

# Human Resources Administration Compensation & Benefits Unit *"Benefits & Programs"*

# 2016 FLEXIBLE BENEFITS RATES

### Flexible Benefits: Life Insurance Program Rate Summary 2016 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)	(rate per thousand)	
	0-29	0.04	0.04	0.020	
	30-34	0.05	0.05	0.020	
	35-39	0.07	0.06	0.020	
	40-44	0.09	0.08	0.020	
	45-49	0.13	0.11	0.020	
	50-54	0.20	0.18	0.020	
	55-59	0.32	0.29	0.020	
	60-64	0.44	0.44	0.020	
	65-69	0.84	0.84	0.020	
	70- or over	1.36	1.36	0.020	

Spouse Life rates are based on the employee's age
Note: Computations are based on rate per thousand
An Administrative Fee will be added to the premium

#### Life Coverage (continued)

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

- Child Life Rates based on coverage Level
- Must be enrolled in employee life
- An Administrative Fee is reflected in the premium

<b>Dental Plans</b>	Delta Dental: Select Plan	Delta Dental: Select Plus Plan	*Cigna: DHMO
Employee	\$26.20	\$42.01	\$21.74
Employee + Spouse	\$51.03	\$82.22	\$39.59
Employee + Children	\$53.49	\$86.24	\$49.09
Family	\$74.95	\$121.01	\$58.55

•\*Cigna DHMO dental network is available primarily to those who work or live in the Metro Atlanta area. Additional dental offices are also available in Augusta, Carterville, Lawrenceville, Macon, Savannah & Valdosta.

Vision Plan	Blue Cross Blue Shield of Ga. Vision Select	Blue Cross Blue Shield of Ga. Vision Select Plus	
Employee	\$4.54	\$7.73	
Employee + Spouse	\$9.49	\$16.80	
Employee + Children	\$9.92	\$17.57	
Family	\$13.37	\$23.90	

• An Administrative Fee is reflected in the premium

Legal Plan	Hyatt Legal Plan Select	Hyatt Legal Plan Select Plus	
Employee	\$6.37	\$8.00	
Family	\$8.00	\$10.30	

Disability Plans		Short Term Disability		Long Term Disability without Retirement Disability		Long Term Disability with Retirement Disability	
	Employee Age Group	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
Note: Computations are based on rate per thousand

### **Specified Employee Illness Only Plan**

	\$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	\$3.87	\$5.61	\$9.11	\$12.61	\$16.11	\$19.61
30-39	\$5.36	\$8.61	\$15.11	\$21.61	\$28.11	\$34.61
40-49	\$9.41	\$16.71	\$33.31	\$45.91	\$60.51	\$75.11
50-59	\$14.61	\$27.11	\$52.11	\$77.11	\$102.11	\$127.11
60 +	\$22.26	\$42.41	\$82.71	\$123.01	\$163.31	\$203.61

### Spouse Specified Illness Only Plan

	\$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	\$3.86	\$5.61	\$9.11	\$12.61	\$16.11	\$19.61
30-39	\$5.36	\$8.61	\$15.11	\$21.61	\$28.11	\$34.61
40-49	\$9.41	\$16.71	\$31.31	\$45.91	\$60.51	\$75.11
50-59	\$14.61	\$27.11	\$52.11	\$77.11	\$102.11	\$127.11
60 +	\$22.26	\$42.41	\$82.71	\$123.01	\$163.31	\$203.61

### **Specified Employee Illness & Accident Plan**

	\$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	\$13.70	\$15.45	\$18.95	\$22.45	\$25.95	\$29.45
30-39	\$15.20	\$18.45	\$24.95	\$31.45	\$37.95	\$44.45
40-49	\$19.25	\$26.55	\$41.15	\$55.75	\$70.35	\$84.95
50-59	\$24.45	\$36.95	\$61.95	\$86.95	\$111.95	\$136.95
60 +	\$32.10	\$52.25	\$92.55	\$132.85	\$173.15	\$213.45

# Spouse Specified Employee Illness & Accident Plan

	\$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	\$10.96	\$12.71	\$16.21	\$19.71	\$23.21	\$26.71
30-39	\$12.46	\$15.71	\$22.21	\$28.71	\$35.21	\$41.71
40-49	\$16.51	\$23.81	\$38.41	\$53.01	\$67.61	\$82.21
50-59	\$21.71	\$34.21	\$59.21	\$84.21	\$109.21	\$134.21
60 +	\$29.36	\$49.51	\$89.81	\$130.11	\$170.41	\$210.71

#### **Spending Accounts**

Health Care Spending Account and Dependent Care Spending Account

Employees with the Health Care Spending Account and / or Dependent Care Spending Account will be assessed a \$3.20 monthly fee to cover part of the Third Party Administrator contract.

#### Long Term Care

Employee interested in enrolling in the Long Term Care Plan will need check the "YES" indicator when completing the benefit enrollment on the GaBreeze website. UNUM will mail an informational packet which will include plan information and rates. All Long Term Care enrollment information must be returned directly to UNUM.

An Administrative Fee will be added to the premium