

**EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST – MASTER  
HEALTH, VISION, DENTAL RATES (MONTHLY)**

<b>RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES &amp; SURVIVING DEPENDENTS</b>		
<b>NOTE: THE FOLLOWING RATES APPLY TO ACTIVE EMPLOYEES, RETIRED EMPLOYEES AND SURVIVING DEPENDENTS</b>		
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.		
<b>ACTIVE EMPLOYEES</b> Medical & \$10,000 Basic Life – PLAN A		<b>SURVIVING DEPS/RETIRES</b> 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
<b>ACTIVE EMPLOYEES</b> Medical & \$10,000 Basic Life – PLAN B		<b>SURVIVING DEPS/RETIRES</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
<b>ACTIVE EMPLOYEES</b> Medical & \$10,000 Basic Life – PLAN C		<b>SURVIVING DEPS/RETIRES</b> PLAN C
COVERAGE TYPE	Eff. 9-1-15	Eff. 9-1-15
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
<b>ACTIVE EMPLOYEES</b> Medical & \$10,000 Basic Life – HDHP		<b>SURVIVING DEPS/RETIRES</b> 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
<b>ACTIVE EMPLOYEES</b> Medical & \$10,000 Basic Life – PLAN E1		<b>SURVIVING DEPS/RETIRES</b> PLAN E1
COVERAGE TYPE	Eff. 9-1-15	Eff. 9-1-15
Employee	\$640	\$639
Employee + Spouse	\$1,320	\$1,319
Employee + Child or Children	\$1,272	\$1,271
Family	\$1,418	\$1,417
Spouse only – no employee	N/A	\$680
Child or Children – no employee	N/A	\$632
Spouse & Child or Children – no employee	N/A	\$778
<b>VISION PLAN</b>		
COVERAGE TYPE	Eff. 9-1-15	
Employee	\$7.96	
Employee + 1 dependent	\$11.40	
Employee + 2 or more dependents	\$20.64	
<b>DENTAL PLAN</b>		
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
<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 – MASTER  
HEALTH, VISION, DENTAL RATES (MONTHLY)

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

COBRA RATES/MEDICAL – PLAN A (102% of premium)		
COVERAGE TYPE		Eff. 9-1-15
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
COBRA RATES/MEDICAL – PLAN B (102% of premium)		
COVERAGE TYPE		Eff. 9-1-15
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
COBRA RATES/MEDICAL – PLAN C (102% of premium)		
COVERAGE TYPE		Eff. 9-1-15
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
COBRA RATES/MEDICAL – HDHP (102% of premium)		
COVERAGE TYPE		Eff. 9-1-15
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
COBRA RATES/MEDICAL – PLAN E1 (102% of premium)		
COVERAGE TYPE		Eff. 9-1-15
Employee		\$651.78
Employee + Spouse		\$1,345.38
Employee + Child or Children		\$1,296.42
Family		\$1,445.34
Spouse only – no employee		\$693.60
Child or Children – no employee		\$644.64
Spouse & Child or Children – no employee		\$793.56
COBRA RATES/VISION PLAN (102% of premium)		
COVERAGE TYPE		Eff. 9-1-15
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
COBRA RATES/DENTAL PLAN (102% of premium)		
COVERAGE TYPE		Eff. 9-1-15
	HIGH PLAN	LOW PLAN
Employee	\$32.72	\$14.54
Employee + 1 dependent	\$60.14	\$26.70
Employee + 2 or more dependents	\$87.42	\$50.70
SURVIVING DEPENDENTS OF EMPLOYEE		
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

**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/RETIRES
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		
	Eff. 9-1-15	
COVERAGE TYPE	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/RETIREES PLAN B
MEDICAL & \$10,000 BASIC LIFE - 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**

ACTIVE EMPLOYEES MEDICAL & \$10,000 BASIC LIFE - PLAN C		SURVIVING DEPS/RETIRES PLAN C
COVERAGE TYPE	Eff. 9-1-15	Eff. 9-1-15
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**

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		
	Eff. 9-1-15	
COVERAGE TYPE	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 HDHP  
HEALTH, VISION, DENTAL RATES (MONTHLY)**

**RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES & SURVIVING DEPENDENTS**

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**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		
	Eff. 9-1-15	
COVERAGE TYPE	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 E1  
HEALTH, VISION, DENTAL RATES (MONTHLY)**

**RATES FOR ACTIVE EMPLOYEES, RETIRED EMPLOYEES & SURVIVING DEPENDENTS**

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**EGYPTIAN HEALTH PLAN ADMINISTERED BY MERITAIN HEALTH**

ACTIVE EMPLOYEES MEDICAL & \$10,000 BASIC LIFE - HDHP		SURVIVING DEPS/RETIRES PLAN E1
COVERAGE TYPE	Eff. 9-1-15	Eff. 9-1-15
Employee	\$640	\$639
Employee + Spouse	\$1,320	\$1,319
Employee + Child or Children	\$1,272	\$1,271
Family	\$1,418	\$1,417
Spouse only – no employee	N/A	\$680
Child or Children – no employee	N/A	\$632
Spouse & Child or Children – no employee	N/A	\$778

**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
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Employee + 2 or more dependents	\$85.70	\$49.70
SURVIVING DEPENDENTS OF EMPLOYEE		
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3 Dependents-no employee	\$85.70	\$49.70