
HUMAN RESOURCES ADMINISTRATION

2021 FLEXIBLE BENEFITS RATES

Flexible Benefits: Rate Summary 2021 Plan Year

Life Coverage MetLife	Employee Life Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Benefit Salary	Spousal Life Coverage Selections \$6,000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000	Accidental Death Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Benefit Salary
	Employee Age	(rate per thousand)	(rate per thousand)
	0-29	0.04	0.04
	30-34	0.05	0.05
	35-39	0.07	0.06
	40-44	0.09	0.08
	45-49	0.13	0.11
	50-54	0.20	0.18
	55-59	0.32	0.29
	60-64	0.44	0.44
	65-69	0.84	0.84
	70 or over	1.36	1.36
			0.020

- Spouse Life rates are based on spouse's age
- An administrative fee will be added to the premium
- Computations are based on rate per thousand.

Flexible Benefits Rate Summary 2021 Plan Year

Life Coverage (continued)

Child Life \$3,000	Child Life \$6,000	Child Life \$10,000	Child Life \$15,000	Child Life \$20,000
\$0.92	\$1.14	\$1.44	\$1.81	\$2.18

- Child Life rates based on coverage Level
- Must be enrolled in employee life
- An administrative fee is reflected in the premium

Dental Plans

	Delta Dental: Select Plan	Delta Dental: Select Plus Plan	*Cigna: DHMO
Employee	\$27.73	\$44.48	\$21.74
Employee + Spouse	\$54.04	\$87.10	\$39.59
Employee + Children	\$56.65	\$91.36	\$49.09
Family	\$79.40	\$128.22	\$58.55

- An administrative fee is reflected in the premium

Flexible Benefits Rate Summary 2021 Plan Year

Blue View Vision	Blue Cross Blue Shield of Georgia Vision Select	Blue Cross Blue Shield of Georgia Vision Select Plus
Employee	\$5.61	\$9.69
Employee + Spouse	\$11.94	\$21.29
Employee + Children	\$12.50	\$22.28
Family	\$16.90	\$30.37

- An administrative fee is reflected in the premium

Legal Plan	MetLife Legal Plans Select	MetLife Legal Plans Select Plus	MetLife Legal Plans Select Premium
Employee	\$5.97	\$7.65	8.75
Family	\$7.46	\$9.80	10.90

- An administrative fee is reflected in the premium

Flexible Benefits Rate Summary 2021 Plan Year

The Standard Disability Plans	Short Term Disability		Long Term Disability without Retirement Disability		Long Term Disability with Retirement Disability	
	Seven Day Plan	Thirty Day Plan	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security
0-29	0.466	0.247	0.151	0.160	0.128	0.138
30-34	0.447	0.242	0.215	0.243	0.128	0.138
35-39	0.466	0.247	0.270	0.302	0.128	0.138
40-44	0.508	0.276	0.311	0.339	0.128	0.138
45-49	0.561	0.304	0.536	0.596	0.128	0.138
50-54	0.608	0.333	0.715	0.798	0.261	0.293
55-59	0.713	0.385	0.934	1.026	0.467	0.518
60-64	0.803	0.437	1.100	1.205	0.564	0.623
65-69	0.979	0.532	1.466	1.613	0.921	1.017
70 or over	1.511	0.812	1.466	1.613	0.921	1.017

- An administrative fee will be added to the premium
- Computations are based on rate per thousand

Flexible Benefits Rate Summary 2021 Plan Year

Employee Critical Illness Select Plan

AFLAC	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Groups						
18-29	\$4.11	\$6.00	\$9.78	\$13.56	\$17.34	\$21.12
30-39	\$5.73	\$9.24	\$16.26	\$23.28	\$30.30	\$37.32
40-49	\$10.10	\$17.99	\$33.76	\$49.52	\$65.29	\$81.06
50-59	\$15.72	\$29.22	\$56.22	\$83.22	\$110.22	\$137.22
60 +	\$23.98	\$45.74	\$89.27	\$132.79	\$176.32	\$219.84

- An administrative fee is reflected in the premium

Flexible Benefits Rate Summary 2021 Plan Year

Spouse Critical Illness Select Plan

AFLAC	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Groups						
18-29	\$4.11	\$6.00	\$9.78	\$13.56	\$17.34	\$21.12
30-39	\$5.73	\$9.24	\$16.26	\$23.28	\$30.30	\$37.32
40-49	\$10.10	\$17.99	\$33.76	\$49.52	\$65.29	\$81.06
50-59	\$15.72	\$29.22	\$56.22	\$83.22	\$110.22	\$137.22
60 +	\$23.98	\$45.74	\$89.27	\$132.79	\$176.32	\$219.84

- An administrative fee is reflected in the premium

Flexible Benefits Rate Summary 2021 Plan Year

Employee Critical Illness Select Plus Plan

AFLAC	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Groups						
18-29	\$13.95	\$15.84	\$19.62	\$23.40	\$27.18	\$30.96
30-39	\$15.57	\$19.08	\$26.10	\$33.12	\$40.14	\$47.16
40-49	\$19.94	\$27.83	\$43.60	\$59.36	\$75.13	\$90.90
50-59	\$25.56	\$39.06	\$66.06	\$93.06	\$120.06	\$147.06
60 +	\$33.82	\$55.58	\$99.11	\$142.63	\$186.16	\$229.68

- An administrative fee is reflected in the premium

Flexible Benefits Rate Summary 2021 Plan Year

Spouse Critical Illness Select Plus Plan

AFLAC	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Groups						
18-29	\$11.21	\$13.10	\$16.88	\$20.66	\$24.44	\$28.22
30-39	\$12.83	\$16.34	\$23.36	\$30.38	\$37.40	\$44.42
40-49	\$17.20	\$25.09	\$40.86	\$56.62	\$72.39	\$88.16
50-59	\$22.82	\$36.32	\$63.32	\$90.32	\$117.32	\$144.32
60 +	\$31.08	\$52.84	\$96.37	\$139.89	\$183.42	\$226.94

- An administrative fee is reflected in the premium

Flexible Benefits Rate Summary 2021 Plan Year

WageWorks Flexible Spending Accounts

Health Care and Dependent Care Flexible Spending Accounts

Employees enrolled in the Health Care Flexible Spending Account will be charged a \$3.20 monthly administrative fee.

Unum Long-Term Care

Employees who are interested in enrolling or making changes to the Long-Term Care plan must contact UNUM at www.unuminfo.com/sog or call 1-888-764-3539. If enrolling, you must download the application from UNUM's website. Once you have completed the application, please mail it to UNUM. All Long-Term Care enrollment information must be returned directly to UNUM.

- 12% increase in premium for Long-Term Care
- A monthly administrative fee of \$.70 will be added to the Long-Term Care premium