse & Child or Children – no employee	\$524.28	
<b>COBRA RATES/MEDICAL – BRONZE PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-10</b>	
Employee	\$361.90	
Employee + Spouse	\$745.42	
Employee + Child or Children	\$732.16	
Family	\$805.60	
Spouse only – no employee	\$383.52	
Child or Children – no employee	\$370.26	
Spouse & Child or Children – no employee	\$443.70	
<b>COBRA RATES/VISION (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-10</b>	
Employee	\$6.76	
Employee + 1 dependent	\$9.70	
Employee + 2 or more dependents	\$17.54	
1 Dependent-no employee	\$6.76	
2 Dependents-no employee	\$9.70	
3 or more Dependents-no employee	\$17.54	
<b>COBRA RATES/DENTAL PLAN (102% of premium)</b>		
	<b>Eff. 9-1-10</b>	
<b>COVERAGE TYPE</b>	<b>HIGH PLAN</b>	<b>LOW PLAN</b>
Employee	\$28.50	\$12.04
Employee + 1 dependent	\$52.18	\$21.88
Employee + 2 or more dependents	\$75.76	\$41.20
<b>SURVIVING DEPENDENTS OF EMPLOYEE</b>		
1 Dependent-no employee	\$28.50	\$12.04
2 Dependents-no employee	\$52.18	\$21.88
3 or more Dependents-no employee	\$75.76	\$41.20