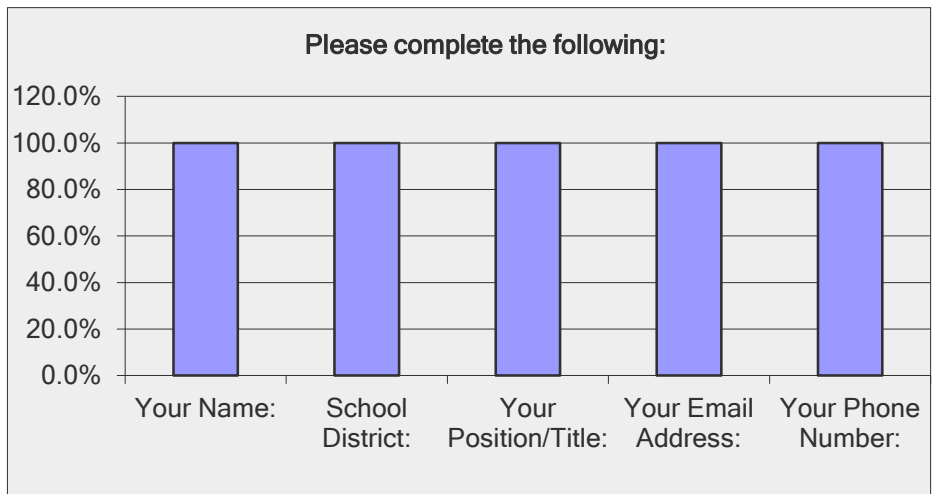


Question 1

### The Egyptian Trust Survey of Member Districts

Please complete the following:

Answer Options	Response Percent	Response Count
Your Name:	100.0%	165
School District:	100.0%	165
Your Position/Title:	100.0%	165
Your Email Address:	100.0%	165
Your Phone Number:	100.0%	165
<i>answered question</i>		<b>165</b>
<i>skipped question</i>		<b>1</b>

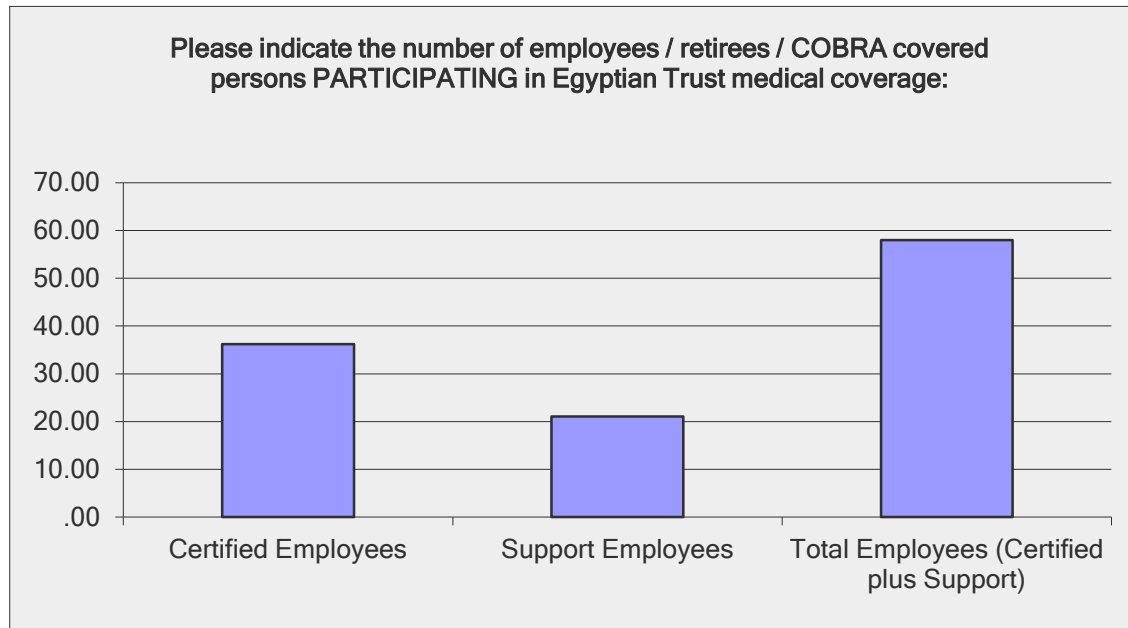


Question 2

### The Egyptian Trust Survey of Member Districts

Please indicate the number of employees / retirees / COBRA covered persons PARTICIPATING in Egyptian Trust medical coverage:

Answer Options	Response Average	Response Total	Response Count
Certified Employees	36.19	5,863	162
Support Employees	21.03	3,364	160
Total Employees (Certified plus Support)	58.01	9,456	163
<i>answered question</i>			<b>164</b>
<i>skipped question</i>			<b>2</b>

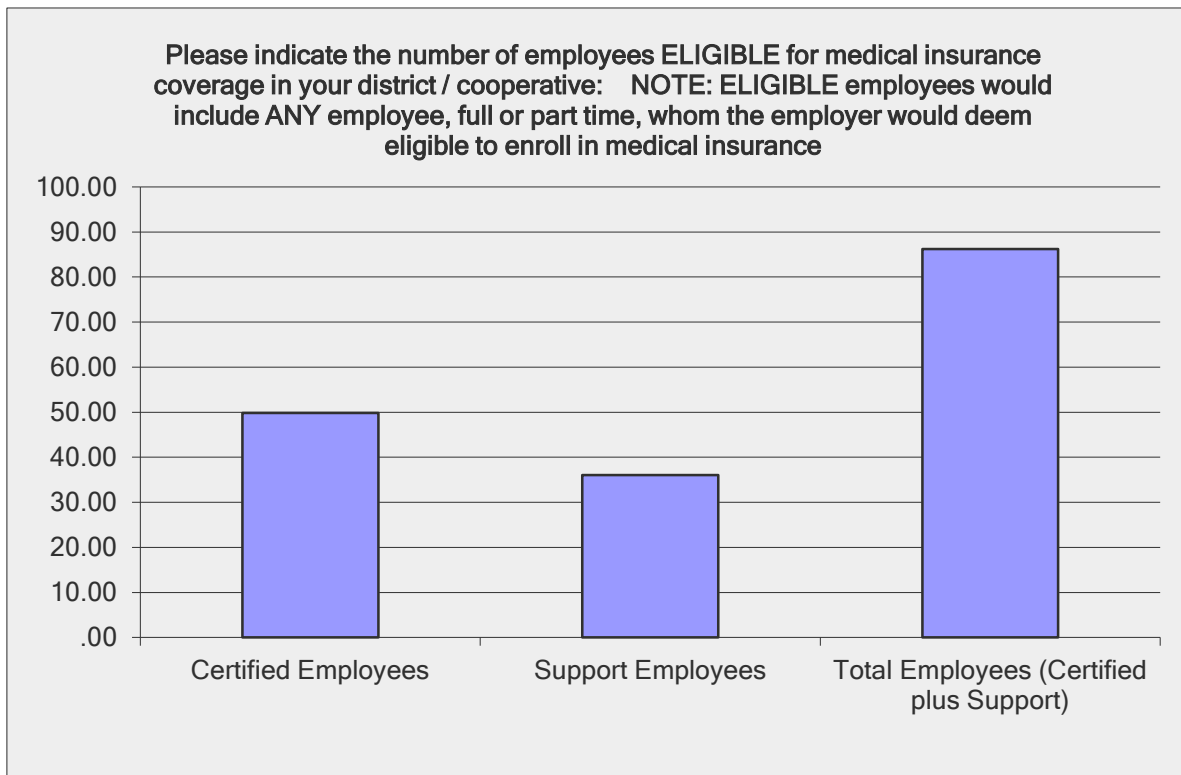


Question 3

### The Egyptian Trust Survey of Member Districts

Please indicate the number of employees ELIGIBLE for medical insurance coverage in your district / cooperative: NOTE: ELIGIBLE employees would include ANY employee, full or part time, whom the employer would deem eligible to enroll in medical insurance coverage, whether or not the employee receives any portion of the employer's insurance benefit.

