



Flexible Benefits At-A-Glance - 2018 Plan Year



	Dental DHMO	Dental Select & Dental Select Plus	Vision Select & Vision Select Plus	Employee Life, Spouse and Child Life	Accidental Death & Dismemberment	Short Term & Long Term Disability	Critical Illness Select	Critical Illness & Accident Select Plus	Long Term Care	Legal Select & Legal Select Plus	FSA (Health & Dependent Care)
Vendor	Cigna	Delta Dental	Blue Cross Blue Shield of Georgia	Metlife	MetLife	The Standard	AFLAC/CAIC	AFLAC/CAIC	Unum	Hyatt Legal Plans	WageWorks/ADP
Contact Numbers	1-800-642-5810	1-866-496-2384	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	DHMO Employee (EE) \$22.58 EE + Spouse \$41.15 EE + Child(ren) \$51.03 EE + Family \$60.86	SELECT Employee (EE) \$26.20 EE + Spouse \$51.03 EE + Child(ren) \$53.49 EE + Family \$74.95 SELECT PLUS Employee (EE) \$42.01 EE + Spouse \$82.22 EE + Child(ren) \$86.24 EE + Family \$121.01	SELECT Employee (EE) \$ 5.50 EE+Spouse \$11.69 EE+Child(ren) \$12.23 EE+Family \$16.54 SELECT PLUS Employee (EE) \$9.49 EE+Spouse \$20.83 EE+Child(ren) \$21.79 EE+Family \$29.70	*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 *Spouse: 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 *Spouse: 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 \$8.00 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
Changes for 2018			Blue Cross Blue Shield of Ga. has a 25% rate increase with changes to the plan.				AFLAC/CAIC has a 8% rate increase with changes to the plan.		Unum Long Term Care has a 9.9% rate increase with no changes to the plan.		
Eligibility	Benefits will begin the first day of the month after one full calendar month of employment										