



Teachers Health Trust

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

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TEACHERS HEALTH TRUST

Premium Rate Sheet - COBRA Participants (Employee)

Effective January 1, 2007

1. Qualified beneficiary selection			
Medical/Dental/Vision Plan			
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	
Hospital Supplement & Diamond Dental/Vision		86.96	
Hospital Supplement & Platinum Dental/Vision		70.64	(1.) \$ _____
2. Dependent selections: (Dependents may only enroll in the same Medical and/or Dental Vision Plan you have chosen for yourself.)			
a. Medical Coverage	Diamond Medical	Platinum Medical	
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. Dental/Vision Coverage: (For dependent(s) enrolled in Medical coverage)	Diamond Dental/Vision	Platinum Dental/Vision	
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.) \$ _____
c. Dental/Vision Coverage: (For dependent(s) NOT enrolled in Medical coverage)	Diamond Dental/Vision	Platinum Dental/Vision	
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.) \$ _____
TOTAL MONTHLY PREMIUM: (Add lines 1 and 2)			\$ _____

NOTE: COBRA rates include a 2% administration fee.