

**MONTHLY BASIC GROUP INSURANCE PREMIUMS  
2006**

Employee premiums for the Basic Group Insurance Program, including health, term life and accidental insurance are based on salary and coverage selected as indicated in the following tables.

PPO – “Preferred Provider Option” - Blue Cross/Blue Shield of Tennessee  
 POS – “Point of Service Plan” - Cigna East  
 HMO –“Health Maintenance Organization” – John Deere Select Health Care

<u>COVERAGE</u>	<u>ANNUAL SALARY</u>	<u>MONTHLY PREMIUMS</u>			<i>Employer</i>
		<u>PPO</u>	<i>Employee</i> <u>POS</u>	<u>HMO</u>	
01Single Family Split	Less than \$15,000.00 (Term Life \$20,000)	\$ 88.68 \$221.71 \$132.82	\$ 70.57 \$176.52 \$105.74	\$ 65.30 \$163.36 \$ 97.85	\$354.71 \$885.60 \$530.89
02Single Family Split	\$15,000.00 - \$17,499.99 (Term Life \$22,000)	\$ 89.24 \$222.29 \$133.38	\$ 71.13 \$177.10 \$106.30	\$ 65.86 \$163.94 \$ 98.41	\$354.71 \$885.60 \$530.89
03Single Family Split	\$17,500.00 - \$19,999.99 (Term Life \$25,000)	\$ 90.08 \$223.19 \$134.25	\$ 71.97 \$178.00 \$107.17	\$ 66.70 \$164.84 \$ 99.28	\$354.71 \$885.60 \$530.89
04Single Family Split	\$20,000.00 - \$22,499.99 (Term Life \$30,000)	\$ 91.47 \$224.66 \$135.64	\$ 73.36 \$179.47 \$108.56	\$ 68.09 \$166.31 \$100.67	\$354.71 \$885.60 \$530.89
05Single Family Split	\$22,500.00 - \$24,999.99 (Term Life \$33,500)	\$ 92.45 \$225.70 \$136.64	\$ 74.34 \$180.51 \$109.56	\$ 69.07 \$167.35 \$101.67	\$354.71 \$885.60 \$530.89
06Single Family Split	\$25,000.00 - \$27,499.99 (Term Life \$37,000)	\$ 93.42 \$226.73 \$137.65	\$ 75.31 \$181.54 \$110.57	\$ 70.04 \$168.38 \$102.68	\$354.71 \$885.60 \$530.89
07Single Family Split	\$27,500.00 - \$29,999.99 (Term Life \$40,500)	\$ 94.40 \$227.78 \$138.65	\$ 76.29 \$182.59 \$111.57	\$ 71.02 \$169.43 \$103.68	\$354.71 \$885.60 \$530.89
08Single Family Split	\$30,000.00 - \$32,499.99 (Term Life \$44,000)	\$ 95.38 \$228.81 \$139.66	\$ 78.24 \$183.62 \$112.58	\$ 72.00 \$170.46 \$104.69	\$354.71 \$885.60 \$530.89
09Single Family Split	\$32,500.00 - \$34,999.99 (Term Life \$47,500)	\$ 96.35 \$229.84 \$140.63	\$ 78.94 \$184.65 \$113.55	\$ 72.97 \$171.49 \$105.66	\$354.71 \$885.60 \$530.89
10Single Family Split	\$35,000.00 and over (Term Life \$50,000)	\$ 97.05 \$230.58 \$141.36	\$ 76.87 \$185.39 \$114.28	\$ 73.67 \$172.23 \$106.39	\$354.71 \$885.60 \$530.89

Note: Split Coverage covers the employee and eligible dependent children, excluding spouse, where both employee and spouse are employed by the State.

NOTE: Effective 1/1/06, new POS provider will be Cigna East

08/05