

**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. 9-1-12	Eff. 9-1-12
Employee	\$686	\$684.80
Employee + Spouse	\$1,416	\$1,414.80
Employee + Child or Children	\$1,368	\$1,366.80
Family	\$1,524	\$1,522.80
Spouse only – no employee	N/A	\$730.00
Child or Children – no employee	N/A	\$682.00
Spouse & Child or Children – no employee	N/A	\$838.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – GOLD PLAN		SURVIVING DEPS/RETIRES GOLD
COVERAGE TYPE	Eff. 9-1-12	Eff. 9-1-12
Employee	\$620	\$618.80
Employee + Spouse	\$1,278	\$1,276.80
Employee + Child or Children	\$1,232	\$1,230.80
Family	\$1,374	\$1,372.80
Spouse only – no employee	N/A	\$658.00
Child or Children – no employee	N/A	\$612.00
Spouse & Child or Children – no employee	N/A	\$754.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – SILVER PLAN		SURVIVING DEPS/RETIRES SILVER
COVERAGE TYPE	Eff. 9-1-12	Eff. 9-1-12
Employee	\$535	\$533.80
Employee + Spouse	\$1,109	\$1,107.80
Employee + Child or Children	\$1,069	\$1,067.80
Family	\$1,194	\$1,192.80
Spouse only – no employee	N/A	\$574.00
Child or Children – no employee	N/A	\$534.00
Spouse & Child or Children – no employee	N/A	\$659.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – BRONZE PLAN		SURVIVING DEPS/RETIRES BRONZE
COVERAGE TYPE	Eff. 9-1-12	Eff. 9-1-12
Employee	\$456	\$454.80
Employee + Spouse	\$938	\$936.80
Employee + Child or Children	\$920	\$918.80
Family	\$1,012	\$1,010.80
Spouse only – no employee	N/A	\$482.00
Child or Children – no employee	N/A	\$464.00
Spouse & Child or Children – no employee	N/A	\$556.00
VISION		
COVERAGE TYPE	Eff. 9-1-12	
Employee	\$7.24	
Employee + 1 dependent	\$10.36	
Employee + 2 or more dependents	\$18.76	
DENTAL PLAN		
COVERAGE TYPE	Eff. 9-1-12	
	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

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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. 9-1-12</b>	
Employee	\$698.50	
Employee + Spouse	\$1,443.10	
Employee + Child or Children	\$1,394.14	
Family	\$1,553.26	
Spouse only – no employee	\$744.60	
Child or Children – no employee	\$695.64	
Spouse & Child or Children – no employee	\$854.76	
<b>COBRA RATES/MEDICAL – GOLD PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-12</b>	
Employee	\$631.18	
Employee + Spouse	\$1,302.34	
Employee + Child or Children	\$1,255.42	
Family	\$1,400.26	
Spouse only – no employee	\$671.16	
Child or Children – no employee	\$624.24	
Spouse & Child or Children – no employee	\$769.08	
<b>COBRA RATES/MEDICAL – SILVER PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-12</b>	
Employee	\$544.48	
Employee + Spouse	\$1,129.96	
Employee + Child or Children	\$1,089.16	
Family	\$1,216.66	
Spouse only – no employee	\$585.48	
Child or Children – no employee	\$544.68	
Spouse & Child or Children – no employee	\$672.18	
<b>COBRA RATES/MEDICAL – BRONZE PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-12</b>	
Employee	\$463.90	
Employee + Spouse	\$955.54	
Employee + Child or Children	\$937.18	
Family	\$1,031.02	
Spouse only – no employee	\$491.64	
Child or Children – no employee	\$473.28	
Spouse & Child or Children – no employee	\$567.12	
<b>COBRA RATES/VISION (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-12</b>	
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	
<b>COBRA RATES/DENTAL PLAN (102% of premium)</b>		
	<b>Eff. 9-1-12</b>	
<b>COVERAGE TYPE</b>	<b>HIGH PLAN</b>	<b>LOW PLAN</b>
Employee	\$31.35	\$13.95
Employee + 1 dependent	\$57.57	\$25.63
Employee + 2 or more dependents	\$83.65	\$48.56
<b>SURVIVING DEPENDENTS OF EMPLOYEE</b>		
1 Dependent-no employee	\$31.35	\$13.95
2 Dependents-no employee	\$57.57	\$25.63
3 or more Dependents-no employee	\$83.65	\$48.56