

**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 – PLAN A (formerly Platinum)		SURVIVING DEPS/RETIRES PLAN A
COVERAGE TYPE	Eff. 9-1-14	Eff. 9-1-14
Employee	\$728	\$726.80
Employee + Spouse	\$1,500	\$1,498.80
Employee + Child or Children	\$1,450	\$1,448.80
Family	\$1,615	\$1,613.80
Spouse only – no employee	N/A	\$772.00
Child or Children – no employee	N/A	\$722.00
Spouse & Child or Children – no employee	N/A	\$887.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLAN B (formerly Gold)		SURVIVING DEPS/RETIRES PLAN B
COVERAGE TYPE	Eff. 9-1-14	Eff. 9-1-14
Employee	\$658	\$656.80
Employee + Spouse	\$1,355	\$1,353.80
Employee + Child or Children	\$1,306	\$1,304.80
Family	\$1,456	\$1,454.80
Spouse only – no employee	N/A	\$697.00
Child or Children – no employee	N/A	\$648.00
Spouse & Child or Children – no employee	N/A	\$798.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLAN C (formerly Silver)		SURVIVING DEPS/RETIRES PLAN C
COVERAGE TYPE	Eff. 9-1-14	Eff. 9-1-14
Employee	\$568	\$566.80
Employee + Spouse	\$1,175	\$1,173.80
Employee + Child or Children	\$1,134	\$1,132.80
Family	\$1,265	\$1,263.80
Spouse only – no employee	N/A	\$607.00
Child or Children – no employee	N/A	\$566.00
Spouse & Child or Children – no employee	N/A	\$697.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – HDHP (formerly Bronze)		SURVIVING DEPS/RETIRES HDHP
COVERAGE TYPE	Eff. 9-1-14	Eff. 9-1-14
Employee	\$484	\$482.80
Employee + Spouse	\$994	\$992.80
Employee + Child or Children	\$976	\$974.80
Family	\$1,072	\$1,070.80
Spouse only – no employee	N/A	\$510.00
Child or Children – no employee	N/A	\$492.00
Spouse & Child or Children – no employee	N/A	\$588.00
VISION PLAN		
COVERAGE TYPE	Eff. 9-1-14	
Employee	\$7.24	
Employee + 1 dependent	\$10.36	
Employee + 2 or more dependents	\$18.76	
DENTAL PLAN		
	Eff. 9-1-14	
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$32.08	\$14.24
Employee + 1 dependent	\$58.96	\$26.20
Employee + 2 or more dependents	\$85.68	\$49.70
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$32.08	\$14.24
2 Dependents-no employee	\$58.96	\$26.20
3 Dependents-no employee	\$85.68	\$49.70

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

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

COBRA RATES/MEDICAL – PLAN A (formerly Platinum) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-14	
Employee	\$741.34	
Employee + Spouse	\$1,528.78	
Employee + Child or Children	\$1,477.78	
Family	\$1,646.08	
Spouse only – no employee	\$787.44	
Child or Children – no employee	\$736.44	
Spouse & Child or Children – no employee	\$904.74	
COBRA RATES/MEDICAL – PLAN B (formerly Gold) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-14	
Employee	\$669.94	
Employee + Spouse	\$1,380.88	
Employee + Child or Children	\$1,330.90	
Family	\$1,483.90	
Spouse only – no employee	\$710.94	
Child or Children – no employee	\$660.96	
Spouse & Child or Children – no employee	\$813.96	
COBRA RATES/MEDICAL – PLAN C (formerly Silver) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-14	
Employee	\$578.14	
Employee + Spouse	\$1,197.28	
Employee + Child or Children	\$1,155.46	
Family	\$1,289.08	
Spouse only – no employee	\$619.14	
Child or Children – no employee	\$577.32	
Spouse & Child or Children – no employee	\$710.94	
COBRA RATES/MEDICAL – HDHP (formerly Bronze) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-14	
Employee	\$492.46	
Employee + Spouse	\$1,012.66	
Employee + Child or Children	\$994.30	
Family	\$1,092.22	
Spouse only – no employee	\$520.20	
Child or Children – no employee	\$501.84	
Spouse & Child or Children – no employee	\$599.76	
COBRA RATES/VISION PLAN (102% of premium)		
COVERAGE TYPE	Eff. 9-1-14	
Employee	\$7.37	
Employee + 1 dependent	\$10.58	
Employee + 2 or more dependents	\$19.14	
1 Dependent-no employee	\$7.37	
2 Dependents-no employee	\$10.58	
3 or more Dependents-no employee	\$19.14	
COBRA RATES/DENTAL PLAN (102% of premium)		
	Eff. 9-1-14	
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$32.72	\$14.52
Employee + 1 dependent	\$60.14	\$26.73
Employee + 2 or more dependents	\$87.40	\$50.70
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$32.72	\$14.52
2 Dependents-no employee	\$60.14	\$26.73
3 or more Dependents-no employee	\$87.40	\$50.70