

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN A  
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 \$1.00 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/RETIREEES
MEDICAL & \$10,000 BASIC LIFE - PLAN A		PLAN A
COVERAGE TYPE	Eff. 9-1-15	Eff. 9-1-15
Employee	\$764	\$763
Employee + Spouse	\$1,576	\$1,575
Employee + Child or Children	\$1,524	\$1,523
Family	\$1,696	\$1,695
Spouse only – no employee	N/A	\$812
Child or Children – no employee	N/A	\$760
Spouse & Child or Children – no employee	N/A	\$932

**VSP ADMINISTERED BY AMERITAS**

VISION PLAN	
COVERAGE TYPE	Eff. 9-1-15
Employee	\$7.96
Employee + 1 dependent	\$11.40
Employee + 2 or more dependents	\$20.64

**AMERITAS VOLUNTARY DENTAL PLAN  
ADMINISTERED BY AMERITAS**

DENTAL PLAN		
COVERAGE TYPE	Eff. 9-1-15	
	HIGH PLAN	LOW PLAN
Employee	\$32.08	\$14.26
Employee + 1 dependent	\$58.96	\$26.18
Employee + 2 or more dependents	\$85.70	\$49.70
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$32.08	\$14.26
2 Dependents-no employee	\$58.96	\$26.18
3 Dependents-no employee	\$85.70	\$49.70

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN B  
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 \$1.00 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
MEDICAL & \$10,000 BASIC LIFE - PLAN B		PLAN B
COVERAGE TYPE	Eff. 9-1-15	Eff. 9-1-15
Employee	\$692	\$691
Employee + Spouse	\$1,424	\$1,423
Employee + Child or Children	\$1,372	\$1,371
Family	\$1,530	\$1,529
Spouse only – no employee	N/A	\$732
Child or Children – no employee	N/A	\$680
Spouse & Child or Children – no employee	N/A	\$838

**VSP ADMINISTERED BY AMERITAS**

VISION PLAN	
COVERAGE TYPE	Eff. 9-1-15
Employee	\$7.96
Employee + 1 dependent	\$11.40
Employee + 2 or more dependents	\$20.64

**AMERITAS VOLUNTARY DENTAL PLAN  
ADMINISTERED BY AMERITAS**

DENTAL PLAN		
COVERAGE TYPE	Eff. 9-1-15	
	HIGH PLAN	LOW PLAN
Employee	\$32.08	\$14.26
Employee + 1 dependent	\$58.96	\$26.18
Employee + 2 or more dependents	\$85.70	\$49.70
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$32.08	\$14.26
2 Dependents-no employee	\$58.96	\$26.18
3 Dependents-no employee	\$85.70	\$49.70

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN C  
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 \$1.00 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**

<b>ACTIVE EMPLOYEES</b>		<b>SURVIVING DEPS/RETIRES</b>
<b>MEDICAL &amp; \$10,000 BASIC LIFE - PLAN C</b>		<b>PLAN C</b>
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	<b>Eff. 9-1-15</b>
Employee	\$596	\$595
Employee + Spouse	\$1,234	\$1,233
Employee + Child or Children	\$1,191	\$1,190
Family	\$1,328	\$1,327
Spouse only – no employee	N/A	\$638
Child or Children – no employee	N/A	\$595
Spouse & Child or Children – no employee	N/A	\$732

**VSP ADMINISTERED BY AMERITAS**

<b>VISION PLAN</b>	
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>
Employee	\$7.96
Employee + 1 dependent	\$11.40
Employee + 2 or more dependents	\$20.64

**AMERITAS VOLUNTARY DENTAL PLAN  
ADMINISTERED BY AMERITAS**

<b>DENTAL PLAN</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
	<b>HIGH PLAN</b>	<b>LOW PLAN</b>
Employee	\$32.08	\$14.26
Employee + 1 dependent	\$58.96	\$26.18
Employee + 2 or more dependents	\$85.70	\$49.70
<b>SURVIVING DEPENDENTS OF EMPLOYEE</b>		
1 Dependent-no employee	\$32.08	\$14.26
2 Dependents-no employee	\$58.96	\$26.18
3 Dependents-no employee	\$85.70	\$49.70

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – PLAN HDHP  
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 \$1.00 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		SURVIVING DEPS/RETIRES HDHP
COVERAGE TYPE	Eff. 9-1-15	Eff. 9-1-15
Employee	\$508	\$507
Employee + Spouse	\$1,044	\$1,043
Employee + Child or Children	\$1,026	\$1,025
Family	\$1,126	\$1,125
Spouse only – no employee	N/A	\$536
Child or Children – no employee	N/A	\$518
Spouse & Child or Children – no employee	N/A	\$618

**VSP ADMINISTERED BY AMERITAS**

VISION PLAN	
COVERAGE TYPE	Eff. 9-1-15
Employee	\$7.96
Employee + 1 dependent	\$11.40
Employee + 2 or more dependents	\$20.64