Answer Options	Response Average	Response Total	Response Count
Certified Employees	49.81	8,019	161
Support Employees	36.02	5,800	161
Total Employees (Certified plus Support)	86.19	13,877	161
<i>answered question</i>			<b>161</b>
<i>skipped question</i>			<b>5</b>

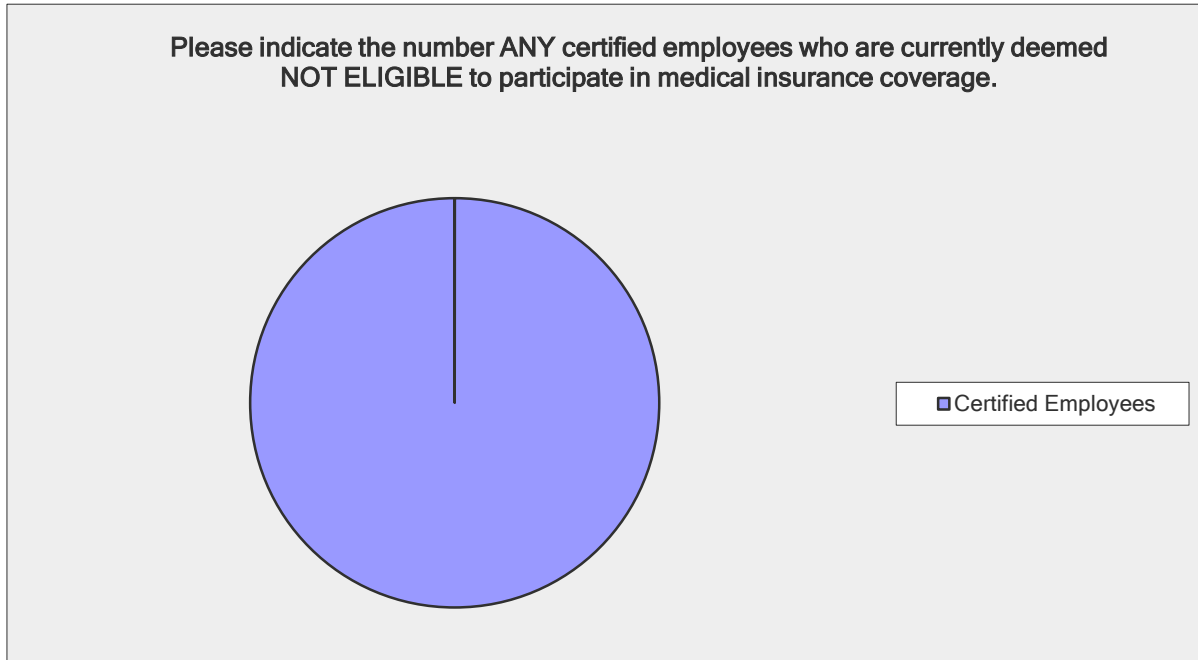


Question 4

### The Egyptian Trust Survey of Member Districts

Please indicate the number ANY certified employees who are currently deemed NOT ELIGIBLE to participate in medical insurance coverage.

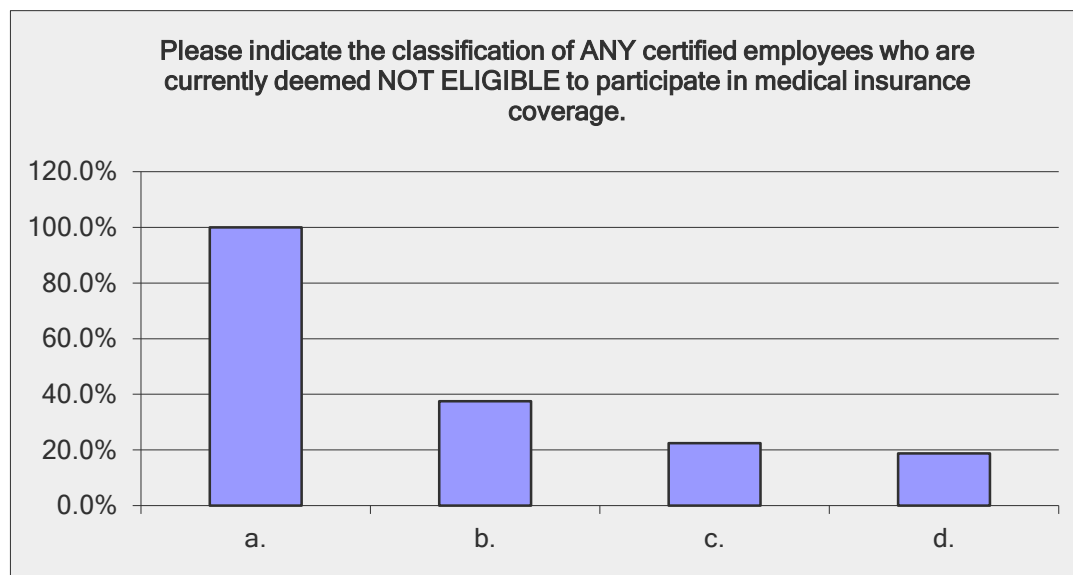
Answer Options	Response Average	Response Total	Response Count
Certified Employees	1.28	201	157
		<i>answered question</i>	<b>157</b>
		<i>skipped question</i>	<b>9</b>



### The Egyptian Trust Survey of Member Districts

Please indicate the classification of ANY certified employees who are currently deemed NOT ELIGIBLE to participate in medical insurance coverage.

Answer Options	Response Percent	Response Count
a.	100.0%	80
b.	37.5%	30
c.	22.5%	18
d.	18.8%	15
<i>answered question</i>		<b>80</b>
<i>skipped question</i>		<b>86</b>

