

**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. 9-1-13	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 Medical & \$10,000 Basic Life – PLAN B (formerly Gold)		SURVIVING DEPS/RETIRES 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 Medical & \$10,000 Basic Life – PLAN C (formerly Silver)		SURVIVING DEPS/RETIRES 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 Medical & \$10,000 Basic Life – HDHP (formerly Bronze)		SURVIVING DEPS/RETIRES 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	Eff. 9-1-13		
Employee	\$7.24		
Employee + 1 dependent	\$10.36		
Employee + 2 or more dependents	\$18.76		
DENTAL PLAN			
COVERAGE TYPE	Eff. 9-1-13		
	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!!**

COBRA RATES/MEDICAL – PLAN A (formerly Platinum) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$722.98	
Employee + Spouse	\$1,492.06	
Employee + Child or Children	\$1,441.06	
Family	\$1,606.30	
Spouse only – no employee	\$769.08	
Child or Children – no employee	\$718.08	
Spouse & Child or Children – no employee	\$883.32	
COBRA RATES/MEDICAL – PLAN B (formerly Gold) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$653.62	
Employee + Spouse	\$1,347.22	
Employee + Child or Children	\$1,298.26	
Family	\$1,447.18	
Spouse only – no employee	\$693.60	
Child or Children – no employee	\$644.64	
Spouse & Child or Children – no employee	\$793.56	
COBRA RATES/MEDICAL – PLAN C (formerly Silver) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$563.86	
Employee + Spouse	\$1,167.70	
Employee + Child or Children	\$1,126.90	
Family	\$1,257.46	
Spouse only – no employee	\$603.84	
Child or Children – no employee	\$563.04	
Spouse & Child or Children – no employee	\$693.60	
COBRA RATES/MEDICAL – HDHP (formerly Bronze) (102% of premium)		
COVERAGE TYPE	Eff. 9-1-13	
Employee	\$480.22	
Employee + Spouse	\$988.18	
Employee + Child or Children	\$969.82	
Family	\$1,065.70	
Spouse only – no employee	\$507.96	
Child or Children – no employee	\$489.60	
Spouse & Child or Children – no employee	\$585.48	
COBRA RATES/VISION PLAN (102% of premium)		
COVERAGE TYPE	Eff. 9-1-13	
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. 9-1-13	
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$31.35	\$13.95
Employee + 1 dependent	\$57.57	\$25.63
Employee + 2 or more dependents	\$83.65	\$48.56
SURVIVING DEPENDENTS OF EMPLOYEE		
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