

Health Insurance Premium Rates for 2024

Name of Insurance Plan	State Rate	TRS Payroll Deduction	Amt HCBOE pays (see * below)	PSE Payroll Deduction	Option & Tier Codes
Anthem-GOLD-SINGLE	\$188.56	\$188.56	\$59.06	\$129.50	B1 10
Anthem-GOLD-FAMILY	\$619.20	\$619.20	\$59.06	\$560.14	B1 96
Anthem-GOLD-TOB-SINGLE	\$268.56	\$268.56	\$59.06	\$209.50	B1 40
Anthem-GOLD-TOB-FAMILY	\$699.20	\$699.20	\$59.06	\$640.14	B1 97
Anthem-GOLD-EE&CH	\$343.04	\$343.04	\$59.06	\$283.98	B1 94
Anthem-GOLD-EE&SP	\$464.72	\$464.72	\$59.06	\$405.66	B1 90
Anthem-GOLD-TOB-EE&CH	\$423.04	\$423.04	\$59.06	\$363.98	B1 95
Anthem-GOLD-TOB-EE&SP	\$544.72	\$544.72	\$59.06	\$485.66	B1 91
Anthem-SILVER-SINGLE	\$125.19	\$125.19	\$59.06	\$66.13	B2 10
Anthem-SILVER-FAMILY	\$441.78	\$441.78	\$59.06	\$382.72	B2 96
Anthem-SILVER-TOB-SINGLE	\$205.19	\$205.19	\$59.06	\$146.13	B2 40
Anthem-SILVER-TOB-FAMILY	\$521.78	\$521.78	\$59.06	\$462.72	B2 97
Anthem-SILVER-EE&CH	\$235.32	\$235.32	\$59.06	\$176.26	B2 94
Anthem-SILVER-EE&SP	\$331.65	\$331.65	\$59.06	\$272.59	B2 90
Anthem-SILVER-TOB-EE&CH	\$315.32	\$315.32	\$59.06	\$256.26	B2 95
Anthem-SILVER-TOB-EE&SP	\$411.65	\$411.65	\$59.06	\$352.59	B2 91
Anthem-BRONZE-SINGLE	\$77.69	\$77.69	\$59.06	\$18.63	B3 10
Anthem-BRONZE-FAMILY	\$308.78	\$308.78	\$59.06	\$249.72	B3 96
Anthem-BRONZE-TOB-SINGLE	\$157.69	\$157.69	\$59.06	\$98.63	B3 40
Anthem-BRONZE-TOB-FAMILY	\$388.78	\$388.78	\$59.06	\$329.72	B3 97
Anthem-BRONZE-EE&CH	\$154.57	\$154.57	\$59.06	\$95.51	B3 94
Anthem-BRONZE-EE&SP	\$231.90	\$231.90	\$59.06	\$172.84	B3 90
Anthem-BRONZE-TOB-EE&CH	\$234.57	\$234.57	\$59.06	\$175.51	B3 95
Anthem-BRONZE-TOB-EE&SP	\$311.90	\$311.90	\$59.06	\$252.84	B3 91

