Flexible Benefits for 2017 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 Ga.**	**Metlife**	**MetLife**	**The Standard**	**AFLAC/CAIC**	**AFLAC/CAIC**	**Unum**	**Hyatt Legal Plans**	**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	**<u>*Employee:</u>** **<u>1x to 10x Benefit Salary: Max coverage is $2,000,000 (Spouse or Child(ren) not eligible for coverage</u>**	**<u>STD: 7 Day or 30 Day wait (Employee only)</u>** **<u>LTD: (Employee only)</u>**	*<u>Employee:</u> $5,000, $10,000, $20,000, $30,000, $40,000, $50,000 * <u>Spouse:</u> $5,000, $10,000, $20,000, $30,000, $40,000, $50,000 * <u>Child</u>: 50% of Employee's coverage (automatic)	*<u>Employee:</u> $5,000, $10,000, $20,000, $30,000, $40,000, $50,000 * <u>Spouse:</u> $5,000, $10,000, $20,000, $30,000, $40,000, $50,000 * <u>Child:</u> 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) $25.50 EE + Spouse $50.33 EE + Child(ren) $52.79 EE + Family $74.25 SELECT PLUS Employee (EE) $41.31 EE + Spouse $81.52 EE + Child(ren) $85.54 EE + Family $120.31	SELECT Employee (EE) $ 4.54 EE + Spouse $9.49 EE + Child(ren) $9.92 EE + Family $13.37 SELECT PLUS Employee (EE) $ 7.73 EE + Spouse $16.80 EE + Child(ren) $17.57 EE + Family $23.90	**<u>*Employee:</u> Based on Age, Salary, and Coverage Selection** **<u>*Spouse:</u> Based on Employee's Age, Salary, and Coverage Selection** **<u>*Child Rates:</u>** **$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. *<u>Employee:</u> Guaranteed Issue up to $30,000 + admin fee *<u>Spouse</u>: Rate will be based on the employee's age + admin fee *<u>Child:</u> Coverage is provided at no additional cost	*Based on Unum's premium rate chart + admin fee	Select Plan Employee $6.37 Family $7.59 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 select
Changes for 2016	**DHMO has a 4% rate increase. No plan changes. <u>New Enhancements</u>: Added Dentists in 13 Georgia Counties**										
Eligibility		**Benefits will begin the first day of the month after one full calendar month of employment**									