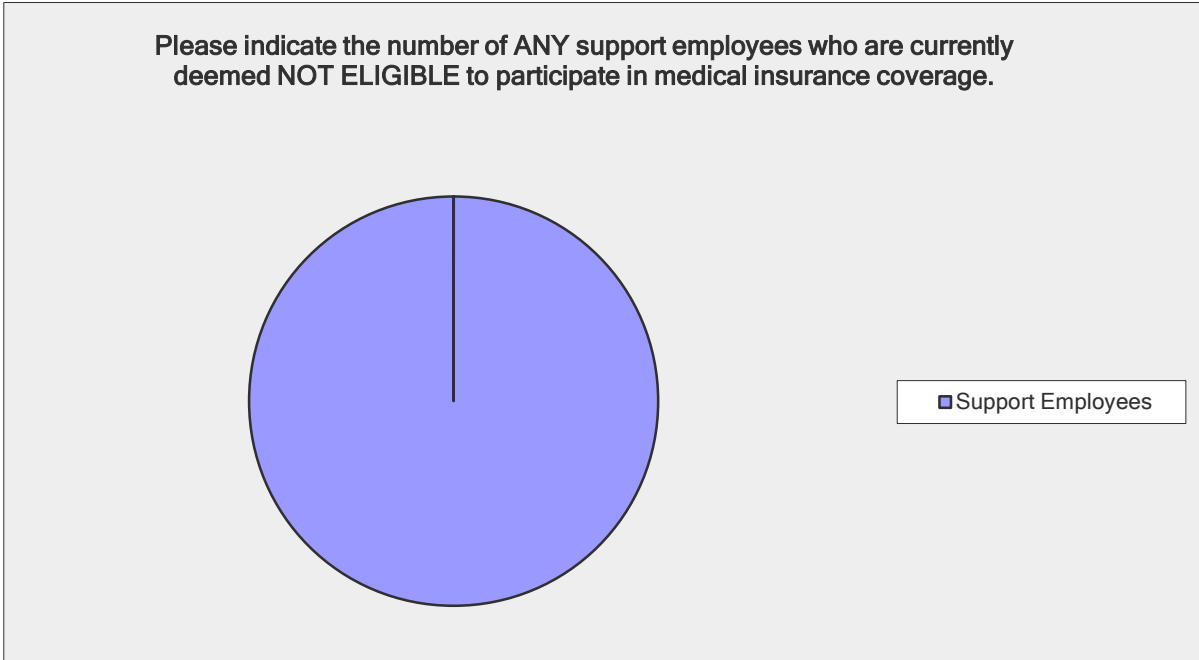


Question 6

### The Egyptian Trust Survey of Member Districts

Please indicate the number of ANY support employees who are currently deemed NOT ELIGIBLE to participate in medical insurance coverage.

Answer Options	Response Average	Response Total	Response Count
Support Employees	5.38	807	150
		<i>answered question</i>	<b>150</b>
		<i>skipped question</i>	<b>16</b>

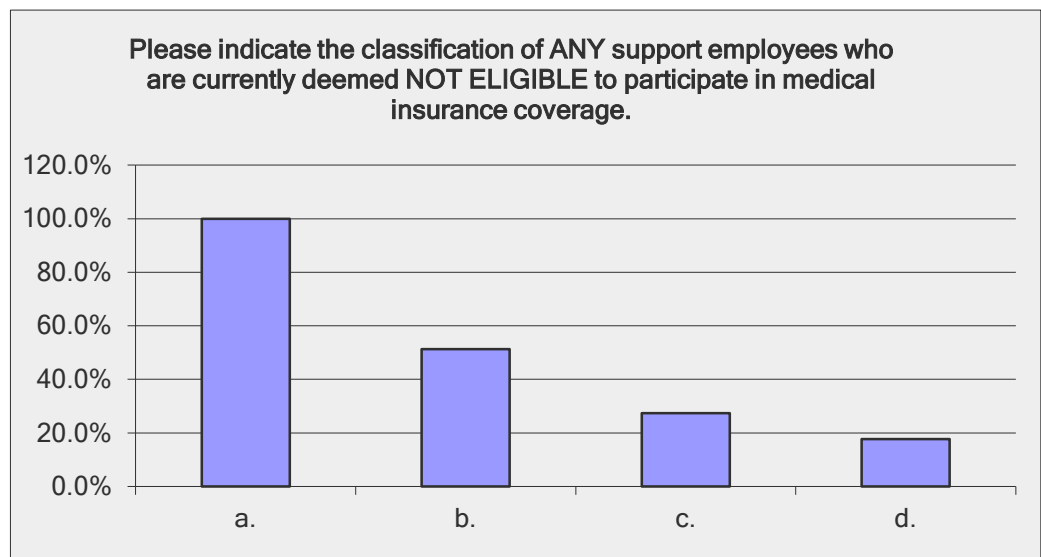


Question 7

### The Egyptian Trust Survey of Member Districts

Please indicate the classification of ANY support employees who are currently deemed NOT ELIGIBLE to participate in medical insurance coverage.

Answer Options	Response Percent	Response Count
a.	100.0%	113
b.	51.3%	58
c.	27.4%	31
d.	17.7%	20
<i>answered question</i>		<b>113</b>
<i>skipped question</i>		<b>53</b>



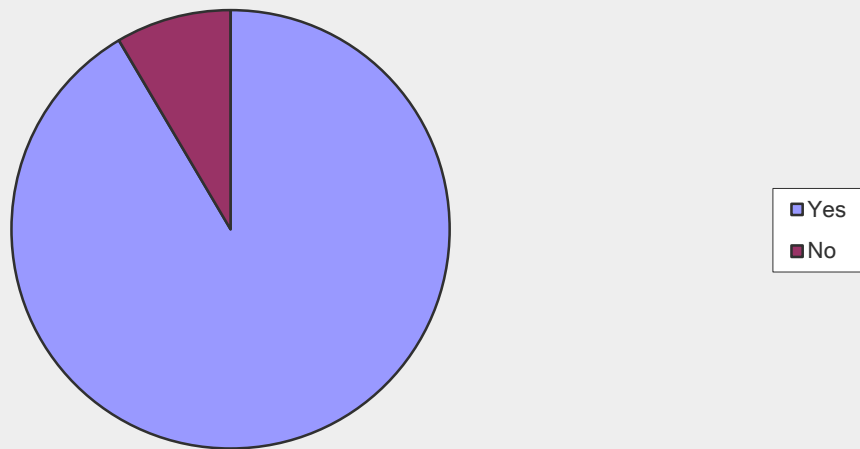
Question 8

### The Egyptian Trust Survey of Member Districts

As an employer, do you provide a financial insurance benefit for certified employees? If no, skip to question 11.

Answer Options	Response Percent	Response Count
Yes	91.5%	150
No	8.5%	14
<i>answered question</i>		164
<i>skipped question</i>		2

As an employer, do you provide a financial insurance benefit for certified employees? If no, skip to question 11.

