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 <u>ACTIVE EMPLOYEES, RETIRED EMPLOYEES AND SURVIVING DEPENDENTS OF A DECEASED EMPLOYEE</u>.

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	<u>-</u>	SURVIVING DEPS/RETIREES
Medical & \$10,000 Basic Life – PLAN A (formerly Platinum)		PLAN A
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$710	\$708.80
Employee + Spouse	\$1,464	\$1,462.80
Employee + Child or Children	\$1,414	\$1,412.80
Family	\$1,576	\$1,574.80
Spouse only – no employee	N/A	\$754.00
Child or Children – no employee	N/A	\$704.00
Spouse & Child or Children – no employee	N/A	\$866.00
ACTIVE EMPLOYEES		SURVIVING DEPS/RETIREES
Medical & \$10,000 Basic Life – PLAN I		PLAN B
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$642	\$640.80
Employee + Spouse	\$1,322	\$1,320.80
Employee + Child or Children	\$1,274	\$1,272.80
Family	\$1,420	\$1,418.80
Spouse only – no employee	N/A	\$680.00
Child or Children – no employee	N/A	\$632.00
Spouse & Child or Children – no employee	N/A	\$778.00
ACTIVE EMPLOYEES		SURVIVING DEPS/RETIREES
Medical & \$10,000 Basic Life – PLAN C		PLAN C
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$554	\$552.80
Employee + Spouse	\$1,146	\$1,144.80
Employee + Child or Children	\$1,106	\$1,104.80
Family	\$1,234	\$1,232.80
Spouse only – no employee	N/A	\$592.00
Child or Children – no employee	N/A	\$552.00
Spouse & Child or Children – no employee	N/A	\$680.00
ACTIVE EMPLOYEES		SURVIVING DEPS/RETIREES
Medical & \$10,000 Basic Life – HDHP (HDHP
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$472	\$470.80
Employee + Spouse	\$970	\$968.80
Employee + Child or Children	\$952	\$950.80
Family	\$1,046	\$1,044.80
Spouse only – no employee	N/A	\$498.00
Child or Children – no employee	N/A	\$480.00
Spouse & Child or Children – no employee	N/A	\$574.00
	VISION PLAN	
COVERAGE TYPE	Ef	f. 9-1-13
Employee		\$7.24
Employee + 1 dependent		\$10.36
Employee + 2 or more dependents		\$18.76
	DENTAL PLAN	
		ff. 9-1-13
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$30.74	\$13.68
Employee + 1 dependent	\$56.44	\$25.12
Employee + 2 or more dependents	\$82.00	\$47.60
	EPENDENTS OF EMPLOYEE	012.00
1 Dependent-no employee	\$30.74	\$13.68
2 Dependents-no employee	\$56.44	\$25.12
3 Dependents-no employee	\$82.00	\$47.60

