

**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. 9-1-11	Eff. 9-1-11
Employee	\$632	\$630.80
Employee + Spouse	\$1,305	\$1,303.80
Employee + Child or Children	\$1,260	\$1,258.80
Family	\$1,405	\$1,403.80
Spouse only – no employee	N/A	\$673.00
Child or Children – no employee	N/A	\$628.00
Spouse & Child or Children – no employee	N/A	\$773.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – GOLD PLAN		SURVIVING DEPS/RETIRES GOLD
COVERAGE TYPE	Eff. 9-1-11	Eff. 9-1-11
Employee	\$571	\$569.80
Employee + Spouse	\$1,178	\$1,176.80
Employee + Child or Children	\$1,136	\$1,134.80
Family	\$1,266	\$1,264.80
Spouse only – no employee	N/A	\$607.00
Child or Children – no employee	N/A	\$565.00
Spouse & Child or Children – no employee	N/A	\$695.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – SILVER PLAN		SURVIVING DEPS/RETIRES SILVER
COVERAGE TYPE	Eff. 9-1-11	Eff. 9-1-11
Employee	\$493	\$491.80
Employee + Spouse	\$1,022	\$1,020.80
Employee + Child or Children	\$985	\$983.80
Family	\$1,100	\$1,098.80
Spouse only – no employee	N/A	\$529.00
Child or Children – no employee	N/A	\$492.00
Spouse & Child or Children – no employee	N/A	\$607.00
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – BRONZE PLAN		SURVIVING DEPS/RETIRES BRONZE
COVERAGE TYPE	Eff. 9-1-11	Eff. 9-1-11
Employee	\$420	\$418.80
Employee + Spouse	\$864	\$862.80
Employee + Child or Children	\$848	\$846.80
Family	\$933	\$931.80
Spouse only – no employee	N/A	\$444.00
Child or Children – no employee	N/A	\$428.00
Spouse & Child or Children – no employee	N/A	\$513.00
VISION		
COVERAGE TYPE	Eff. 9-1-11	
Employee	\$6.64	
Employee + 1 dependent	\$9.50	
Employee + 2 or more dependents	\$17.20	
DENTAL PLAN		
COVERAGE TYPE	Eff. 9-1-11	
	HIGH PLAN	LOW PLAN
Employee	\$27.94	\$11.80
Employee + 1 dependent	\$51.16	\$21.44
Employee + 2 or more dependents	\$74.26	\$40.38
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$27.94	\$11.80
2 Dependents-no employee	\$51.16	\$21.44
3 Dependents-no employee	\$74.26	\$40.38

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HEALTH, VISION, DENTAL RATES (MONTHLY)**

NOTE: COBRA RATES – RETIRED EMPLOYEES AND SURVIVING DEPENDENTS ARE NOT COBRA!!

COBRA RATES/MEDICAL – PLATINUM PLAN (102% of premium)		
COVERAGE TYPE	Eff. 9-1-11	
Employee	\$643.42	
Employee + Spouse	\$1,329.88	
Employee + Child or Children	\$1,283.98	
Family	\$1,431.88	
Spouse only – no employee	\$686.46	
Child or Children – no employee	\$640.56	
Spouse & Child or Children – no employee	\$788.46	
COBRA RATES/MEDICAL – GOLD PLAN (102% of premium)		
COVERAGE TYPE	Eff. 9-1-11	
Employee	\$581.20	
Employee + Spouse	\$1,200.34	
Employee + Child or Children	\$1,157.50	
Family	\$1,290.10	
Spouse only – no employee	\$619.14	
Child or Children – no employee	\$576.30	
Spouse & Child or Children – no employee	\$708.90	
COBRA RATES/MEDICAL – SILVER PLAN (102% of premium)		
COVERAGE TYPE	Eff. 9-1-11	
Employee	\$501.64	
Employee + Spouse	\$1,041.22	
Employee + Child or Children	\$1,003.48	
Family	\$1,120.78	
Spouse only – no employee	\$539.58	
Child or Children – no employee	\$501.84	
Spouse & Child or Children – no employee	\$619.14	
COBRA RATES/MEDICAL – BRONZE PLAN (102% of premium)		
COVERAGE TYPE	Eff. 9-1-11	
Employee	\$427.18	
Employee + Spouse	\$880.06	
Employee + Child or Children	\$863.74	
Family	\$950.44	
Spouse only – no employee	\$452.88	
Child or Children – no employee	\$436.56	
Spouse & Child or Children – no employee	\$523.26	
COBRA RATES/VISION (102% of premium)		
COVERAGE TYPE	Eff. 9-1-11	
Employee	\$6.76	
Employee + 1 dependent	\$9.70	
Employee + 2 or more dependents	\$17.54	
1 Dependent-no employee	\$6.76	
2 Dependents-no employee	\$9.70	
3 or more Dependents-no employee	\$17.54	
COBRA RATES/DENTAL PLAN (102% of premium)		
	Eff. 9-1-11	
COVERAGE TYPE	HIGH PLAN	LOW PLAN
Employee	\$28.50	\$12.04
Employee + 1 dependent	\$52.18	\$21.88
Employee + 2 or more dependents	\$75.76	\$41.20
SURVIVING DEPENDENTS OF EMPLOYEE		
1 Dependent-no employee	\$28.50	\$12.04
2 Dependents-no employee	\$52.18	\$21.88
3 or more Dependents-no employee	\$75.76	\$41.20