



# Teachers Health Trust

P.O. Box 96238, Las Vegas, Nevada 89193-6238

Providing Service to Participants at: 2950 East Rochelle Avenue, Las Vegas, Nevada 89121

Phone: (702) 794-0272

Fax: (702) 794-2093

E-mail Address: [serviceteam@teachershealthtrust.org](mailto:serviceteam@teachershealthtrust.org)

## TEACHERS HEALTH TRUST

### Premium Rate Sheet - COBRA Participants (Dependent)

Effective January 1, 2007

1. Qualified beneficiary selection			
<b>a. <u>Medical/Dental/Vision Plan</u></b>			
Diamond Medical & Diamond Dental/Vision		487.59	
Diamond Medical & Platinum Dental/Vision		471.27	
Platinum Medical & Diamond Dental/Vision		452.91	
Platinum Medical & Platinum Dental/Vision		436.59	(1a.) \$ _____
<b>b. <u>Medical Coverage Only</u></b>			
Diamond Medical		430.47	
Platinum Medical		395.79	(1b.) \$ _____
<b>c. <u>Dental/Vision Coverage Only</u></b>			
Diamond Dental/Vision Plan		61.20	
Platinum Dental/Vision Plan		46.92	(1c.) \$ _____
2. Dependent selections: (Dependents may only enroll in the same Medical and/or Dental Vision Plan you have chosen for yourself.)			
<b>a. <u>Medical Coverage</u></b>		<b><u>Diamond Medical</u></b>	<b><u>Platinum Medical</u></b>
1 Dependent		122.40	91.80
2 Dependents		142.80	108.12
3 Dependents		163.20	124.44
4 Dependents		183.60	140.76
5 Dependents		204.00	157.08
6 Dependents		224.40	173.40
			(2a.) \$ _____
<b>b. <u>Dental/Vision Coverage:</u> (For dependent(s) enrolled in Medical coverage)</b>			
	<b><u>Diamond Dental/Vision</u></b>	<b><u>Platinum Dental/Vision</u></b>	
1 Dependent	57.12	42.84	
2 Dependents	97.92	73.44	
3 Dependents	138.72	104.04	
4 Dependents	179.52	134.64	
5 Dependents	220.32	165.24	
6 Dependents	261.12	195.84	(2b.) \$ _____
<b>c. <u>Dental/Vision Coverage:</u> (For dependent(s) NOT enrolled in Medical coverage)</b>			
	<b><u>Diamond Dental/Vision</u></b>	<b><u>Platinum Dental/Vision</u></b>	
1 Dependent	61.20	46.92	
2 Dependents	102.00	77.52	
3 Dependents	142.80	108.12	
4 Dependents	183.60	138.72	
5 Dependents	224.40	169.32	
6 Dependents	265.20	199.92	(2c.) \$ _____
<b>TOTAL MONTHLY PREMIUM: (Add lines 1 and 2)</b>			<b>\$ _____</b>

NOTE: COBRA rates include a 2% administration fee.