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

NOTE: COBRA RATES – <u>RETIRED EMPLOYEES AND SURVIVING DEPENDENTS ARE</u> <u>NOT COBRA!!</u>

COBRA RATES/MEDICAL – PLAN A (formerly P	latinum) (102% of prer	nium)
COVERAGE TYPE	Eff. 9	
Employee	\$722	
Employee + Spouse	\$1,49	
Employee + Child or Children	\$1,441.06	
Family	\$1,606.30	
Spouse only – no employee	\$769	
Child or Children – no employee	\$718	
Spouse & Child or Children – no employee	\$883	3.32
COBRA RATES/MEDICAL – PLAN B (formerly	Gold) (102% of premi	um)
COVERAGE TYPE	Eff. 9	-1-13
Employee	\$653	3.62
Employee + Spouse	\$1,34	17.22
Employee + Child or Children	\$1,29	08.26
Family	\$1,44	7.18
Spouse only – no employee	\$693	3.60
Child or Children – no employee	\$644	4.64
Spouse & Child or Children – no employee	\$793	
COBRA RATES/MEDICAL – PLAN C (formerly	Silver) (102% of premi	um)
COVERAGE TYPE	Eff. 9	
Employee	\$563	
Employee + Spouse	\$1,16	
Employee + Child or Children	\$1,12	
Family	\$1,25	
Spouse only – no employee	\$603	
Child or Children – no employee	\$563	
Spouse & Child or Children – no employee	\$693	
COBRA RATES/MEDICAL – HDHP (formerly B		
COVERAGE TYPE	Eff. 9-1-13	
Employee	¢ 101	1 22
Employee Space	\$480	
Employee + Spouse	\$988	3.18
Employee + Spouse Employee + Child or Children	\$988 \$969	9.82
Employee + Spouse Employee + Child or Children Family	\$988 \$969 \$1,06	3.18 9.82 55.70
Employee + Spouse Employee + Child or Children Family Spouse only – no employee	\$988 \$969 \$1,06 \$500	3.18 9.82 55.70 7.96
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee	\$986 \$969 \$1,06 \$507 \$489	3.18 9.82 55.70 7.96 9.60
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee	\$986 \$969 \$1,06 \$507 \$489 \$585	3.18 9.82 55.70 7.96 9.60
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029)	\$988 \$969 \$1,06 \$507 \$489 \$588 % of premium)	3.18 9.82 55.70 7.96 9.60 5.48
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029)	\$988 \$969 \$1,00 \$507 \$489 \$582 % of premium)	3.18 9.82 55.70 7.96 9.60 5.48
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee	\$988 \$1,06 \$1,06 \$507 \$489 \$582 % of premium) Eff. 9	3.18 9.82 55.70 7.96 9.60 5.48
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent	\$988 \$969 \$1,00 \$507 \$489 \$588 % of premium) Eff. 9 \$7.	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents	\$988 \$969 \$1,00 \$507 \$489 \$588 % of premium) Eff. 9 \$7. \$10	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 .58
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee	\$988 \$969 \$1,06 \$50" \$489 \$588 % of premium) Eff. 9 \$7. \$10 \$19	3.18 9.82 5.70 7.96 9.60 5.48 -1-13 37 5.58 .14
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee	\$988 \$969 \$1,06 \$50" \$489 \$588 % of premium) Eff. 9 \$7. \$10 \$19	3.18 9.82 5.5.70 7.96 9.60 5.48 -1-13 37 5.58 1.14 37
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee	\$988 \$969 \$1,06 \$50" \$489 \$588 % of premium) Eff. 9 \$7. \$10 \$19	3.18 9.82 5.5.70 7.96 9.60 5.48 -1-13 37 5.58 1.14 37
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee	\$988 \$1,06 \$1,06 \$507 \$489 \$588 6 of premium) Eff. 9 \$7. \$10 \$19 \$7. \$10 \$19	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 3.58 .14 37
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102)	\$989 \$1,06 \$507 \$489 \$589 6 of premium) Eff. 9 \$7. \$10 \$19 6 of premium) Eff. 9	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 3.58 .14 37 .158 .14
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102) COVERAGE TYPE	\$988 \$1,06 \$1,06 \$507 \$489 \$588 % of premium) Eff. 9 \$7. \$10 \$19 \$7. \$10 \$19 ### For a continuation of the premium of th	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 9.58 9.14 37 9.58 9.14 114 115 116 117 117 118 119 119 119 119 119 119 119
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102) COVERAGE TYPE Employee	\$988 \$1,06 \$1,06 \$507 \$489 \$588 % of premium) Eff. 9 \$7. \$10 \$19 \$7. \$10 \$19 \$7. \$10 \$19 \$19 \$19 \$19 \$19 \$19	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 5.58 1.14 37 1.58 1.14 -1-13 LOW PLAN \$13.95
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102) COVERAGE TYPE Employee Employee + 1 dependent	\$988 \$1,06 \$1,06 \$50" \$489 \$588 % of premium) Eff. 9 \$7. \$10 \$19 % of premium) Eff. 9 HIGH PLAN \$31.35 \$57.57	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 5.58 1.14 37 58 1.14 -1-13 LOW PLAN \$13.95 \$25.63
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102) COVERAGE TYPE Employee	\$989 \$1,06 \$1,06 \$507 \$4489 \$582 6 of premium) Eff. 9 \$7. \$10 \$19 6 of premium) Eff. 9 HIGH PLAN \$31.35 \$57.57 \$83.65	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 5.58 1.14 37 1.58 1.14 -1-13 LOW PLAN \$13.95
Employee + Spouse Employee + Child or Children Family Spouse only – no employee Child or Children – no employee Spouse & Child or Children – no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents SURVIVING DEPENDENTS OF E	\$989 \$1,06 \$1,06 \$507 \$4489 \$582 6 of premium) Eff. 9 \$7. \$10 \$19 6 of premium) Eff. 9 HIGH PLAN \$31.35 \$57.57 \$83.65	3.18 9.82 55.70 7.96 9.60 5.48 -1-13 37 5.58 1.14 37 58 1.14 -1-13 LOW PLAN \$13.95 \$25.63
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents	\$989 \$1,06 \$1,06 \$507 \$4489 \$582 6 of premium) Eff. 9 \$7. \$10 \$19 \$7. \$10 \$19 HIGH PLAN \$31.35 \$57.57 \$83.65 MPLOYEE	3.18 9.82 9.82 9.60 7.96 9.60 5.48 -1-13 37 .58 .14 37 .58 .14 -1-13 LOW PLAN \$13.95 \$25.63 \$48.56
Employee + Spouse Employee + Child or Children Family Spouse only - no employee Child or Children - no employee Spouse & Child or Children - no employee COBRA RATES/VISION PLAN (1029) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents 1 Dependent-no employee 2 Dependents-no employee 3 or more Dependents-no employee COBRA RATES/DENTAL PLAN (102) COVERAGE TYPE Employee Employee + 1 dependent Employee + 2 or more dependents SURVIVING DEPENDENTS OF E	\$988 \$969 \$1,06 \$1,06 \$507 \$489 \$489 \$588 6 of premium) Eff. 9 \$7. \$10 \$19 \$7. \$10 \$19 6 of premium) Eff. 9 HIGH PLAN \$31.35 \$57.57 \$83.65 MPLOYEE \$31.35	3.18 9.82 9.82 9.60 7.96 9.60 5.48 -1-13 37 .58 .14 37 .58 .14 -1-13 LOW PLAN \$13.95 \$25.63 \$48.56

