State Personnel Administration
2 MLK Jr. Drive
Suite 1920, West Tower
Atlanta, GA 30334

MAKE THE RIGHT MOVE

State of Georgia Flexible Benefits Program

A Quick Look...

Your 2010 Flexible Benefits

Georgia™
State Personnel Administration

Flexible Benefits for Plan Year 2010

	Dental (Regular & PPO Options)	Dental (DHMO Option)	Vision (Select & Select Plus Plans)	Employee, Spouse, and Child Life	Accidental Death & Dismember -ment	Short Term & Long Term Disability	Specified Illness	Long Term Care	Legal (Select & Select Plus Plans)	Spending Accounts (Health Care & Dep. Care)
Vendor	United Concordia	Cigna	Optum Health	Minnesota Life	Minnesota Life	The Standard	Continental American Insurance Co. (CAIC)	Unum	Signature Legalcare	SHPS
Contact Numbers	1 866 215-2356	1 800 642-5810	1 800 638-3120	404 522-1660 1 800 660-2519	Same as Life Insurance	1 888 641-7186	1 866 849-2958	1 888 764-3539	1 800 848-2012	1 800 893-0763
Types of Coverage	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	Employee (Ee) Ee + Spouse Ee + Children Ee + Family	* Employee: 1x to 9x Benefit Salary * Spouse Levels: $6000, $12000, $30000, $60000, $100000, $150000, $200000, $250000 * Child Levels: $3000, $6000, $10000, $15000; $20000	* Employee: 1x to 7x Benefit Salary (*No Spouse or Child coverage*)	STD: 7 day or 30 day wait (*Employee only*) LTD: (*Employee only*)	* Employee: $5000, $10000, $20000, $30000, $40000; $50000 * Spouse: $5000, $10000 * Child: 25% 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 + Spouse Ee + Children Ee + Family	Employee and any eligible dependents
Premium	Regular Ee $24.00 Ee + Spouse $47.99 Ee + Children $50.38 Ee + Family $71.12 PPO Ee $21.53 Ee + Spouse $43.06 Ee + Children $45.21 Ee + Family $58.32	DHMO Ee $19.29 Ee + Spouse $35.65 Ee + Children $44.35 Ee + Family $53.03	Select Plan Ee $5.30 Ee + Spouse $12.17 Ee + Children $12.73 Ee + Family $17.49 Select Plus Plan Ee $5.99 Ee + Spouse $13.75 Ee + Children $14.40 Ee + Family $19.76	* Employee: based on Age, Salary, and Coverage Selection * Spouse: based on Employee's Age and Coverage Selection * Child Rates: $0.21, $0.42, $0.70, $1.05, $1.40	* Based on Employee's Coverage Selection: (*0.020 per thousand*)	* Based on Employee's Age, Salary, Social Security eligibility, and Retirement eligibility	* Based on CAIC's premium rate chart NOTE: *Spouse's rate will be based on the employee's age* *Child coverage is provided at no additional cost.*	* Based on Unum's premium rate chart	Select Plan Employee $5.67 Family $6.89 Select Plus Plan Employee $7.30 Family $9.60	Monthly contribution by employee. Please refer to the web site for minimum and maximum contribution amounts.
Eligibility	Benefits will begin the first day of the month after one full calendar month of employment.									

For detailed information on each Flexible Benefit, please visit the Team Georgia web site: http://team.georgia.gov/portal/site/FLEX
To contact State Personnel Administration regarding Flexible Benefits you may call 404 656-2730, or toll free 1 888 968-0490.

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