



---

September 20, 2017

**HUMAN RESOURCES ADMINISTRATION**  
Compensation & Benefits Unit  
*“Benefit Programs”*

**2018 FLEXIBLE BENEFITS RATES**

# Flexible Benefits: Life Insurance Program Rate Summary 2018 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

## Flexible Benefits Program Rate Summary 2018 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
Employee	\$26.20	\$42.01	\$22.58
Employee + Spouse	\$51.03	\$82.22	\$41.15
Employee + Children	\$53.49	\$86.24	\$51.03
Family	\$74.95	\$121.01	\$60.86

- **\*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 the following counties Bartow, Catoosa, Floyd, Dawson, Barrow, Clarke, Richmond, Troup, Spalding, Baldwin, Houston, Lowndes and Dougherty.**
- An administrative fee is reflected in the premium

## Flexible Benefits Program Rate Summary 2018 Plan Year

<b>Vision Plan</b>	<b>Blue Cross Blue Shield of Ga. Vision Select</b>	<b>Blue Cross Blue Shield of Ga. Vision Select Plus</b>
Employee	\$5.50	\$9.49
Employee + Spouse	\$11.69	\$20.83
Employee + Children	\$12.23	\$21.79
Family	\$16.54	\$29.70

- An Administrative Fee is reflected in the premium

<b>Legal Plan</b>	<b>Hyatt Legal Plan Select</b>	<b>Hyatt Legal Plan Select Plus</b>
Employee	\$6.37	\$8.00
Family	\$8.00	\$10.30

- An Administrative Fee is reflected in the premium

## Flexible Benefits Program Rate Summary 2018 Plan Year

### 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 2018 Plan Year

### Employee Only Critical Illness 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	\$4.12	\$6.00	\$9.78	\$13.56	\$17.34	\$21.12
30-39	\$5.73	\$9.24	\$16.26	\$23.28	\$30.30	\$37.32
40-49	\$10.10	\$17.99	\$33.76	\$49.52	\$65.29	\$81.06
50-59	\$15.72	\$29.22	\$56.22	\$83.22	\$110.22	\$137.22
60 +	\$23.98	\$45.74	\$89.27	\$132.79	\$176.32	\$219.84

•An Administrative Fee is reflected in the premium

## Flexible Benefits Program Rate Summary 2018 Plan Year

### Spouse Only Critical Illness 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	\$4.12	\$6.00	\$9.78	\$13.56	\$17.34	\$21.12
30-39	\$5.73	\$9.24	\$16.26	\$23.28	\$30.30	\$37.32
40-49	\$10.10	\$17.99	\$33.76	\$49.52	\$65.29	\$81.06
50-59	\$15.72	\$29.22	\$56.22	\$83.22	\$110.22	\$137.22
60 +	\$23.98	\$45.74	\$89.27	\$132.79	\$176.32	\$219.84

•An Administrative Fee is reflected in the premium

# Flexible Benefits Program Rate Summary 2018 Plan Year

## Spending Accounts

### Health Care Spending Account and Dependent Care Spending Account

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

## Long Term Care

**Employees who are interested in enrolling for the Long Term Care Plan will need to 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