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Name of Insurance Plan	State Rate	TRS Payroll Deduction	Amt HCBOE pays (see * below)	PSE Payroll Deduction	Option & Tier Codes
Anthem-HMO-SINGLE	\$148.53	\$148.53	\$59.06	\$89.47	B6 10
Anthem-HMO-FAMILY	\$507.12	\$507.12	\$59.06	\$448.06	B6 96
Anthem-HMO-TOB-SINGLE	\$228.53	\$228.53	\$59.06	\$169.47	B6 40
Anthem-HMO-TOB-FAMILY	\$587.12	\$587.12	\$59.06	\$528.06	B6 97
Anthem-HMO-EE&CH	\$274.99	\$274.99	\$59.06	\$215.93	B6 94
Anthem-HMO-EE&SP	\$380.66	\$380.66	\$59.06	\$321.60	B6 90
Anthem-HMO-TOB-EE&CH	\$354.99	\$354.99	\$59.06	\$295.93	B6 95
Anthem-HMO-TOB-EE&SP	\$460.66	\$460.66	\$59.06	\$401.60	B6 91
United Health Care-HMO-SINGLE	\$177.91	\$177.91	\$59.06	\$118.85	H1 10
United Health Care-HMO-FAMILY	\$589.39	\$589.39	\$59.06	\$530.33	H1 96
United Health Care-HMO-TOB-SINGLE	\$257.91	\$257.91	\$59.06	\$198.85	H1 40
United Health Care-HMO-TOB-FAMILY	\$669.39	\$669.39	\$59.06	\$610.33	H1 97
United Health Care-HMO-EE&CH	\$324.94	\$324.94	\$59.06	\$265.88	H1 94
United Health Care-HMO-EE&SP	\$442.36	\$442.36	\$59.06	\$383.30	H1 90
United Health Care-HMO-TOB-EE&CH	\$404.94	\$404.94	\$59.06	\$345.88	H1 95
United Health Care-HMO-TOB-EE&SP	\$522.36	\$522.36	\$59.06	\$463.30	H1 91
United Health Care-HDHP-SINGLE	\$63.36	\$63.36	\$58.03	\$5.33	H2 10
United Health Care-HDHP-FAMILY	\$268.64	\$268.64	\$59.06	\$209.58	H2 96
United Health Care-HDHP-TOB-SINGLE	\$143.36	\$143.36	\$59.06	\$84.30	H2 40
United Health Care-HDHP-TOB-FAMILY	\$348.64	\$348.64	\$59.06	\$289.58	H2 97
United Health Care-HDHP-EE&CH	\$130.20	\$130.20	\$59.06	\$71.14	H2 94
United Health Care-HDHP-EE&SP	\$201.80	\$201.80	\$59.06	\$142.74	H2 90
United Health Care-HDHP-TOB-EE&CH	\$210.20	\$210.20	\$59.06	\$151.14	H2 95
United Health Care-HDHP-TOB-EE&SP	\$281.80	\$281.80	\$59.06	\$222.74	H2 91

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Name of Insurance Plan	State Rate	TRS Payroll Deduction	Amt HCBOE pays (see * below)	PSE Payroll Deduction	Option & Tier Codes
KAISER HMO-SINGLE	\$169.54	\$169.54	\$59.06	\$110.48	K1 10
KAISER HMO-FAMILY	\$573.06	\$573.06	\$59.06	\$514.00	K1 96
KAISER HMO-TOB-SINGLE	\$249.54	\$249.54	\$59.06	\$190.48	K1 40
KAISER HMO-TOB-FAMILY	\$653.06	\$653.06	\$59.06	\$594.00	K1 97
KAISER HMO-EE&CH	\$311.96	\$311.96	\$59.06	\$252.90	K1 94
KAISER HMO-EE&SP	\$430.64	\$430.64	\$59.06	\$371.58	K1 90
KAISER HMO-TOB-EE&CH	\$391.96	\$391.96	\$59.06	\$332.90	K1 95
KAISER HMO-TOB-EE&SP	\$510.64	\$510.64	\$59.06	\$451.58	K1 91
TRICARE SUPPLEMENT-SINGLE	\$60.50	\$60.50	\$59.06	\$1.44	88 10
TRICARE SUPPLEMENT-EE&CH	\$119.50	\$119.50	\$59.06	\$60.44	88 94
TRICARE SUPPLEMENT-EE&SP	\$119.50	\$119.50	\$59.06	\$60.44	88 90
TRICARE SUPPLEMENT-FAMILY	\$160.50	\$160.50	\$59.06	\$101.44	88 96

Supplement II continues to be paid as a part of the total annual salary for those who are members of the Teachers Retirement System of Georgia (TRS). It is included as part of the total yearly salary amount. This amount represents the payment of your health insurance supplement, thereby allowing all employees to benefit equally regardless of whether they participate in health coverage. This supplement should also increase the amount of the pension an individual would receive upon retirement. Those who are members of the Public School Employees Retirement System of Georgia (PSE) are not affected by this. PSE members will receive the \$59.06 reduction in their health insurance premium payroll deductions.

***** TOB = Tobacco Surcharge - added to health insurance premium*****