

ATLANTA PUBLIC SCHOOLS
EMPLOYEE BENEFITS DEPARTMENT
MONTHLY PREMIUMS
January 1, 2015

GROUP HEALTH INSURANCE - STATE HEALTH BENEFIT PLAN

Active Employee, *Early Retiree, & Employees on FMLA/Disability/Military Leave w/o Pay	Single	Employee & Child(ren)	Employee & Spouse	Family
BLUE CROSS/BLUE SHIELD - GOLD	166.08	300.38	405.52	539.84
BLUE CROSS/BLUE SHIELD - GOLD - TOBACCO	246.08	380.38	485.52	619.84
BLUE CROSS/BLUE SHIELD - SILVER	108.64	202.74	284.90	379.00
BLUE CROSS/BLUE SHIELD - SILVER - TOBACCO	188.64	282.74	364.90	459.00
BLUE CROSS/BLUE SHIELD - BRONZE	66.28	130.74	195.96	260.40
BLUE CROSS/BLUE SHIELD - BRONZE - TOBACCO	146.28	210.74	275.96	340.40
BLUE CROSS/BLUE SHIELD HMO	130.74	240.88	333.06	443.18
BLUE CROSS/BLUE SHIELD HMO TOBACCO	210.74	320.88	413.06	523.18
UHC HMO	181.32	326.86	439.26	584.80
UHC HMO - TOBACCO	261.32	406.86	519.26	664.80
UHC HDHP	53.02	108.74	169.84	225.56
UHC HDHP - TOBACCO	133.02	188.74	249.84	305.56
KAISER HMO	145.78	266.44	364.64	485.30
KAISER HMO - TOBACCO	225.78	346.44	444.64	565.30
TRICARE - SUPPLEMENT	60.50	119.50	119.50	160.50

GROUP DENTAL INSURANCE - METLIFE

	Single	Family
PPO - HIGH PLAN	14.22	77.12

GROUP VISION INSURANCE - VISION SERVICE PLAN

	Single	Family
	6.28	12.16

	Single	Employee & Child(ren)	Employee & Spouse	Family
<u>GROUP CANCER INSURANCE - ALLSTATE</u>	14.42	20.30	22.38	28.24

MEDICAL SPENDING & DEPENDENT DAY CARE FEE

6.00

Benefit elections are binding through DECEMBER 31, 2015, except under qualifying life events as outlined by the Internal Revenue Service Section 125.