



## Rules of the Employee Benefit Plan Council

### 478-2-.09 Plan Benefits.

- (1) Benefit Plan Components.** The Council is authorized to establish a flexible employee benefit plan. The plan may provide for deductions or salary reductions for group life insurance, disability insurance, supplemental health and accident insurance, health care or dependent care flexible spending accounts as authorized under Section 125 of the United States Internal Revenue Code of 1986, other types of employee welfare benefits, or for salary reductions for health premiums under Georgia Law Article 1 of Chapter 18, Title 45. The head of each department, agency, authority, or county department of health shall have the option to determine whether or not the employees within his or her respective agency shall continue any optional program that is in operation on January 1, 1986. The Council is further authorized to establish plans in connection with any plans, not implemented for employees on January 1, 1986, and authorized by the United States Internal Revenue Code for the purpose of making efficient use of the tax code.
- (2) Approval of Optional Plans.** The Council is authorized to approve any new optional employee benefit plans or any contracting with new or additional insurers under existing plans that authorize the deduction or reduction of voluntary designated amounts, including insurance, from the salaries of full-time employees after January 1, 1986. Optional programs under the Flexible Benefits Program offered to members of the General Assembly and employees of the General Assembly or any new programs must be approved by and at the discretion of the Legislative Services Committee.
- (3) Benefit Components.** Benefit components may be designated as pre-tax or after-tax options. Pre-tax options are those options for which premiums and/or contributions are allowed under the Flexible Benefit Plan Document as amended. After-tax options are those options for which premiums and/or contributions are not allowed under IRC 125 or for which the Council designates as a required or optional payroll deduction. All options shall be governed by the enrollment, termination and change provisions of the Flexible Benefit Plan Document and the Regulations of the Employee Benefit Plan Council.

  - (a) The pre-tax benefit components are approved as stated in the Flexible Benefit Plan Document as last amended and restated by the Council. The pre-tax benefit components are dental insurance, vision insurance, group-term life insurance (Employee), accidental death and dismemberment insurance, health care flexible spending account and dependent care flexible spending account.
  - (b) The after-tax benefit components are group-term life insurance (Employee, Spouse and Child), critical illness, hospital indemnity, cancer insurance, accident insurance, short-term and long-term disability insurance, long-term care insurance, and legal insurance.
  - (c) The individual plan components are determined by the benefit contractors and detailed in the summary plan descriptions and certificates of coverage, specific exclusions may apply.

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- (4) **Interpretation.** The Administrator is authorized to interpret the benefit components for contract execution and administration.
  
- (5) **Modifications.** The Employee Benefit Plan Council reserves the right to modify any benefits, coverages, and eligibility requirements of the Flexible Benefits Program at any time, subject only to reasonable advance notice to its participants. When such a change is made, it will apply as of the effective date of the modification to any and all claims incurred by participants from that date forward, unless otherwise specified by the Employee Benefit Plan Council.

Authority:

O.C.G.A. Secs. 45-18-52(a); 45-18-54