**AMERITAS VOLUNTARY DENTAL PLAN  
ADMINISTERED BY AMERITAS**

DENTAL PLAN		
COVERAGE TYPE	Eff. 9-1-15	
	HIGH PLAN	LOW PLAN
Employee	\$32.08	\$14.26
Employee + 1 dependent	\$58.96	\$26.18
Employee + 2 or more dependents	\$85.70	\$49.70
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$32.08	\$14.26
2 Dependents-no employee	\$58.96	\$26.18
3 Dependents-no employee	\$85.70	\$49.70

**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 \$1.00 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		SURVIVING DEPS/RETIRES PLAN A
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	<b>Eff. 9-1-15</b>
Employee	\$764	\$763
Employee + Spouse	\$1,576	\$1,575
Employee + Child or Children	\$1,524	\$1,523
Family	\$1,696	\$1,695
Spouse only – no employee	N/A	\$812
Child or Children – no employee	N/A	\$760
Spouse & Child or Children – no employee	N/A	\$932
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLAN B		SURVIVING DEPS/RETIRES PLAN B
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	<b>Eff. 9-1-15</b>
Employee	\$692	\$691
Employee + Spouse	\$1,424	\$1,423
Employee + Child or Children	\$1,372	\$1,371
Family	\$1,530	\$1,529
Spouse only – no employee	N/A	\$732
Child or Children – no employee	N/A	\$680
Spouse & Child or Children – no employee	N/A	\$838
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLAN C		SURVIVING DEPS/RETIRES PLAN C
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	<b>Eff. 9-1-15</b>
Employee	\$596	\$595
Employee + Spouse	\$1,234	\$1,233
Employee + Child or Children	\$1,191	\$1,190
Family	\$1,328	\$1,327
Spouse only – no employee	N/A	\$638
Child or Children – no employee	N/A	\$595
Spouse & Child or Children – no employee	N/A	\$732
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – HDHP		SURVIVING DEPS/RETIRES HDHP
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	<b>Eff. 9-1-15</b>
Employee	\$508	\$507
Employee + Spouse	\$1,044	\$1,043
Employee + Child or Children	\$1,026	\$1,025
Family	\$1,126	\$1,125
Spouse only – no employee	N/A	\$536
Child or Children – no employee	N/A	\$518
Spouse & Child or Children – no employee	N/A	\$618
VISION PLAN		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
Employee	\$7.96	
Employee + 1 dependent	\$11.40	
Employee + 2 or more dependents	\$20.64	
DENTAL PLAN		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
	<b>HIGH PLAN</b>	<b>LOW PLAN</b>
Employee	\$32.08	\$14.26
Employee + 1 dependent	\$58.96	\$26.18
Employee + 2 or more dependents	\$85.70	\$49.70
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$32.08	\$14.26
2 Dependents-no employee	\$58.96	\$26.18
3 Dependents-no employee	\$85.70	\$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!!**

<b>COBRA RATES/MEDICAL – PLAN A (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
Employee	\$778.26	
Employee + Spouse	\$1,606.50	
Employee + Child or Children	\$1,553.46	
Family	\$1,728.90	
Spouse only – no employee	\$828.24	
Child or Children – no employee	\$775.20	
Spouse & Child or Children – no employee	\$950.64	
<b>COBRA RATES/MEDICAL – PLAN B (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
Employee	\$704.82	
Employee + Spouse	\$1,451.46	
Employee + Child or Children	\$1,398.42	
Family	\$1,559.58	
Spouse only – no employee	\$746.64	
Child or Children – no employee	\$693.60	
Spouse & Child or Children – no employee	\$854.76	
<b>COBRA RATES/MEDICAL – PLAN C (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
Employee	\$606.90	
Employee + Spouse	\$1,257.66	
Employee + Child or Children	\$1,213.80	
Family	\$1,353.54	
Spouse only – no employee	\$650.76	
Child or Children – no employee	\$606.90	
Spouse & Child or Children – no employee	\$746.64	
<b>COBRA RATES/MEDICAL – HDHP (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
Employee	\$517.14	
Employee + Spouse	\$1,063.86	
Employee + Child or Children	\$1,045.50	
Family	\$1,147.50	
Spouse only – no employee	\$546.72	
Child or Children – no employee	\$528.36	
Spouse & Child or Children – no employee	\$630.36	
<b>COBRA RATES/VISION PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
Employee	\$8.11	
Employee + 1 dependent	\$11.62	
Employee + 2 or more dependents	\$21.06	
1 Dependent-no employee	\$8.11	
2 Dependents-no employee	\$11.62	
3 or more Dependents-no employee	\$21.06	
<b>COBRA RATES/DENTAL PLAN (102% of premium)</b>		
<b>COVERAGE TYPE</b>	<b>Eff. 9-1-15</b>	
	<b>HIGH PLAN</b>	<b>LOW PLAN</b>
Employee	\$32.72	\$14.54
Employee + 1 dependent	\$60.14	\$26.70
Employee + 2 or more dependents	\$87.42	\$50.70
<b>SURVIVING DEPENDENTS OF EMPLOYEE</b>		
1 Dependent-no employee	\$32.72	\$14.54
2 Dependents-no employee	\$60.14	\$26.70
3 or more Dependents-no employee	\$87.42	\$50.70