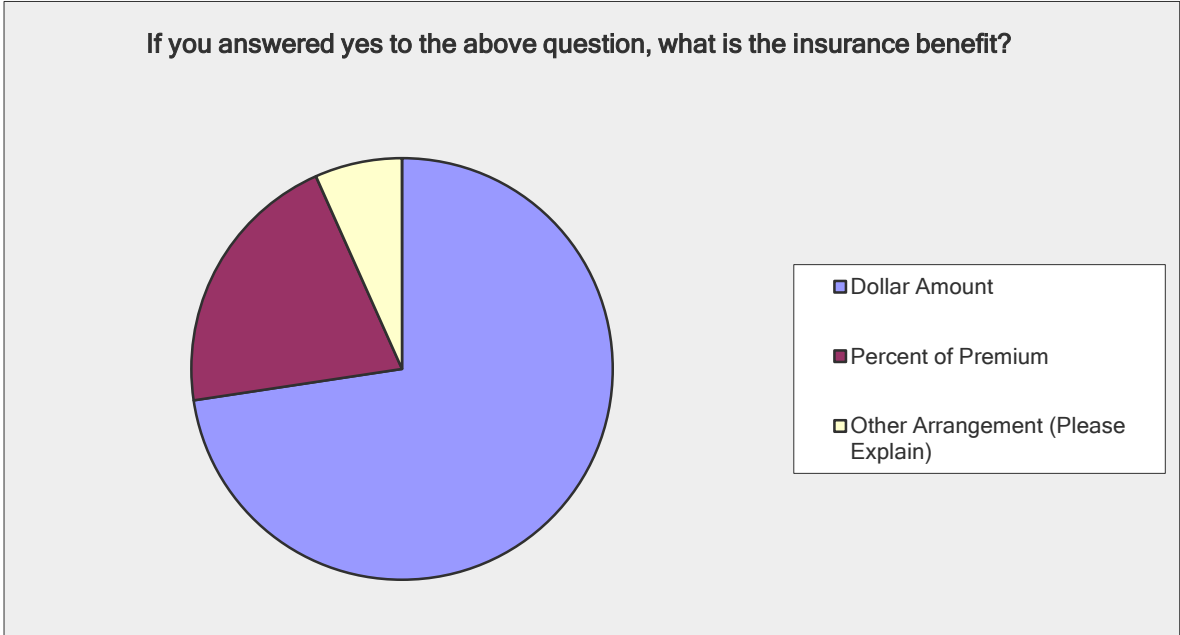




Question 9

### The Egyptian Trust Survey of Member Districts

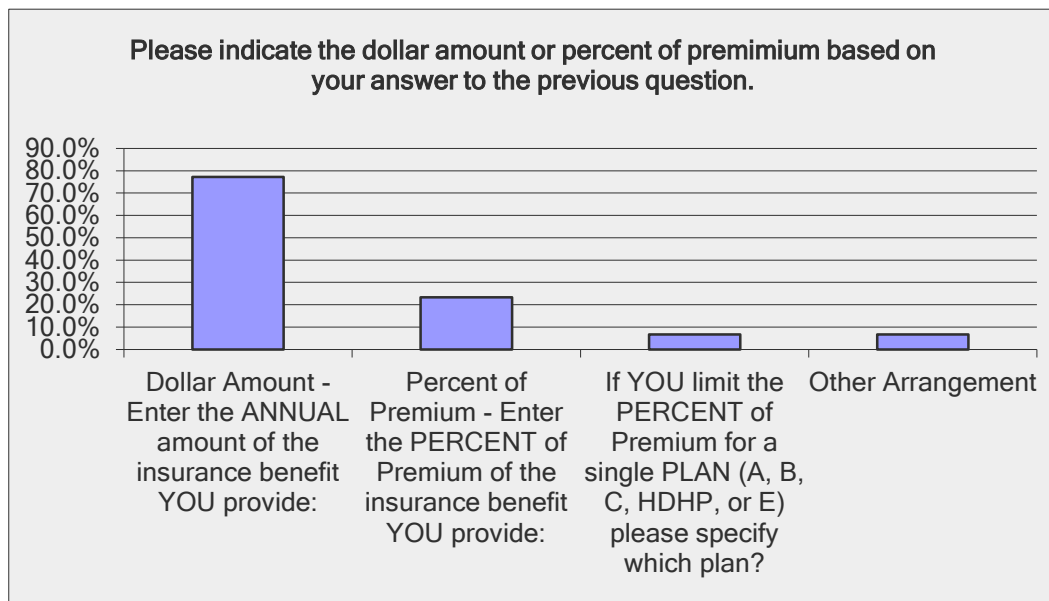
If you answered yes to the above question, what is the insurance benefit?		
Answer Options	Response Percent	Response Count
Dollar Amount	72.7%	109
Percent of Premium	20.7%	31
Other Arrangement (Please Explain)	6.7%	10
<i>answered question</i>		<b>150</b>
<i>skipped question</i>		<b>16</b>



### The Egyptian Trust Survey of Member Districts

Please indicate the dollar amount or percent of premium based on your answer to the previous question.

Answer Options	Response Percent	Response Count
Dollar Amount - Enter the ANNUAL amount of the insurance benefit YOU provide:	77.3%	116
Percent of Premium - Enter the PERCENT of Premium of the insurance benefit YOU provide:	23.3%	35
If YOU limit the PERCENT of Premium for a single PLAN (A, B, C, HDHP, or E) please specify which plan?	6.7%	10
Other Arrangement	6.7%	10
<i>answered question</i>		<b>150</b>
<i>skipped question</i>		<b>16</b>

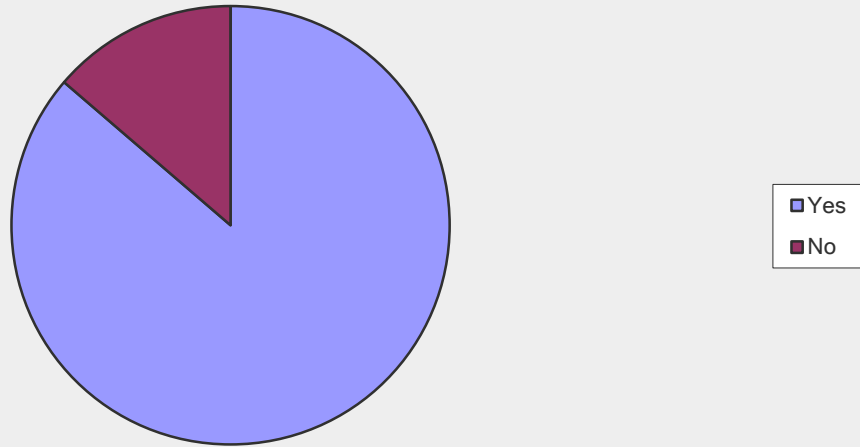


### The Egyptian Trust Survey of Member Districts

As an employer, do you provide a financial insurance benefit for support employees? If no, skip to question 14.

Answer Options	Response Percent	Response Count
Yes	86.3%	139
No	13.7%	22
<i>answered question</i>		<b>161</b>
<i>skipped question</i>		<b>5</b>

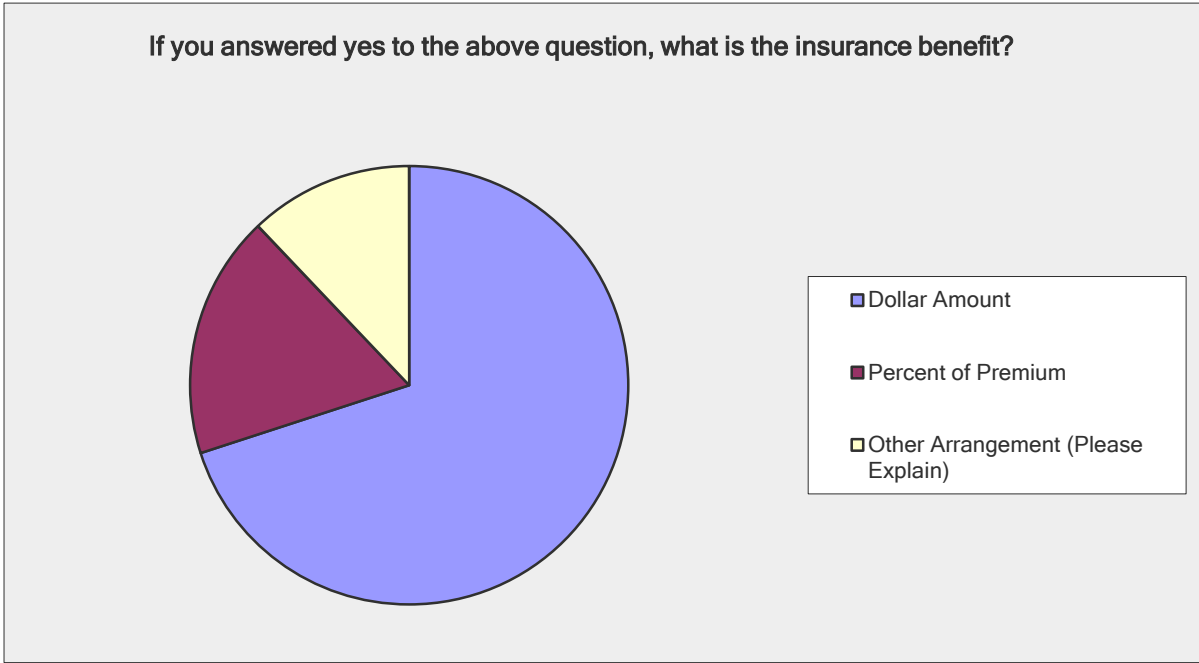
As an employer, do you provide a financial insurance benefit for support employees? If no, skip to question 14.