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN A (formerly Platinum) HEALTH, VISION, DENTAL RATES (MONTHLY)

RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES & SURVIVING DEPENDENTS

NOTE: THE FOLLOWING RATES APPLY TO <u>ACTIVE EMPLOYEES, RETIRED EMPLOYEES AND SURVIVING</u>

<u>DEPENDENTS OF A DECEASED EMPLOYEE.</u>

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 MEDICAL & \$10,000 BASIC LIFE - PLAN A (formerly Platinum)		SURVIVING DEPS/RETIREES PLAN A
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$710	\$708.80
Employee + Spouse	\$1,464	\$1,462.80
Employee + Child or Children	\$1,414	\$1,412.80
Family	\$1,576	\$1,574.80
Spouse only – no employee	N/A	\$754.00
Child or Children – no employee	N/A	\$704.00
Spouse & Child or Children – no employee	N/A	\$866.00

UNIVIEW ADMINISTERED BY UNIVIEW

VISION PLAN		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$7.24	
Employee + 1 dependent	\$10.36	
Employee + 2 or more dependents	\$18.76	

DENTAL PLAN		
	Eff. 9-1-13	
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$30.74	\$13.68
Employee + 1 dependent	\$56.44	\$25.12
Employee + 2 or more dependents	\$82.00	\$47.60
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$30.74	\$13.68
2 Dependents-no employee	\$56.44	\$25.12
3 Dependents-no employee	\$82.00	\$47.60

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN B (formerly Gold) HEALTH, VISION, DENTAL RATES (MONTHLY)

RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES & SURVIVING DEPENDENTS

NOTE: THE FOLLOWING RATES APPLY TO <u>ACTIVE EMPLOYEES, RETIRED EMPLOYEES AND SURVIVING DEPENDENTS OF A DECEASED EMPLOYEE.</u>

