

MONTHLY BASIC GROUP INSURANCE PREMIUMS

2007

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” – United Healthcare

<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)	\$ 94.89 \$237.21 \$142.11	\$ 75.51 \$188.86 \$113.14	\$ 69.87 \$174.78 \$104.70	\$385.12 \$954.11 \$573.94
02Single Family Split	\$15,000.00 - \$17,499.99 (Term Life \$22,000)	\$ 95.45 \$237.79 \$142.67	\$ 76.07 \$189.44 \$113.70	\$ 70.43 \$175.36 \$105.26	\$385.12 \$954.11 \$573.94
03Single Family Split	\$17,500.00 - \$19,999.99 (Term Life \$25,000)	\$ 96.29 \$238.69 \$143.54	\$ 76.91 \$190.34 \$114.57	\$ 71.27 \$176.26 \$106.13	\$385.12 \$954.11 \$573.94
04Single Family Split	\$20,000.00 - \$22,499.99 (Term Life \$30,000)	\$ 97.68 \$240.16 \$144.93	\$ 78.30 \$191.81 \$115.96	\$ 72.66 \$177.73 \$107.52	\$385.12 \$954.11 \$573.94
05Single Family Split	\$22,500.00 - \$24,999.99 (Term Life \$33,500)	\$ 98.66 \$241.20 \$145.93	\$ 79.28 \$192.85 \$116.96	\$ 73.64 \$178.77 \$108.52	\$385.12 \$954.11 \$573.94
06Single Family Split	\$25,000.00 - \$27,499.99 (Term Life \$37,000)	\$ 99.63 \$242.23 \$146.94	\$ 80.25 \$193.88 \$117.97	\$ 74.61 \$179.80 \$109.53	\$385.12 \$954.11 \$573.94
07Single Family Split	\$27,500.00 - \$29,999.99 (Term Life \$40,500)	\$100.61 \$243.28 \$147.94	\$ 81.23 \$194.93 \$118.97	\$ 75.59 \$180.85 \$110.53	\$385.12 \$954.11 \$573.94
08Single Family Split	\$30,000.00 - \$32,499.99 (Term Life \$44,000)	\$101.59 \$244.31 \$148.95	\$ 82.21 \$195.96 \$119.98	\$ 76.57 \$181.88 \$111.54	\$385.12 \$954.11 \$573.94
09Single Family Split	\$32,500.00 - \$34,999.99 (Term Life \$47,500)	\$102.56 \$245.34 \$149.92	\$ 83.18 \$196.99 \$120.95	\$ 77.54 \$182.91 \$112.51	\$385.12 \$954.11 \$573.94
10Single Family Split	\$35,000.00 and over (Term Life \$50,000)	\$103.26 \$246.08 \$150.65	\$ 83.88 \$197.73 \$121.68	\$ 78.24 \$183.65 \$113.24	\$385.12 \$954.11 \$573.94

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

NOTE: Effective 1/1/07, new HMO provider will be United Healthcare