YOUR 2027 FLEXIBLE BENEFITS

OPEN ENROLLMENT: **October 19, 2026** (at 1:00 a.m. ET) – **November 7, 2026** (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 *See the Patient Charge Schedule for specific costs*
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	50% coverage, up to $1,500 (no deductible)	50% coverage, up to $2,000 (no deductible)	
Maximum Annual Benefit (per person)	$750	$1,500	$2,000	No limits
Monthly Premiums				
Employee Only	$28.92	$36.70	$43.76	$24.29
EE + Spouse	$55.95	$71.31	$85.24	$43.95
EE + Child(ren)	$58.64	$74.76	$89.39	$54.40
Family	$82.02	$104.70	$125.25	$64.81

cigna healthcare

888-764-0099
www.cigna.com

Choose higher coverage for major dental work or orthodontia — or save with a lower-cost option when your needs are more routine.

Rates shown include admin fee

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

Anthem

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.

Rates shown include admin fee

LIFE INSURANCE

Employee Life & AD&D

Life Insurance

- 1-10x your pay, up to $2 million in coverage
- Premiums waived if you become disabled
- Ability to access benefits while alive in the event of a terminal illness
- Access to free will preparation and estate resolution services

Accidental Death & Dismemberment Insurance

- Additional payout of 1-10x pay if death is result of covered accident
- Lump-sum benefits for qualifying disabilities

Spouse and Child Life

- Life insurance for your spouse, in amounts ranging from $6,000 to $250,000
- Coverage 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

MetLife **www.metlife.com/georgia** | **877-255-5862** | MetLife Estate Resolution Services **800-821-6400**

DISABILITY INSURANCE

Short-Term Disability	Long-Term Disability
• 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 — with payouts for covered claims of up to 180 days	• 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, up to your Social Security Normal Retirement Age

TheStandard | 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
• 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	• 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	• Cash benefits after an eligible stay in a covered medical facility • Benefits based on admission and length of stay	• Cash benefits for specific treatment or services — like screenings or blood and plasma treatments — resulting from a covered cancer diagnosis • Benefits based on treatments

VOYA FINANCIAL | 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

- Attorneys on your side when it matters most
- 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, probate proceedings, and family law (e.g., divorce, custody, adoption)
  - **Select Premium** — Broadest coverage, including prenuptial agreements, personal property, living trusts, small claims assistance, demand letters, and restoration of driving privileges
- 25% discount on legal services outside your plan's coverage

Monthly Premiums	Select	Select Plus	Select Premium
Employee Only	$6.55	$8.25	$9.35
Family	$8.05	$10.35	$11.45

Rates shown include admin fee

MetLife | www.legalplans.com | **833-551-4659**

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

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 current participants only*

UNUM | 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

TASC | www.georgiafsatasc.com | **877-586-1702**

Scan or visit **GaFlexibleBenefits.com** for the full interactive guide, personalized tools, and more

Georgia™ Department of Administrative Services