

ATLANTA PUBLIC SCHOOLS
EMPLOYEE BENEFITS DEPARTMENT
MONTHLY PREMIUMS
January 1, 2010

GROUP HEALTH INSURANCE - STATE HEALTH BENEFIT PLAN

PLAN TYPE	EMP	EMP + CHILD	EMP + SP	EMP + CHILD+SP
UNITED HEALTHCARE OAP	94.70	268.10	278.50	289.10
UNITED HEALTHCARE OAP TOBACCO	154.70	328.10	338.50	349.10
UNITED HEALTHCARE OAP SPOUSE	N/A	N/A	318.50	329.10
UNITED HEALTHCARE OAP TOBACCO & SPOUSE	N/A	N/A	378.50	389.10
CIGNA OAP	94.70	268.10	278.50	289.10
CIGNA OAP TOBACCO	154.70	328.10	338.50	349.10
CIGNA OAP SPOUSE	N/A	N/A	318.50	329.10
CIGNA OAP TOBACCO & SPOUSE	N/A	N/A	378.50	389.10
UNITED HEALTHCARE HRA	62.50	185.30	191.00	196.60
UNITED HEALTHCARE HRA TOBACCO	122.50	245.30	251.00	256.60
UNITED HEALTHCARE HRA SPOUSE	N/A	N/A	231.00	236.60
UNITED HEALTHCARE HRA TOBACCO & SPOUSE	N/A	N/A	291.00	296.60
CIGNA HRA	62.50	185.30	191.00	196.60
CIGNA HRA TOBACCO	122.50	245.30	251.00	256.60
CIGNA HRA SPOUSE	N/A	N/A	231.00	236.60
CIGNA TOBACCO & SPOUSE	N/A	N/A	291.00	296.60
UNITED HEALTHCARE HMO	100.20	227.60	236.50	245.40
UNITED HEALTHCARE HMO TOBACCO	160.20	287.60	296.50	305.40
UNITED HEALTHCARE HMO SPOUSE	N/A	N/A	276.50	285.40
UNITED HEALTHCARE HMO TOBACCO & SPOUSE			336.50	345.40
CIGNA HMO	100.20	227.60	236.50	245.40
CIGNA HMO TOBACCO	160.20	287.60	296.50	305.40
CIGNA HMO SPOUSE	N/A	N/A	276.50	285.40
CIGNA HMO TOBACCO & SPOUSE			336.50	345.40
UNITED HEALTHCARE HDHP	54.40	171.40	176.50	181.60
UNITED HEALTHCARE HDHP TOBACCO	114.40	231.40	236.50	241.60
UNITED HEALTHCARE HDHP SPOUSE	N/A	N/A	216.50	221.60
UNITED HEALTHCARE HDHP TOBACCO & SPOUSE	N/A	N/A	276.50	281.60
CIGNA HDHP	54.40	171.40	176.50	181.60
CIGNA HDHP TOBACCO	114.40	231.40	236.50	241.60
CIGNA HDHP SPOUSE	N/A	N/A	216.50	221.60
CIGNA HDHP TOBACCO & SPOUSE	N/A	N/A	276.50	281.60

Note: Please review SHBP DECISION GUIDE

GROUP DENTAL INSURANCE - METLIFE

	SINGLE	FAMILY	800-942-0854
PPO - HIGH PLAN	10.52	63.08	
PPO - BASE PLAN	2.50	26.50	

GROUP VISION CARE - VISION SERVICE PLAN

	SINGLE	FAMILY	800-877-7195
	6.28	12.16	

GROUP TERM LIFE INSURANCE - GREATER GEORGIA LIFE INSURANCE COMPANY

Benefit:
Death Benefit to Named Beneficiaries; Free \$10,000 life benefit for all active full-time employees
Optional Term Life Insurance and Accidental and Dismemberment Insurance

GROUP LONG-TERM DISABILITY - STANDARD LIFE INSURANCE COMPANY
Plan offers up to 60% of your gross salary if you become permanently disabled.
Offsets Workers Comp benefits, retirement pension, etc.

DEPENDENT DAY CARE-SPENDING ACCOUNT - AMERICOMP BENEFITS 800-868-0196
Benefit: Tax-free deductions for dependent care expenses. Certain restrictions apply.

MEDICAL REIMBURSEMENT ACCOUNT - AMERICOMP BENEFITS 800-868-0196
Benefit: Tax-free deductions for HEALTH RELATED expenses. Certain restrictions apply.

FLEX PLAN PRE-TAX DEDUCTIONS
Eligible benefit plans are deducted on a pre-tax basis, reducing your taxable income. No additional premium required.

SUPPLEMENTAL PLANS - AFLAC 404-270-9036
CANCER, LONG TERM CARE, SHORT TERM DISABILITY

Benefit elections are binding through DECEMBER 31, 2010, except under qualifying life events as outlined by the Internal Revenue Service Section 125.