

**EUDORA U.S.D. NO. 491  
COVENTRY OF KS RATES  
EFFECTIVE OCTOBER 1, 2010**

MONTHLY HEALTH INSURANCE PREMIUM	MONTHLY DISTRICT PAID BENEFIT	MONTHLY AMOUNT EMPLOYEE PAYS
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**OPTION 1 - POS  
(1,000/3,000 Deductible):**

Employee	435.36	275.00	160.36
Employee/Spouse	934.84	275.00	659.84
Employee/Child(ren)	840.28	275.00	565.28
Family	1,339.81	275.00	1,064.81

**OPTION 2 - POS  
(1,500/4,500 Deductible):**

Employee	418.39	275.00	143.39
Employee/Spouse	898.36	275.00	623.36
Employee/Child(ren)	807.91	275.00	532.91
Family	1,287.93	275.00	1,012.93

**OPTION 3 - POS  
(2,500/7,500 Deductible):**

Employee	389.52	275.00	114.52
Employee/Spouse	836.34	275.00	561.34
Employee/Child(ren)	752.75	275.00	477.75
Family	1,199.56	275.00	924.56

**OPTION 4 - HDHP/HSA  
(2,500/5,000 Deductible):**

Employee	340.85	275.00	65.85
Employee/Spouse	731.73	275.00	456.73
Employee/Child(ren)	659.68	275.00	384.68
Family	1,050.57	275.00	775.57