

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLATINUM 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 PLATINUM
MEDICAL & \$10,000 BASIC LIFE - PLATINUM PLAN		
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

UNIVIEW ADMINISTERED BY UNIVIEW

VISION	
COVERAGE TYPE	Eff. 9-1-12
Employee	\$7.24
Employee + 1 dependent	\$10.36
Employee + 2 or more dependents	\$18.76

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

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