### The Egyptian Trust Survey of Member Districts

If you answered yes to the above question, what is the insurance benefit?

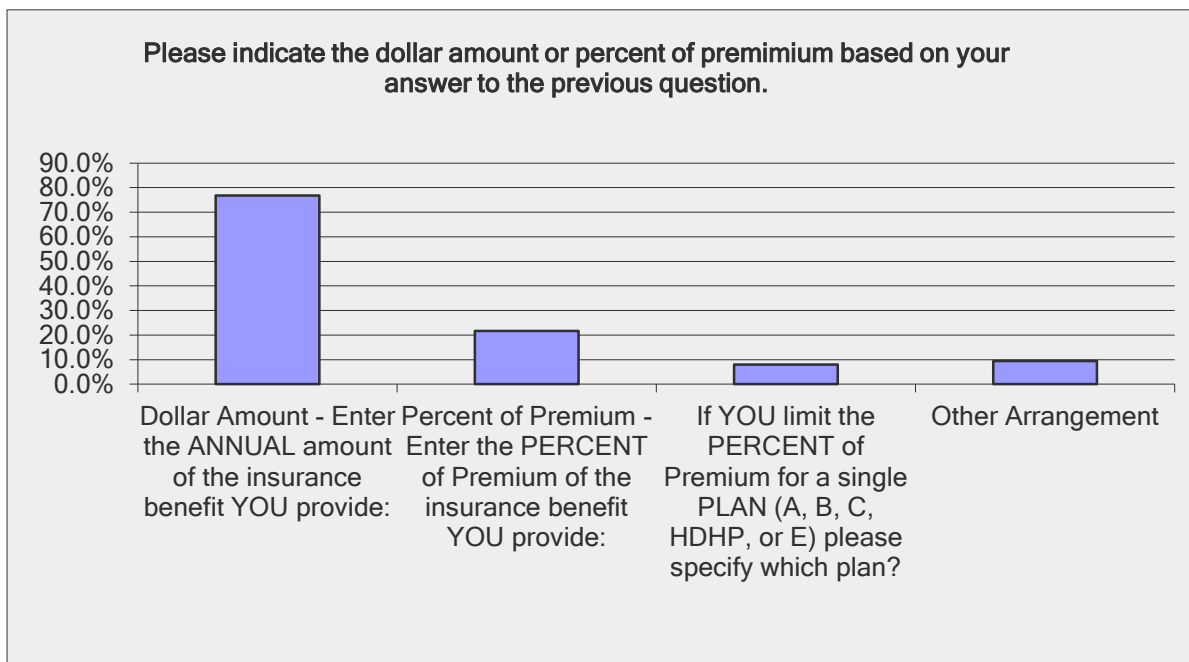
Answer Options	Response Percent	Response Count
Dollar Amount	70.0%	98
Percent of Premium	17.9%	25
Other Arrangement (Please Explain)	12.1%	17
<i>answered question</i>		<b>140</b>
<i>skipped question</i>		<b>26</b>



### The Egyptian Trust Survey of Member Districts

Please indicate the dollar amount or percent of premium based on your answer to the previous question.

Answer Options	Response Percent	Response Count
Dollar Amount - Enter the ANNUAL amount of the insurance benefit YOU provide:	76.8%	106
Percent of Premium - Enter the PERCENT of Premium of the insurance benefit YOU provide:	21.7%	30
If YOU limit the PERCENT of Premium for a single PLAN (A, B, C, HDHP, or E) please specify which plan?	8.0%	11
Other Arrangement	9.4%	13
<b>answered question</b>		<b>138</b>
<b>skipped question</b>		<b>28</b>



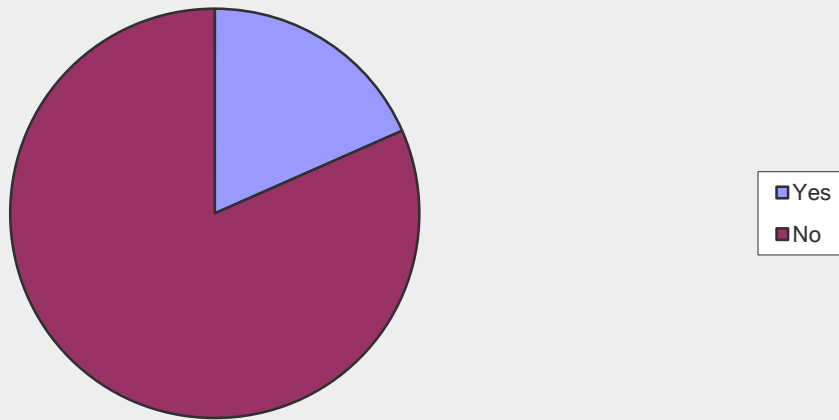
Question 14

### The Egyptian Trust Survey of Member Districts

As an employer, do you provide a financial insurance benefit for dependent coverage for certified employees? If no, skip to question 17.

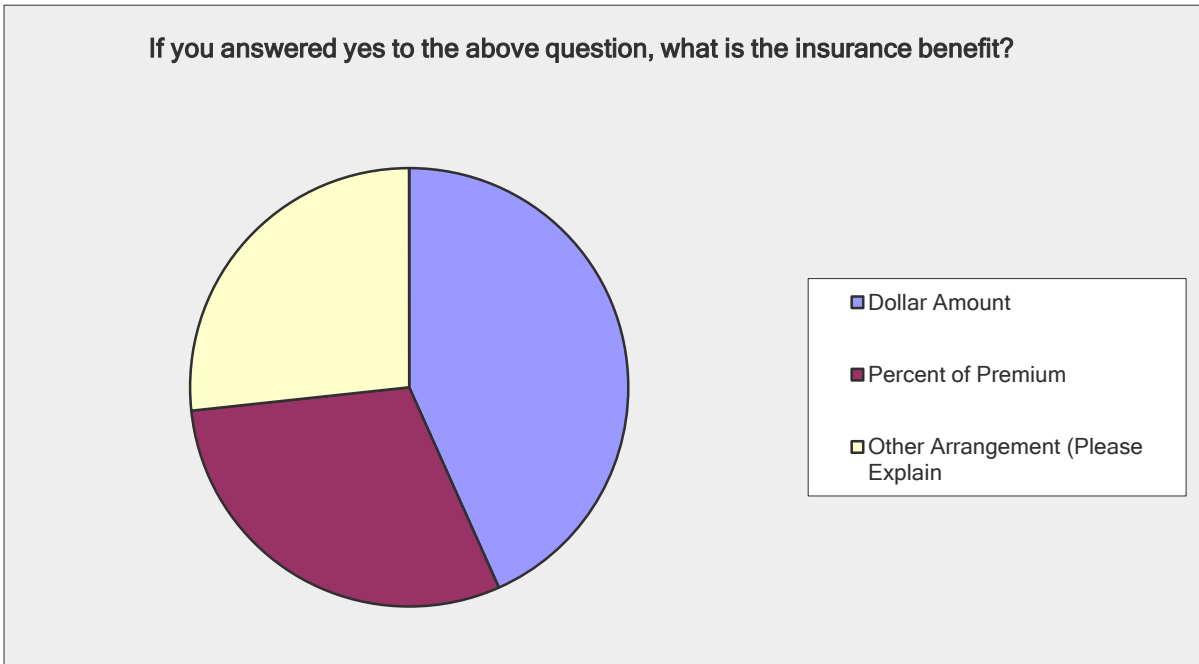
Answer Options	Response Percent	Response Count
Yes	18.4%	30
No	81.6%	133
<i>answered question</i>		<b>163</b>
<i>skipped question</i>		<b>3</b>

As an employer, do you provide a financial insurance benefit for dependent coverage for certified employees? If no, skip to question 17.



