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# HUMAN RESOURCES ADMINISTRATION

# 2020 FLEXIBLE BENEFITS RATES

## Flexible Benefits: Rate Summary 2020 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

- **New – Spouse Life rates are based on spouse's age**
- An Administrative Fee will be added to the premium
- Computations are based on rate per thousand.

## Flexible Benefits Rate Summary 2020 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	\$27.73	\$44.48	\$21.74
Employee + Spouse	\$54.04	\$87.10	\$39.59
Employee + Children	\$56.65	\$91.36	\$49.09
Family	\$79.40	\$128.22	\$58.55

- **Delta Dental – 5.99% increase in premium for 2020 plan year**
- An administrative fee is reflected in the premium

## Flexible Benefits Rate Summary 2020 Plan Year

<b>Blue View Vision</b>	<b>Blue Cross Blue Shield of Georgia Vision Select</b>	<b>Blue Cross Blue Shield of Georgia Vision Select Plus</b>
Employee	\$5.61	\$9.69
Employee + Spouse	\$11.94	\$21.29
Employee + Children	\$12.50	\$22.28
Family	\$16.90	\$30.37

- **2.3% increase in premium for 2020 plan year**
- 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>	<b>Hyatt Legal Plan Select Premium</b>
Employee	\$5.97	\$7.65	8.75
Family	\$7.46	\$9.80	10.90

- An Administrative Fee is reflected in the premium

## Flexible Benefits Rate Summary 2020 Plan Year

The Standard Disability Plans	Short Term Disability		Long Term Disability without Retirement Disability		Long Term Disability with Retirement Disability	
	Employee Age Group	Seven Day Plan	Thirty Day Plan	Under Social Security	Not Under Social Security	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
- Computations are based on rate per thousand

# Flexible Benefits Rate Summary 2020 Plan Year

## Employee Critical Illness Select Plan

AFLAC	\$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	\$4.11	\$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 Rate Summary 2020 Plan Year

## Spouse Critical Illness Select Plan

AFLAC	\$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	\$4.11	\$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 Rate Summary 2020 Plan Year

### Employee Critical Illness Select Plus Plan

AFLAC	\$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	\$13.95	\$15.84	\$19.62	\$23.40	\$27.18	\$30.96
30-39	\$15.57	\$19.08	\$26.10	\$33.12	\$40.14	\$47.16
40-49	\$19.94	\$27.83	\$43.60	\$59.36	\$75.13	\$90.90
50-59	\$25.56	\$39.06	\$66.06	\$93.06	\$120.06	\$147.06
60 +	\$33.82	\$55.58	\$99.11	\$142.63	\$186.16	\$229.68

- An Administrative Fee is reflected in the premium



## Flexible Benefits Rate Summary 2020 Plan Year

### Spouse Critical Illness Select Plus Plan

AFLAC	\$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	\$11.21	\$13.10	\$16.88	\$20.66	\$24.44	\$28.22
30-39	\$12.83	\$16.34	\$23.36	\$30.38	\$37.40	\$44.42
40-49	\$17.20	\$25.09	\$40.86	\$56.62	\$72.39	\$88.16
50-59	\$22.82	\$36.32	\$63.32	\$90.32	\$117.32	\$144.32
60 +	\$31.08	\$52.84	\$96.37	\$139.89	\$183.42	\$226.94

- An Administrative Fee is reflected in the premium

# Flexible Benefits Rate Summary 2020 Plan Year

## WageWorks Flexible Spending Accounts

### Health Care and Dependent Care Flexible Spending Accounts

Employees enrolled in the Health Care Flexible Spending Account will be charged a \$3.20 monthly administrative fee.

## Unum 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.

- A monthly administrative fee of \$.70 will be added to the Long-Term Care premium