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 MEDICAL & \$10,000 BASIC LIFE - PLAN B (formerly Gold)		SURVIVING DEPS/RETIREES PLAN B
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$642	\$640.80
Employee + Spouse	\$1,322	\$1,320.80
Employee + Child or Children	\$1,274	\$1,272.80
Family	\$1,420	\$1,418.80
Spouse only – no employee	N/A	\$680.00
Child or Children – no employee	N/A	\$632.00
Spouse & Child or Children – no employee	N/A	\$778.00

UNIVIEW ADMINISTERED BY UNIVIEW

VISION PLAN		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$7.24	
Employee + 1 dependent	\$10.36	
Employee + 2 or more dependents	\$18.76	

DE	ENTAL PLAN	
Eff. 9-1-13		
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$30.74	\$13.68
Employee + 1 dependent	\$56.44	\$25.12
Employee + 2 or more dependents	\$82.00	\$47.60
SURVIVING DEI	PENDENTS OF EMPLOYEE	
1 Dependent-no employee	\$30.74	\$13.68
2 Dependents-no employee	\$56.44	\$25.12
3 Dependents-no employee	\$82.00	\$47.60

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN C (formerly Silver) HEALTH, VISION, DENTAL RATES (MONTHLY)

RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES & SURVIVING DEPENDENTS

NOTE: THE FOLLOWING RATES APPLY TO <u>ACTIVE EMPLOYEES, RETIRED EMPLOYEES AND SURVIVING</u>

<u>DEPENDENTS OF A DECEASED EMPLOYEE.</u>

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
MEDICAL & \$10,000 BASIC LIFE - PLAN C (formerly Silver)		DEPS/RETIREES
		PLAN C
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$554	\$552.80
Employee + Spouse	\$1,146	\$1,144.80
Employee + Child or Children	\$1,106	\$1,104.80
Family	\$1,234	\$1,232.80
Spouse only – no employee	N/A	\$592.00
Child or Children – no employee	N/A	\$552.00
Spouse & Child or Children – no employee	N/A	\$680.00

UNIVIEW ADMINISTERED BY UNIVIEW

VISION PLAN		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$7.24	
Employee + 1 dependent	\$10.36	
Employee + 2 or more dependents	\$18.76	

DENTAL PLAN		
	Eff. 9-1-13	
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$30.74	\$13.68
Employee + 1 dependent	\$56.44	\$25.12
Employee + 2 or more dependents	\$82.00	\$47.60
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$30.74	\$13.68
2 Dependents-no employee	\$56.44	\$25.12
3 Dependents-no employee	\$82.00	\$47.60

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN HDHP (formerly Bronze) HEALTH, VISION, DENTAL RATES (MONTHLY)

RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES & SURVIVING DEPENDENTS

NOTE: THE FOLLOWING RATES APPLY TO <u>ACTIVE EMPLOYEES, RETIRED EMPLOYEES AND SURVIVING DEPENDENTS OF A DECEASED EMPLOYEE.</u>

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 MEDICAL & \$10,000 BASIC LIFE - HDHP (formerly Bronze)		SURVIVING DEPS/RETIREES HDHP
COVERAGE TYPE	Eff. 9-1-13	Eff. 9-1-13
Employee	\$472	\$470.80
Employee + Spouse	\$970	\$968.80
Employee + Child or Children	\$952	\$950.80
Family	\$1,046	\$1,044.80
Spouse only – no employee	N/A	\$498.00
Child or Children – no employee	N/A	\$480.00
Spouse & Child or Children – no employee	N/A	\$574.00

UNIVIEW ADMINISTERED BY UNIVIEW

VISION PLAN		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$7.24	
Employee + 1 dependent	\$10.36	
Employee + 2 or more dependents	\$18.76	

DENTAL PLAN			
	Eff. 9-1-13		
COVERAGE TYPE	HIGH PLAN	LOW PLAN	
Employee	\$30.74	\$13.68	
Employee + 1 dependent	\$56.44	\$25.12	
Employee + 2 or more dependents	\$82.00	\$47.60	
SURVIVING DEPENDENTS OF EMPLOYEE			
1 Dependent-no employee	\$30.74	\$13.68	
2 Dependents-no employee	\$56.44	\$25.12	
3 Dependents-no employee	\$82.00	\$47.60	