### The Egyptian Trust Survey of Member Districts

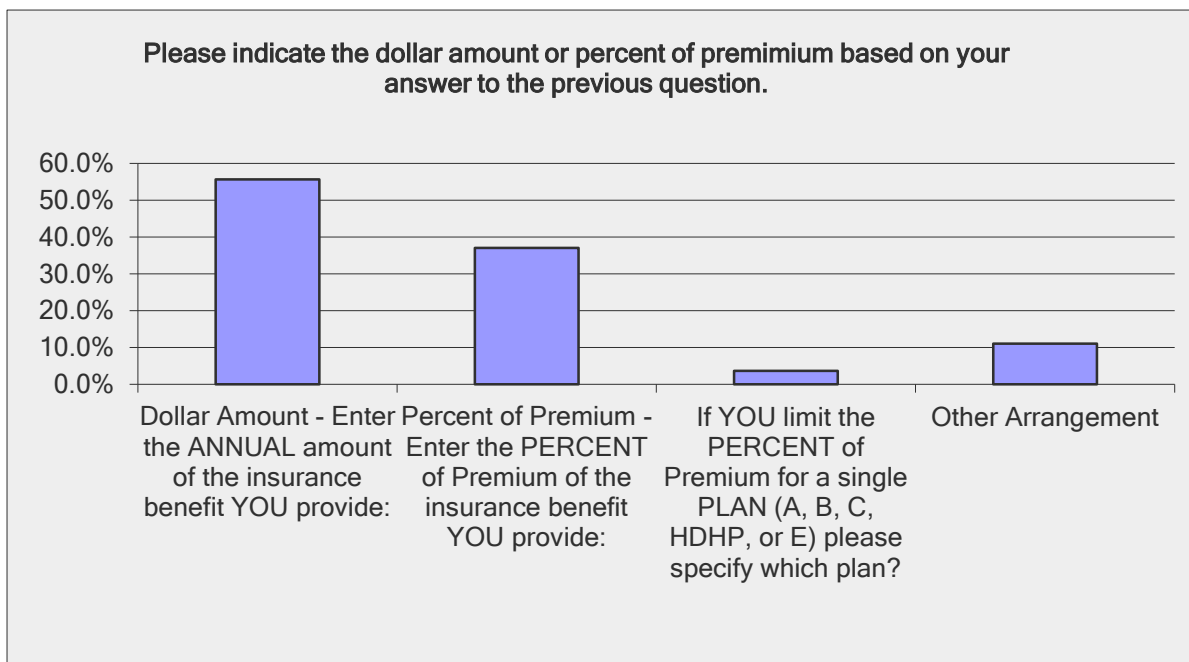
If you answered yes to the above question, what is the insurance benefit?		
Answer Options	Response Percent	Response Count
Dollar Amount	43.3%	13
Percent of Premium	30.0%	9
Other Arrangement (Please Explain	26.7%	8
<i>answered question</i>		<b>30</b>
<i>skipped question</i>		<b>136</b>



### The Egyptian Trust Survey of Member Districts

Please indicate the dollar amount or percent of premium based on your answer to the previous question.

Answer Options	Response Percent	Response Count
Dollar Amount - Enter the ANNUAL amount of the insurance benefit YOU provide:	55.6%	15
Percent of Premium - Enter the PERCENT of Premium of the insurance benefit YOU provide:	37.0%	10
If YOU limit the PERCENT of Premium for a single PLAN (A, B, C, HDHP, or E) please specify which plan?	3.7%	1
Other Arrangement	11.1%	3
<b>answered question</b>		<b>27</b>
<b>skipped question</b>		<b>139</b>





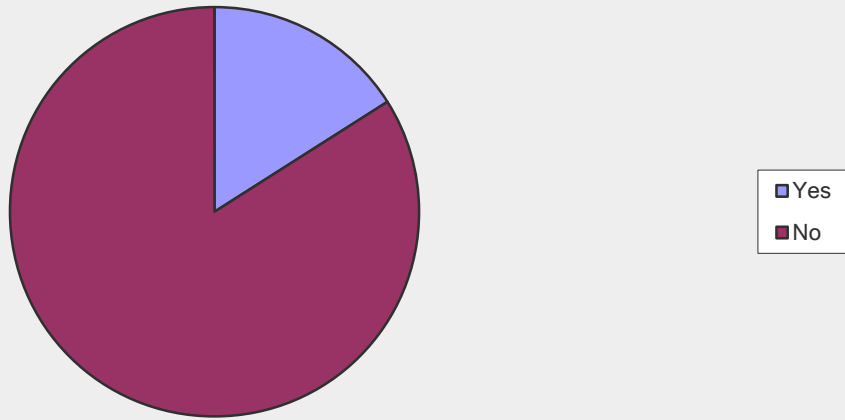
Question 17

### The Egyptian Trust Survey of Member Districts

As an employer, do you provide a financial insurance benefit for dependent coverage for support employees? If no, skip to question 20.

Answer Options	Response Percent	Response Count
Yes	16.0%	26
No	84.0%	136
<i>answered question</i>		<b>162</b>
<i>skipped question</i>		<b>4</b>

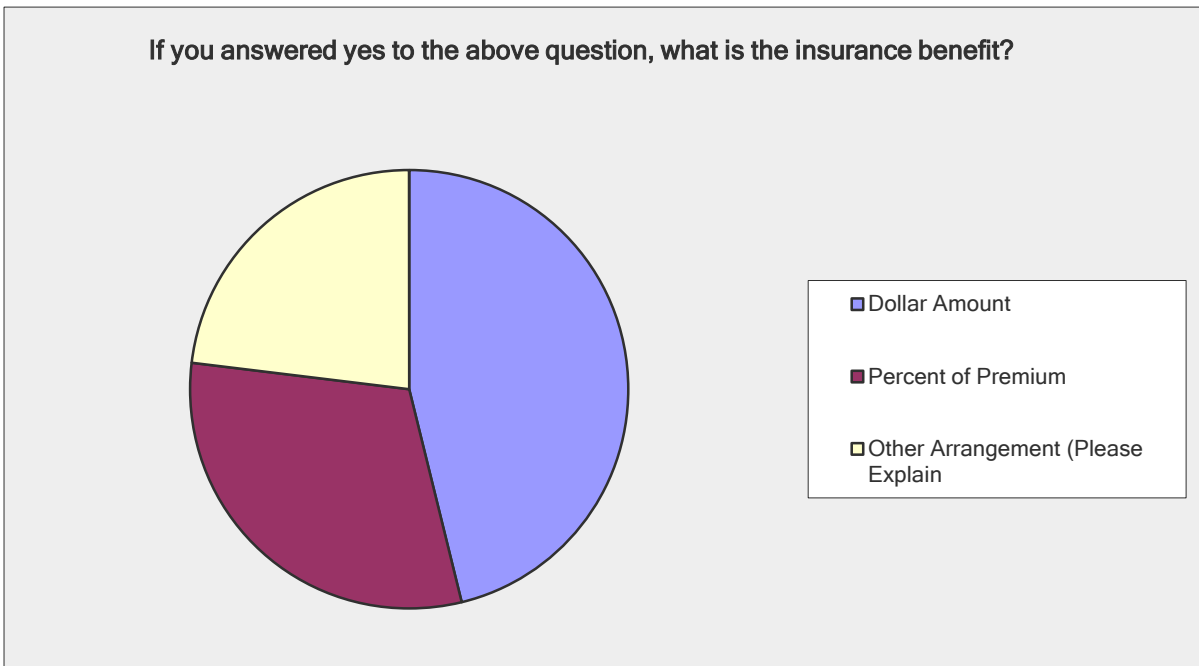
As an employer, do you provide a financial insurance benefit for dependent coverage for support employees? If no, skip to question 20.



