

**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	
COVERAGE TYPE	Eff. 9-1-16	Eff. 9-1-16	Eff. 9-1-16
Employee	\$802		\$801
Employee + Spouse	\$1,656		\$1,655
Employee + Child or Children	\$1,600		\$1,599
Family	\$1,782		\$1,781
Spouse only – no employee	N/A		\$854
Child or Children – no employee	N/A		\$798
Spouse & Child or Children – no employee	N/A		\$980
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLAN B		SURVIVING DEPS/RETIRES PLAN B	
COVERAGE TYPE	Eff. 9-1-16	Eff. 9-1-16	Eff. 9-1-16
Employee	\$728		\$727
Employee + Spouse	\$1,496		\$1,495
Employee + Child or Children	\$1,442		\$1,441
Family	\$1,608		\$1,607
Spouse only – no employee	N/A		\$768
Child or Children – no employee	N/A		\$714
Spouse & Child or Children – no employee	N/A		\$880
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLAN C		SURVIVING DEPS/RETIRES PLAN C	
COVERAGE TYPE	Eff. 9-1-16	Eff. 9-1-16	Eff. 9-1-16
Employee	\$626		\$625
Employee + Spouse	\$1,296		\$1,295
Employee + Child or Children	\$1,252		\$1,251
Family	\$1,394		\$1,393
Spouse only – no employee	N/A		\$670
Child or Children – no employee	N/A		\$626
Spouse & Child or Children – no employee	N/A		\$768
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – HDHP		SURVIVING DEPS/RETIRES HDHP	
COVERAGE TYPE	Eff. 9-1-16	Eff. 9-1-16	Eff. 9-1-16
Employee	\$534		\$533
Employee + Spouse	\$1,096		\$1,095
Employee + Child or Children	\$1,078		\$1,077
Family	\$1,182		\$1,181
Spouse only – no employee	N/A		\$562
Child or Children – no employee	N/A		\$544
Spouse & Child or Children – no employee	N/A		\$648
ACTIVE EMPLOYEES Medical & \$10,000 Basic Life – PLAN E1		SURVIVING DEPS/RETIRES PLAN E1	
COVERAGE TYPE	Eff. 9-1-16	Eff. 9-1-16	Eff. 9-1-16
Employee	\$672		\$671
Employee + Spouse	\$1,386		\$1,385
Employee + Child or Children	\$1,336		\$1,335
Family	\$1,490		\$1,489
Spouse only – no employee	N/A		\$714
Child or Children – no employee	N/A		\$664
Spouse & Child or Children – no employee	N/A		\$818
VISION PLAN			
COVERAGE TYPE	Eff. 9-1-16		
Employee	\$7.96		
Employee + 1 dependent	\$11.40		
Employee + 2 or more dependents	\$20.64		
DENTAL PLAN			
COVERAGE TYPE	Eff. 9-1-16		
	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	