

UNIVERSITY SYSTEM OF GEORGIA

Insurance Premium Rates as of January 1, 2009

HEALTH INSURANCE MONTHLY PREMIUMS

	Indemnity	HSA/PPO - Health Savings Account	PPO	PPO Consumer Choice Option	HMO Kaiser	HMO Kaiser Consumer Choice Option	HMO Blue Cross Blue Shield	HMO BC&BS Consumer Choice Option
	01/01/09- 12/31/09	01/01/09- 12/31/09	01/01/09- 12/31/09	01/01/09- 12/31/09	01/01/09- 12/31/09	01/01/09- 12/31/09	01/01/09- 12/31/09	01/01/09- 12/31/09
Employee Only	\$302.00	\$23.84	\$135.66	\$180.90	\$104.14	\$164.92	\$100.68	\$159.42
Employer Contribution	\$316.54	\$214.54	\$316.54	\$316.54	\$243.02	\$243.02	\$234.90	\$234.90
Total Premium	\$618.54	\$238.38	\$452.20	\$497.44	\$347.16	\$407.94	\$335.58	\$394.32
Employee + Child	\$543.46	\$41.66	\$244.18	\$325.62	\$187.48	\$296.82	\$181.22	\$286.92
Employer Contribution	\$569.76	\$374.90	\$569.76	\$569.76	\$437.42	\$437.42	\$422.84	\$422.84
Total Premium	\$1,113.22	\$416.56	\$813.94	\$895.38	\$624.90	\$734.24	\$604.06	\$709.76
Employee + Spouse	\$634.08	\$48.34	\$284.88	\$379.86	\$218.72	\$346.26	\$211.42	\$334.76
Employer Contribution	\$664.74	\$435.04	\$664.74	\$664.74	\$510.34	\$510.34	\$493.32	\$493.32
Total Premium	\$1,298.82	\$483.38	\$949.62	\$1,044.60	\$729.06	\$856.60	\$704.74	\$828.08
Employee w/Family	\$875.62	\$66.16	\$393.40	\$524.54	\$302.04	\$478.22	\$291.98	\$462.30
Employer Contribution	\$917.90	\$595.38	\$917.90	\$917.90	\$704.76	\$704.76	\$681.24	\$681.24
Total Premium	\$1,793.52	\$661.54	\$1,311.30	\$1,442.44	\$1,006.80	\$1,182.98	\$973.22	\$1,143.54
Retiree Only Medicare	\$183.22	\$23.84	\$76.60	\$102.14				
Employer Contribution	\$178.72	\$214.54	\$178.72	\$178.72				
Total Premium	\$361.94	\$238.38	\$255.32	\$280.86				
Retiree + One Medicare	\$366.48	\$48.34	\$153.18	\$204.30				
Employer Contribution	\$357.44	\$435.04	\$357.44	\$357.44				
Total Premium	\$723.92	\$483.38	\$510.62	\$561.74				

DENTAL INSURANCE MONTHLY PREMIUM

Employee	\$27.24
Employee + Child	\$51.74
Employee + Spouse	\$54.46
Family	\$87.13

SUPPLEMENTAL LIFE INSURANCE RATES

Under 25	\$0.09	Rates are for each \$1,000 of insurance and include a rider for Accidental Death and Dismemberment. Dependant Life Insurance Monthly Premium \$4.70 (\$10,000 on each eligible dependant)
25-29	\$0.10	
30-34	\$0.12	
35-39	\$0.13	
40-44	\$0.15	
45-49	\$0.20	
50-54	\$0.29	
55-59	\$0.52	
60-64	\$0.80	
65-69	\$1.55	
70 and Over	\$2.46	(No AD&D)

Retirement

Teachers Retirement System of Georgia	January - June	<u>Employee Contribution</u> 5% Pretax	<u>CSU Contribution</u> 9.28%
	July - August	5.25% Pretax	9.74%
Optional Retirement Plan		5% Pretax	8.15% 9.24% (After July 1st)