### The Egyptian Trust Survey of Member Districts

If you answered yes to the above question, what is the insurance benefit?

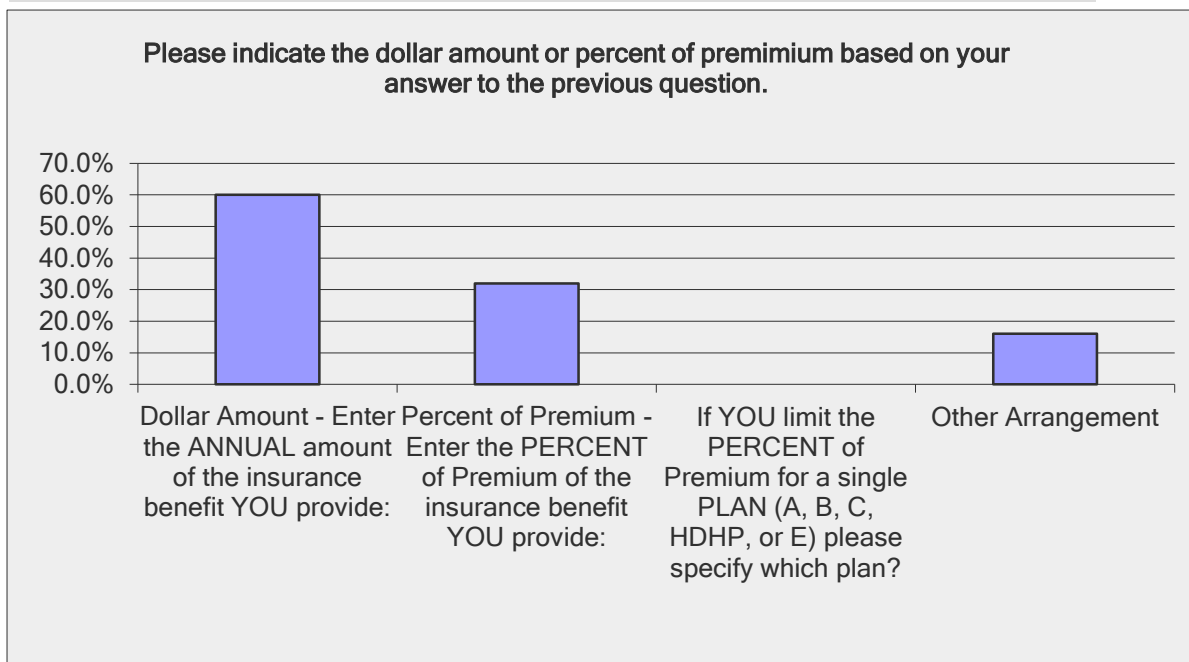
Answer Options	Response Percent	Response Count
Dollar Amount	46.2%	12
Percent of Premium	30.8%	8
Other Arrangement (Please Explain	23.1%	6
<i>answered question</i>		<b>26</b>
<i>skipped question</i>		<b>140</b>



### The Egyptian Trust Survey of Member Districts

Please indicate the dollar amount or percent of premium based on your answer to the previous question.

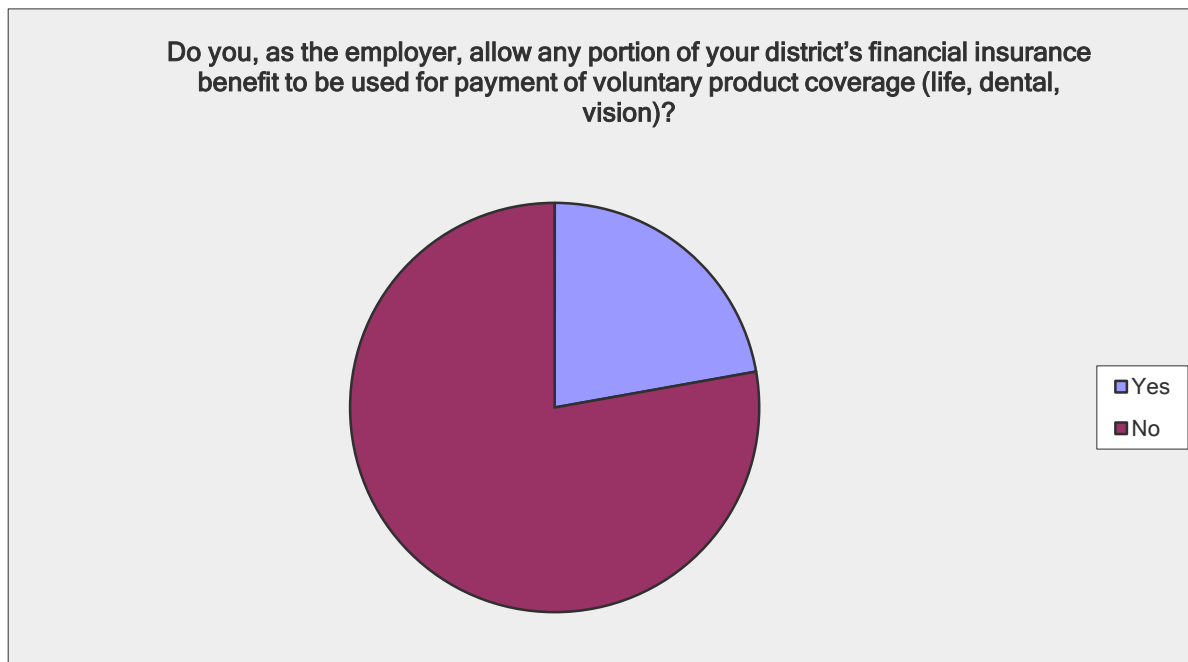
Answer Options	Response Percent	Response Count
Dollar Amount - Enter the ANNUAL amount of the insurance benefit YOU provide:	60.0%	15
Percent of Premium - Enter the PERCENT of Premium of the insurance benefit YOU provide:	32.0%	8
If YOU limit the PERCENT of Premium for a single PLAN (A, B, C, HDHP, or E) please specify which plan?	0.0%	0
Other Arrangement	16.0%	4
<i>answered question</i>		<b>25</b>
<i>skipped question</i>		<b>141</b>



### The Egyptian Trust Survey of Member Districts

Do you, as the employer, allow any portion of your district's financial insurance benefit to be used for payment of voluntary product coverage (life, dental, vision)?

