ATTACHMENT A

State Health Benefit Plan
Monthly Premium COBRA
Calendar Year 2008

	Effective January 1, 2008		Effective January 1, 2007	
	Single	**Family**	**Single**	**Family**
COBRA Temporary Extended Coverage (18-36 Months)/State Extendend Coverage				
United Healthcare PPO	$426.64	$981.42	$442.06	$820.47
United PPO Tobacco	$466.64	$1,021.42	NA	NA
United PPO Spouse	NA	$1,011.42	NA	NA
United PPO Tobacco & Spouse	NA	$1,051.42	NA	NA
United PPO CCO	$461.70	$1,062.10	$486.26	$902.51
United PPO CCO Tobacco	$501.70	$1,102.10	NA	NA
United PPO CCO Spouse	NA	$1,092.10	NA	NA
United PPO CCO Tobacco & Spouse	NA	$1,132.10	NA	NA
United Healthcare Indemnity	$746.74	$1,382.86	$672.20	$1,243.96
United Indemnity Tobacco	$786.74	$1,422.86	NA	NA
United Indemnity Spouse	NA	$1,412.86	NA	NA
United Indemnity Tobacco & Spouse	NA	$1,452.86	NA	NA
CDHP (Definity HRA & Lumenos HRA)	$319.76	$693.46	$371.44	$689.41
CDHP (Definity HRA & Lumenos HRA) Tobacco	$359.76	$733.46	N/A	N/A
CDHP (Definity HRA & Lumenos HRA) Spouse	NA	$723.46	N/A	N/A
CDHP (Definity HRA & Lumenos HRA) Tobacco & Spouse	NA	$763.46	N/A	N/A
CDHP CCO (Definity HRA & Lumenos HRA)	$346.06	$750.48	$373.14	$692.56
CDHP CCO (Definity HRA & Lumenos HRA) Tobacco	$386.06	$790.48	N/A	N/A
CDHP CCO (Definity HRA & Lumenos HRA) Spouse	NA	$780.48	N/A	N/A
CDHP CCO (Definity HRA & Lumenos HRA) Tobacco & Spouse	NA	$820.48	N/A	N/A
United Healthcare Choice HMO	$463.50	$1,005.20	$455.95	$911.88
United Choice HMO Tobacco	$503.50	$1,045.20	NA	NA
United Choice HMO Spouse	NA	$1,035.20	NA	NA
United Choice HMO Tobacco & Spouse	NA	$1,075.20	NA	NA
United Choice HMO CCO	$501.60	$1,087.82	$535.74	$1,071.46
United Choice HMO CCO Tobacco	$541.60	$1,127.82	NA	NA
United Choice HMO CCO Spouse	NA	$1,117.82	NA	NA
United Choice HMO CCO Tobacco & Spouse	NA	$1,157.82	NA	NA
Blue Cross and Blue Shield Of GA HMO	$326.14	$707.30	$329.83	$659.66
BCBS GA HMO Tobacco	$366.14	$0.00	NA	NA
BCBS GA HMO Spouse	NA	$737.30	NA	NA
BCBS GA HMO Tobacco & Spouse	NA	$777.30	NA	NA
BCBS GA HMO CCO	$352.96	$765.44	$387.55	$775.10
BCBS GA HMO CCO Tobacco	$392.96	$805.44	NA	NA
BCBS GA HMO CCO Spouse	NA	$795.44	NA	NA
BCBS GA HMO CCO Tobacco & Spouse	NA	$835.44	NA	NA
Kaiser Permanente HMO	$415.32	$830.46	$332.41	$664.72
Kaiser Permanente HMO Tobacco	$455.32	$870.46	NA	NA
Kaiser Permanente HMO Spouse	NA	$860.46	NA	NA
Kaiser Permanente HMO Tobacco & Spouse	NA	$900.46	NA	NA
Kaiser Permanente HMO CCO	$487.98	$975.76	$390.58	$781.05
Kaiser Permanente HMO CCO Tobacco	$527.98	$1,015.76	NA	NA
Kaiser Permanente HMO CCO Spouse	NA	$1,005.76	NA	NA
Kaiser Permanente HMO CCO Tobacco & Spouse	NA	$1,045.76	NA	NA
United Heatlhcare High Deductible Plan (HDHP)	$362.64	$786.48	$442.06	$820.47
United HDHP Tobacco	$402.64	$826.48	N/A	N/A

