

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – GOLD PLAN
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.

EGYPTIAN HEALTH PLAN ADMINISTERED BY MERITAIN HEALTH

ACTIVE EMPLOYEES		SURVIVING DEPS/RETIRES GOLD
MEDICAL & \$10,000 BASIC LIFE - GOLD PLAN		
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

UNIVIEW ADMINISTERED BY UNIVIEW

VISION	
COVERAGE TYPE	Eff. 9-1-10
Employee	\$6.64
Employee + 1 dependent	\$9.50
Employee + 2 or more dependents	\$17.20

**DELTA DENTAL VOLUNTARY DENTAL PLAN
ADMINISTERED BY DELTA DENTAL**

DENTAL PLAN		
	Eff. 9-1-10	
COVERAGE TYPE	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