

Flexible Benefits At-A-Glance - 2019 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 Select Plus	Long Term Care	Select, Select Plus & Select Premium Plans	FSA {Health Care & Dependent Care}
Vendor	Cigna		Blue Cross Blue Shield of Georgia	Metlife	MetLife	The Standard	AFLAC/CAIC	AFLAC/CAIC	Unum	Hyatt Legal Plans, Inc.	WageWorks
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
	EE + Child(ren)	EE + Child(ren)	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, \$100,000, \$250,000 * Child Levels: \$3000, \$6000, \$10,000, \$15,000, \$20,000	*Employee: 1x to 10x Benefit Salary: Max coverage is \$2,000,000 (Spouse or Child(ren) not eligible for coverage	(Employee only)	* <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: \$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* *** 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	EE + Spouse \$39.59 EE + Child(ren) \$49.09	EE + Spouse \$51.03 EE + Child(ren) \$53.49 EE + Family \$74.95 SELECT PLUS Employee (EE) \$42.01 EE + Spouse \$82.22 EE + Child(ren) \$86.24	EE+Family \$16.54 SELECT PLUS Employee (EE) \$9.49 EE+Spouse \$20.83	*Employee: Based on Age, Salary, and Coverage Selection *Spouse: Based on Employee's Age, Salary, and Coverage Selection Child Rates: \$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	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	premium rate chart. *Employee: Guaranteed Issue up to \$30,000 + admin fee *Spouse: Rate will be based on the employee's age +	*Based on Unum's premium rate chart + admin fee	Select PlusEmployee7.65 Family\$9.80NEW- Select Premium	*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.
Changes for 2019						The annual Disability Benefit Salary maximums are increasing to \$86,684 for the STD and \$100,000 for the LTD.			Care has a 15%	offering an additional legal plan option, Select	The 2019 Health care Flexible Spending Accoun (FSA) limit is being increased to the current Federal limit of \$2604.00