Revised 2007 rates on CDHP 1/17/2008

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	Single	**Family**	**Single**	**Family**
United HDHP Spouse	NA	$816.48	N/A	N/A
United HDHP Tobacco & Spouse	NA	$856.48	N/A	N/A
United HDHP CCO	$392.44	$851.12	$486.26	$902.51
United HDHP CCO Tobacco	$432.44	$891.12	N/A	N/A
United HDHP CCO Spouse	NA	$881.12	N/A	N/A
United HDHP CCO Tobacco & Spouse	NA	$921.12	N/A	N/A
Extended COBRA Coverage (Additional 11 Months)				
United Healthcare PPO	$627.40	$1,443.24	$650.09	$1,206.57
United PPO Tobacco	$667.40	$1,483.24	NA	NA
United PPO Spouse	NA	$1,473.24	NA	NA
United PPO Tobacco & Spouse	NA	$1,513.24	NA	NA
United PPO CCO	$678.96	$1,561.90	$715.10	$1,327.22
United PPO CCO Tobacco	$718.96	$1,601.90	NA	NA
United PPO CCO Spouse	NA	$1,591.90	NA	NA
United PPO CCO Tobacco & Spouse	NA	$1,631.90	NA	NA
United Healthcare Indemnity	$1,098.14	$2,033.62	$988.53	$1,829.36
United Indemnity Tobacco	$1,138.14	$2,073.62	NA	NA
United Indemnity Spouse	NA	$2,063.62	NA	NA
United Indemnity Tobacco & Spouse	NA	$2,103.62	NA	NA
CDHP (Definity HRA & Lumenos HRA)	$470.22	$1,019.80	$470.22	$1,019.79
CDHP (Definity HRA & Lumenos HRA) Tobacco	$510.22	$1,059.80	N/A	N/A
CDHP (Definity HRA & Lumenos HRA) Spouse	NA	$1,049.80	N/A	N/A
CDHP (Definity HRA & Lumenos HRA) Tobacco & Spouse	NA	$1,089.80	N/A	N/A
CDHP CCO (Definity HRA & Lumenos HRA)	$508.90	$1,103.64	$508.89	$1,103.64
CDHP CCO (Definity HRA & Lumenos HRA) Tobacco	$548.90	$1,143.64	N/A	N/A
CDHP CCO (Definity HRA & Lumenos HRA) Spouse	NA	$1,133.64	N/A	N/A
CDHP CCO (Definity HRA & Lumenos HRA) Tobacco & Spouse	NA	$1,173.64	N/A	N/A
United Healthcare Choice HMO	$681.60	$1,478.22	$670.52	$1,341.00
United Choice HMO Tobacco	$721.60	$1,518.22	NA	NA
United Choice HMO Spouse	NA	$1,508.22	NA	NA
United Choice HMO Tobacco & Spouse	NA	$1,548.22	NA	NA
United Choice HMO CCO	$737.64	$1,599.72	$787.86	$1,575.68
United Choice HMO CCO Tobacco	$777.64	$1,639.72	NA	NA
United Choice HMO CCO Spouse	NA	$1,629.72	NA	NA
United Choice HMO CCO Tobacco & Spouse	NA	$1,669.72	NA	NA
Blue Cross and Blue Shield Of GA HMO	$479.62	$1,040.14	$485.04	$970.10
BCBS GA HMO Tobacco	$519.62	$1,080.14	NA	NA
BCBS GA HMO Spouse	NA	$1,070.14	NA	NA
BCBS GA HMO Tobacco & Spouse	NA	$1,110.14	NA	NA
BCBS GA HMO CCO	$519.04	$1,125.64	$569.93	$1,139.85
BCBS GA HMO CCO Tobacco	$559.04	$1,165.64	NA	NA
BCBS GA HMO CCO Spouse	NA	$1,155.64	NA	NA
BCBS GA HMO CCO Tobacco & Spouse	NA	$1,195.64	NA	NA
Kaiser Permanente HMO	$610.74	$1,221.24	$488.84	$977.54
Kaiser Permanente HMO Tobacco	$650.74	$1,261.24	NA	NA
Kaiser Permanente HMO Spouse	NA	$1,251.24	NA	NA
Kaiser Permanente HMO Tobacco & Spouse	NA	$1,291.24	NA	NA

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Kaiser Permanente HMO CCO	$717.60	$1,434.94	$574.00	$1,148.61
Kaiser Permanente HMO CCO Tobacco	$757.60	$1,474.94	NA	NA
Kaiser Permanente HMO CCO Spouse	NA	$1,464.94	NA	NA
Kaiser Permanente HMO CCO Tobacco & Spouse	NA	$1,504.94	NA	NA
United Healthcare High Deductible Plan (HDHP)	$533.28	$1,156.56	$650.09	$1,206.57
United HDHP Tobacco	$573.28	$1,196.56	N/A	N/A
United HDHP Spouse	NA	$1,186.56	N/A	N/A
United HDHP Tobacco & Spouse	NA	$1,226.56	N/A	N/A
United HDHP CCO	$577.12	$1,251.64	$715.10	$1,327.22
United HDHP CCO Tobacco	$617.12	$1,291.64	N/A	N/A
United HDHP CCO Spouse	NA	$1,281.64	N/A	N/A
United HDHP CCO Tobacco & Spouse	NA	$1,321.64	N/A	N/A

CDHP – consumer driven health plan