

HUMAN RESOURCES ADMINISTRATION

2023 FLEXIBLE BENEFITS RATES

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 spouse's age
- An administrative fee will be added to the premium
- Computations are based on rate per thousand.

Life Coverage (continued)

| Child Life |
|------------|------------|------------|------------|------------|
| \$3,000 | \$6,000 | \$10,000 | \$15,000 | \$20,000 |
| \$0.92 | \$1.14 | \$1.44 | \$1.81 | |

- Child Life rates based on coverage Level
- Employee must be enrolled in Employee Life
- An administrative fee is reflected in the premium

Dental Plans	Cigna PPO: Select Plan	Cigna PPO: Select Mid Plan	Cigna PPO: Select Plus Plan	Cigna: DHMO
Employee	\$26.87	\$34.20	\$40.86	\$21.95
Employee + Spouse	\$52.35	\$66.83	\$79.96	\$39.98
Employee + Child(ren)	\$54.89	\$70.09	\$83.87	\$49.57
Family	\$76.92	\$98.30	\$117.68	\$59.13

[•] An administrative fee is reflected in the premium

Blue View Vision	Blue Cross Blue Shield of Georgia Vision Select	Blue Cross Blue Shield of Georgia Vision Select Plus	
Employee	\$5.26	\$9.04	
Employee + Spouse	\$11.13	\$19.80	
Employee + Child(ren)	\$11.65	\$20.72	
Family	\$15.73	\$28.23	

• An administrative fee is reflected in the premium

Legal Plan	MetLife Legal Plans Select		MetLife Legal Plans Select Premium	
Employee	\$5.97	\$7.65	8.75	
Family	\$7.46	\$9.80	10.90	

• An administrative fee is reflected in the premium

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	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

[•] Computations are based on rate per thousand

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

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

Employee Critical Illness Select Plus Plan

AFLAC \$5,000 \$40,000 \$10,000 \$20,000 \$30,000 \$50,000 Coverage Coverage Coverage Coverage Coverage Coverage Level Level Level Level Level 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

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

HealthEquity/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 or making changes to the Long-Term Care plan must contact UNUM at www.unuminfo.com/sog or call 1-888-764-3539. If enrolling, you must download the application from UNUM's website. Once you have completed the application, please mail it to UNUM. All Long-Term Care enrollment information must be returned directly to UNUM.

- 15% premium increase on Long-Term Care plan options with Compound Inflation
- A monthly administrative fee of \$.70 will be added to the Long-Term Care premium