

## 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	*Employee: <b>1x to 10x Benefit Salary: Max coverage is \$2,000,000</b> <b>(Spouse or Child(ren) not eligible for coverage.</b>	<b>STD: 7 Day or 30 Day wait (Employee only)</b> <b>LTD: (Employee only)</b>	*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*** <b>A Spouse, Parent, and / or Parent-in-law may enroll in an individual policy directly with the vendor</b>	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	*Employee: Based on Age, Salary, and Coverage Selection *Spouse: Based on Employee's Age, Salary, and Coverage Selection *Child Rates: <b>\$3000 - \$0.92</b> <b>\$6000 - \$1.14</b> <b>\$10,000 - \$1.44</b> <b>\$15,000 - \$1.81</b> <b>\$20,000 - \$2.18</b>	*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 \$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
Changes for 2016	DHMO has a 4% rate increase. No plan changes. <b>New Enhancements:</b> Added Dentists in 13 Georgia Counties										
Eligibility	Benefits will begin the first day of the month after one full calendar month of employment										