



2015 FLEXIBLE BENEFITS RATES

Effective January 1, 2015

Flexible Benefits Program Rate Summary 2015 Plan Year

Life Coverage

	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

Flexible Benefits Program Rate Summary 2015 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 (metro Atlanta only)
Employee	\$23.88	\$38.25	\$21.74
Employee + Spouse	\$46.45	\$74.81	\$39.59
Employee + Children	\$48.69	\$78.46	\$49.09
Family	\$68.20	\$110.07	\$58.55

- Cigna DHMO dental network is available to those who work and live in the Metro Atlanta area.
- An administrative fee is reflected in the premium

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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	\$7.59	\$10.30

- An Administrative Fee is reflected in the premium

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Disability Plans

Employee Age Group	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
- Note: Computations are based on rate per thousand

Flexible Benefits Program Rate Summary 2015 Plan Year

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

•An Administrative Fee is reflected in the premium

Flexible Benefits Program Rate Summary 2015 Plan Year

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

•An Administrative Fee is reflected in the premium

Flexible Benefits Program Rate Summary 2015 Plan Year

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

•An Administrative Fee is reflected in the premium

Flexible Benefits Program Rate Summary 2015 Plan Year

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

•An Administrative Fee is reflected in the premium

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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 Part 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