Answer Options	Response Percent	Response Count
Yes	22.2%	36
No	77.8%	126
If yes, are there any limitations? Please explain:		25
<i>answered question</i>		<b>162</b>
<i>skipped question</i>		<b>4</b>

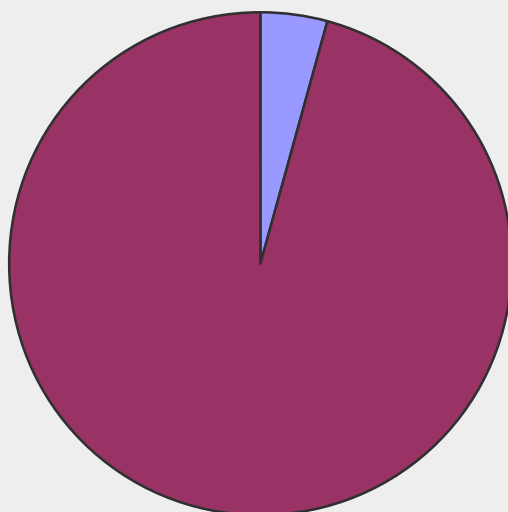


### The Egyptian Trust Survey of Member Districts

Does your district have any type of Health Reimbursement Arrangement (HRA) plan? Health Reimbursement Arrangement or Plan would include any type of reimbursement, paid by the EMPLOYER, for out-of-pocket costs such as deductible, copay or co-insurance paid by the employee or dependent.

Answer Options	Response Percent	Response Count
Yes	4.3%	7
No	95.7%	155
If yes, please explain the details of your reimbursement plan and indicate the maximum annual reimbursement amount.		7
<i>answered question</i>		162
<i>skipped question</i>		4

Does your district have any type of Health Reimbursement Arrangement (HRA) plan? Health Reimbursement Arrangement or Plan would include any type of reimbursement, paid by the EMPLOYER, for out-of-pocket costs such as deductible, copay or co-insurance paid

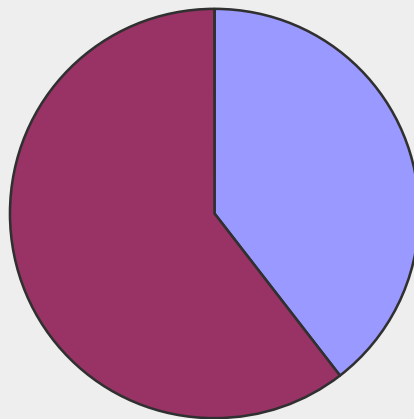


### The Egyptian Trust Survey of Member Districts

Does your district allow ELIGIBLE employees to opt out of the medical insurance in order to receive a cash or annuity option in lieu of the medical insurance?

Answer Options	Response Percent	Response Count
Yes	39.5%	64
No	60.5%	98
Please detail any limitation on this option:		33
<i>answered question</i>		<b>162</b>
<i>skipped question</i>		<b>4</b>

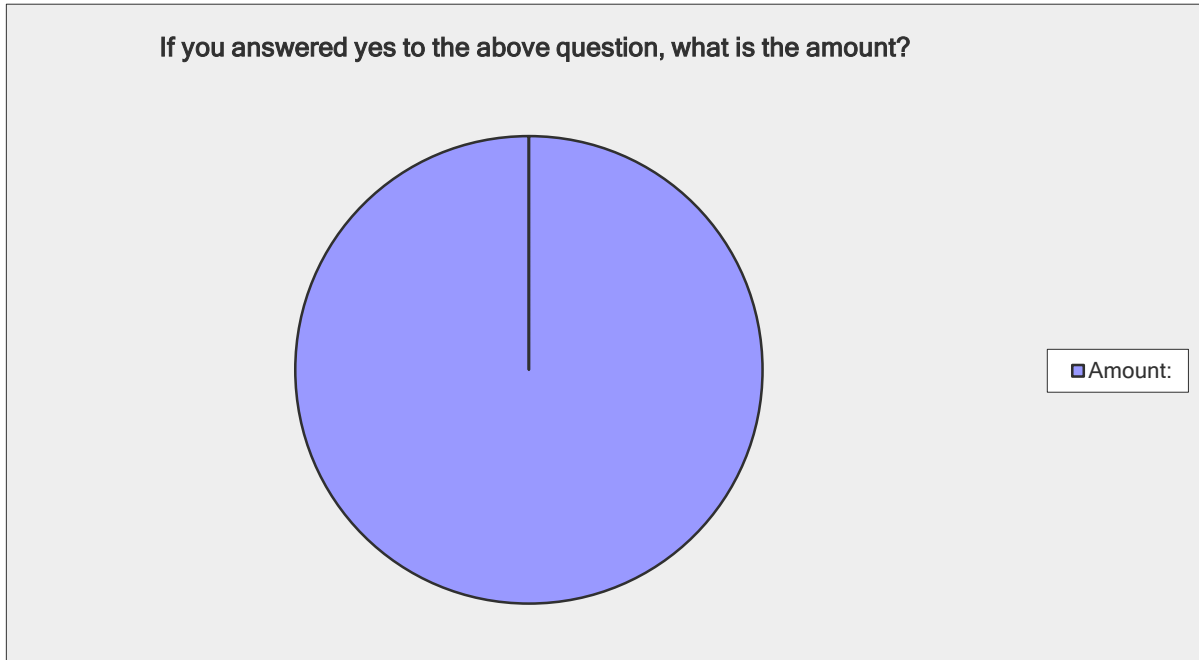
Does your district allow ELIGIBLE employees to opt out of the medical insurance in order to receive a cash or annuity option in lieu of the medical insurance?



■ Yes  
■ No

### The Egyptian Trust Survey of Member Districts

If you answered yes to the above question, what is the amount?			
Answer Options	Response Average	Response Total	Response Count
Amount:	4,153.41	253,358	61
<i>answered question</i>			<b>61</b>
<i>skipped question</i>			<b>105</b>



Question 24

### The Egyptian Trust Survey of Member Districts

Please list below any other insurance MEDICAL, LIFE, DENTAL OR VISION benefit or arrangement provided to employees, which is not listed in the above information.

Answer Options	Response Count
	51
<i>answered question</i>	51
<i>skipped question</i>	115

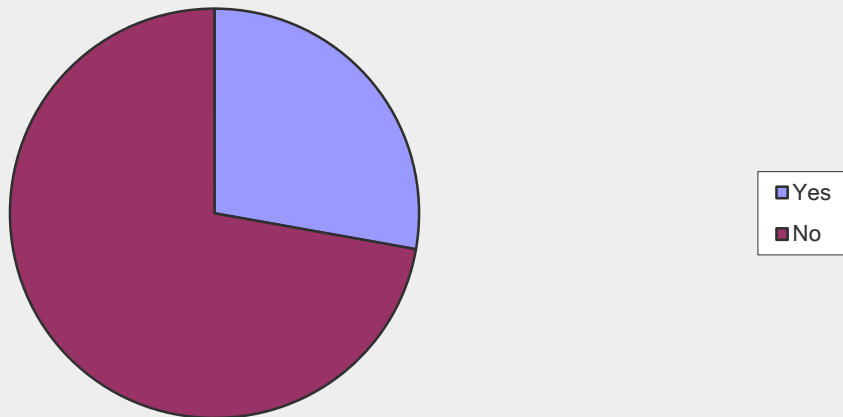


### The Egyptian Trust Survey of Member Districts

Has your district's insurance benefit changed in recent years due to the numerous state, local and federal financial constraints placed upon schools?

Answer Options	Response Percent	Response Count
Yes	27.8%	45
No	72.2%	117
If yes, please explain:		45
<i>answered question</i>		<b>162</b>
<i>skipped question</i>		<b>4</b>

Has your district's insurance benefit changed in recent years due to the numerous state, local and federal financial constraints placed upon schools?



Question 26

### The Egyptian Trust Survey of Member Districts

Please comment on how your district plans to address future contractual, employee and negotiation matters associated with your employer medical insurance benefit(s).

Answer Options	Response Count
	91
<i>answered question</i>	<b>91</b>
<i>skipped question</i>	<b>75</b>