

YOUR 2026 FLEXIBLE BENEFITS

OPEN ENROLLMENT: October 20, 2025 (at 1:00 a.m. ET) – November 8, 2025 (at 12:59 a.m. ET)

FLEXIBLE
BENEFITS
FOR YOU

Benefits Center: **877-342-7339** | www.GaBreeze.ga.gov

DENTAL INSURANCE

	DPPO			DHMO
	Select	Select Mid	Select Plus	
Annual Deductibles	\$50 per person / \$150 for family			No deductibles
Diagnostic and Preventive Services	100% coverage (no deductible applies)			All services delivered at fixed co-payments <i>See the Patient Charge Schedule for specific costs</i>
Basic Services (restorative, including oral surgery)	80%	80%	90%	
Major Services (crowns, inlays, TMJ, and more)	50%	50%	60%	
Eligible Implants	N/A	50%	50%	
Orthodontia Allowance (lifetime per adult and child)	N/A	\$1,500 (no deductible)	\$2,000 (no deductible)	
Maximum Annual Benefit (per person)	\$750	\$1,500	\$2,000	No limits
Monthly Premiums				
Employee Only	\$28.11	\$35.66	\$42.52	\$23.62
EE + Spouse	\$54.35	\$69.27	\$82.79	\$42.70
EE + Child(ren)	\$56.97	\$72.62	\$86.82	\$52.85
Family	\$79.66	\$101.68	\$121.64	\$62.96

Rates shown include admin fee



888-764-0099
www.cigna.com

VISION CARE

	Network Benefits per Calendar Year	
	Vision Select Plan	Vision Select Plus Plan
Annual Exam	\$10 copay	\$20 copay
Standard Lenses Single Bifocal Trifocal Lenticular	\$20 copay	\$25 copay
Frames Under Select option, frames covered every 24 months	Covered in full, up to \$130 (20% discount on leftover balance)	Covered in full, up to \$150 (20% discount on leftover balance)
Contact Lenses (instead of glasses)	\$105 each calendar year; at no cost to you if contacts are non-elective	\$150 each calendar year; at no cost to you if contacts are non-elective
Monthly Premiums		
Employee Only	\$5.71	\$9.49
EE + Spouse	\$11.58	\$20.25
EE + Child(ren)	\$12.10	\$21.17
Family	\$16.18	\$28.68

Rates shown include admin fee



855-556-4844
www.anthem.com

Access to the broadest network of providers and retail chains in Georgia.

Both plans include eyeglass lens options, with higher coverage available under Select Plus.

LIFE INSURANCE

Enroll or increase your Employee Life Insurance by 1x your salary without providing a Statement of Health.

Employee Life & AD&D		Spouse and Child Life
Life Insurance <ul style="list-style-type: none">1-10x your pay, up to \$2 million in coveragePremiums waived if you become disabledAbility to access benefits while alive in the event of a terminal illnessAccess to free will preparation and estate resolution services	Accidental Death & Dismemberment Insurance <ul style="list-style-type: none">Additional payout of 1-10x pay if death is result of covered accidentLump-sum benefits for qualifying disabilities	<ul style="list-style-type: none">Life insurance for your spouse, in amounts ranging from \$6,000 to \$250,000Coverage for all your children, from live birth to age 26; available at a single, fixed cost, regardless of how many children you have; for coverage ranging from \$3,000 to \$20,000 each



www.metlife.com/georgia

877-255-5862

MetLife Estate Resolution Services **800-821-6400**

DISABILITY INSURANCE

Short-Term Disability	Long-Term Disability
<ul style="list-style-type: none"> Can replace up to 60% of pay (up to \$1,500/week) if you are unable to work due to disability — including pregnancy Choice of a 7- or 30-day wait before benefits begin — and a maximum payout period of up to 173 days 	<ul style="list-style-type: none"> After 180 days of a qualifying disability, plan can replace up to 60% of your pay (up to \$10,000/month) Benefits can continue for the full duration of your qualifying disability, to your Social Security Normal Retirement Age



www.standard.com

888-641-7186

You can find additional information about these benefits, including your specific options and costs, on GaBreeze.

ENHANCED PROTECTION COVERAGE

\$ Each Voya plan pays cash for covered health screenings — giving each enrolled member a payout from every plan they're in.

Critical Illness Insurance	Accident Insurance	Hospital Indemnity Insurance	Cancer Insurance
<ul style="list-style-type: none"> Cash benefits of \$5,000 to \$30,000 if you are diagnosed with a covered illness (e.g., stroke, heart attack) Benefits based on your plan choice and illness 	<ul style="list-style-type: none"> Cash benefits after a covered accident/injury Benefits based on injury and treatment No-cost Travel Assistance services for incidents when you're 100+ miles from home 	<ul style="list-style-type: none"> Cash benefits after an eligible stay in a covered medical facility Benefits based on admission and length of stay 	<ul style="list-style-type: none"> Cash benefits for specific treatment or services — like screenings or blood transplants — resulting from a covered cancer diagnosis Benefits based on treatments



presents.voya.com/EBRC/stateofgeorgia

844-262-6042

All plans offer spouse and child coverage. Premiums are specific to the option(s) you select. See GaBreeze for personalized coverage and cost information.

Legal Benefits

- Highly qualified attorneys and legal staff available when you need them
- Option to extend these services to your spouse and children (to age 26)
- Choice of three levels of protection
 - Select** — Basic needs, like wills, Powers of Attorney, document review, home purchases, and traffic court
 - Select Plus** — Expanded coverage, including tenancy, juvenile court, civil litigation defense, tax audits, and family law (e.g., divorce, custody, adoption, probate, administrative hearings)
 - Select Premium** — Broadest coverage, including prenuptial agreements, personal property, living trusts, small claims assistance, demand letters, and restoration of driving privileges
- Unlimited access to the legal services you need — by phone, face to face, and in court

Monthly Premiums	Select	Select Plus	Select Premium
Employee Only	\$6.42	\$8.10	\$9.20
Family	\$7.91	\$10.25	\$11.35

Rates shown include admin fee



www.legalplans.com

800-821-6400

Long-Term Care

Cash benefits to offset the cost of personal care, and health and social services in the event of a chronic condition or long-lasting disability

Available to currently participating entities only



www.unuminfo.com/sog

888-764-3539

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Health Care & Dependent Care FSAs

Separate accounts you can fund to cover eligible family health care and dependent day care expenses, respectively, **tax free** — substantially reducing your net cost for needed products and services



www.georgiafsatasc.com

877-586-1702



For details on plan exclusions, please refer to the Summary Plan Descriptions (SPDs) or certificates, or contact the vendor that administers the applicable benefit.

