

Flexible Benefits for Plan Year 2015

	Dental Select & Dental Select Plus	Dental DHMO	Vision Select & Vision Select Plus	Employee Life, Spouse and Child Life	Accidental Death & Dismemberment	Short Term & Long Term Disability	Specified Illness Select	Specified Illness & Accident Select Plus	Long Term Care	Legal Select & Legal Select Plus	Flexible Spending Accounts (Health and Dependent Care)
Vendor	Delta Dental	Cigna	Blue Cross Blue Shield of Ga.	Metlife	Metlife	The Standard	AFLAC/CAIC	AFLAC/CAIC	Unum	Hyatt Legal Plans	ADP
Contact Numbers	1 866 496 2384	1 800 642 5810	1 855 556 4844	1-877-255-5862 1 800 821-6400 (Estate Resolution)	1-877-255-5862 1 800 821-6400 (Estate Resolution)	1 888 641 7186	1 866 849 2958	1 866 849 2958	1 888 764 3539	1 800 821 6400	1 800 893 0763
Coverage Tiers	Employee (Ee) Ee + Spouse Ee + Child(ren) Ee + Family	Employee (Ee) Ee + Spouse Ee + Child(ren) Ee + Family	Employee (Ee) Ee + Spouse Ee + Child(ren) Ee + Family	*Employee: 1x to 10x Benefit Salary: Max Coverage is \$2,000,000 *Spouse Levels: \$6000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000 * Child Levels: \$3000, \$6000, \$10,000, \$15,000, \$20,000	*Employee: 1x to 10x Benefit Salary: Max coverage is \$2,000,000 (Spouse or Child(ren) not eligible for coverage	STD: 7 Day or 30 Day wait (Employee only) LTD: (Employee only)	*Employee: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 * Spouse: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 * Child: 50% of Employee's coverage (automatic)	*Employee: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 * Spouse: \$5,000, \$10,000, \$20,000, \$30,000, \$40,000, \$50,000 * Child: 50% of Employee's coverage (automatic)	*Employee Only* *** A Spouse, Parent, and / or Parent-in-law may enroll in an individual policy directly with the vendor	Employee (Ee) Ee + Family	*Employee and any eligible dependents
Rate Tier	SELECT Employee (Ee) \$23.88 Ee + Spouse \$46.45 Ee + Child(ren) \$48.69 Ee + Family \$68.20 SELECT PLUS Employee (Ee) \$38.25 Ee + Spouse \$74.81 Ee + Child(ren) \$78.46 Ee + Family \$110.07	DHMO Employee (Ee) \$21.74 Ee + Spouse \$39.59 Ee + Child(ren) \$49.09 Ee + Family \$58.55	SELECT Employee (Ee) \$ 4.54 Ee + Spouse \$9.49 Ee + Child(ren) \$9.92 Ee + Family \$13.37 SELECT PLUS Employee (Ee) \$ 7.73 Ee + Spouse \$16.80 Ee + Child(ren) \$17.57 Ee + Family \$23.90	*Employee: Based on Age, Salary, and Coverage Selection *Spouse: Based on Employee's Age, Salary, and Coverage Selection *Child Rates: \$3000 - \$0.92 \$6000 - \$1.14 \$10,000 - \$1.44 \$15,000 - \$1.81 \$20,000 - \$2.18	*Based on Employee's Coverage Selection (0.020 per thousand + admin fee	* Based on Employee's Age, Salary, Social Security Eligibility, and Retirement eligibility + admin fee	*Based on AFLAC/CAIC's premium rate chart. *Employee: Guaranteed Issue up to \$30,000 + admin fee Rate will be based on the employee's age + admin fee *Child: Coverage is provided at no additional cost	*Based on AFLAC/CAIC's premium rate chart. *Employee: Guaranteed Issue up to \$30,000 + admin fee Rate will be based on the employee's age + admin fee *Child: Coverage is provided at no additional cost	*Based on Unum's premium rate chart + admin fee	Select Plan Employee \$6.37 Family \$7.59 Select Plus Employee \$8.00 Family \$10.30	*Monthly contributions are determined by the employee. Please refer to the website for minimum and maximum contribution amounts*. + monthly admin fee of \$3.20 will apply to the Health Care Spending Account only. *Must elect during AE to participate
Eligibility	Benefits will begin the first day of the month after one full calendar month of employment										