

# HEALTH

## STATE HEALTH BENEFIT PLAN RATE SHEET

JANUARY 2024 – DECEMBER 2024

Forsyth County Schools pays \$49.38 for all employees participating in the health insurance program through the State Health Benefit Plan. **Any premiums in excess of the \$49.38 are listed below and will be deducted from your monthly paycheck.**

Anthem BlueCross and BlueShield	Employee	Employee + Child(ren)	Employee + Spouse	Family
<b>HRA GOLD</b>	\$139.18	\$293.66	\$415.34	\$569.82
HRA GOLD with Tobacco Charge	\$219.18	\$373.66	\$495.34	\$649.82
<b>HRA SILVER</b>	\$75.81	\$185.94	\$282.27	\$392.40
HRA SILVER with Tobacco Charge	\$155.81	\$265.94	\$362.27	\$472.40
<b>HRA BRONZE</b>	\$28.31	\$105.19	\$182.52	\$259.40
HRA BRONZE with Tobacco Charge	\$108.31	\$185.19	\$262.52	\$339.40
<b>HMO</b>	\$99.15	\$225.61	\$331.28	\$457.74
HMO with Tobacco Charge	\$179.15	\$305.61	\$411.28	\$537.74
<b>United Healthcare</b>				
<b>HMO</b>	\$128.53	\$275.56	\$392.98	\$540.01
HMO with Tobacco Charge	\$208.53	\$355.56	\$472.98	\$620.01
<b>High Deductible</b>	\$13.98	\$80.82	\$152.42	\$219.26
High Deductible with Tobacco	\$93.98	\$160.82	\$232.42	\$299.26
<b>Kaiser Permanente</b>				
<b>HMO (Regional HMO)</b>	\$120.16	\$262.58	\$381.26	\$523.68
HMO with Tobacco Charge	\$200.16	\$342.58	\$461.26	\$603.68
<b>TRI-CARE Supplement</b>				
	\$11.12	\$70.12	\$70.12	\$111.12

<b>State Health Benefits</b> (800) 610-1863 <a href="http://www.dch.georgia.gov/shbp">www.dch.georgia.gov/shbp</a>	<b>Anthem BlueCross &amp; BlueShield</b> (855) 641-4862 <a href="http://www.anthem.com/shbp/">www.anthem.com/shbp/</a>	<b>United HealthCare</b> (888) 364-6352 <a href="http://www.shbp.welcometouhc.com">www.shbp.welcometouhc.com</a>	<b>Kaiser Permanente</b> (855) 512-5997 <a href="http://my.kp.org/shbp/">my.kp.org/shbp/</a>
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<b>PeachCare for Kids</b> (877) 427-3224 <a href="http://www.peachcare.org">www.peachcare.org</a>	<b>Tri-Care Supplement</b> (866) 637-9911 <a href="http://www.selmantricareresource.com/ga_shbp">www.selmantricareresource.com/ga_shbp</a>	<b>CVS Caremark</b> (844) 345-3241 <a href="http://info.caremark.com/shbp">http://info.caremark.com/shbp</a>
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If an employee and spouse are both employed with the Forsyth County School System, please ask about our discounted rates for family coverage.

<b>Katie Beusse</b> FAX	(770) 887-2461 ext. 202136 (770) 888-1221
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