Benefits Center: 877-342-7339 | www.GaBreeze.ga.gov

DENTAL INSURANCE	DPPO				
	Select	Select Mid	Select Plus	DHMO	N. CIGDO
Annual Deductibles	\$50 p	per person / \$150	for family	No deductibles	CISILO healthcare
Diagnostic and Preventive Services	100% co	verage (no deduc	tible applies)		888-764-0099
Basic Services (restorative, including oral surgery)	80%	80%	90%	www.cign All services delivered at fixed co-payments See the Patient Charge Schedule for specific costs	www.cigna.com
Major Services (crowns, inlays, TMJ, and more)	50%	50%	60%		
Eligible Implants	N/A	50%	50%		
Orthodontia Allowance (lifetime per adult and child)	N/A	\$1,500 (no deductible)	\$2,000 (no deductible)		
Maximum Annual Benefit (per person)	\$750	\$1,500	\$2,000	No limits	
Monthly Premiums					
Employee Only	\$27.32	\$34.65	\$41.31	\$22.97	
EE + Spouse	\$52.80	\$67.28	\$80.41	\$41.49	
EE + Child(ren)	\$55.34	\$70.54	\$84.32	\$51.34	
Family	\$77.37	\$98.75	\$118.13	\$61.16	

Network Benefits per Calendar Vear

Rates shown include admin fee

VISION CARE

	Network Benefits per Calendar Year			
	Vision Select Plan	Vision Select Plus Plan	Anther	
Annual Exam	\$10 сорау	\$20 copay	855-556-48	
Standard Lenses Single Bifocal Trifocal Lenticular	\$20 copay	\$25 copay	Access to the broadest net	
Frames Under Select option, frames covered every 24 months	Covered in full, up to \$130 (20% discount on leftover balance)	Covered in full, up to \$150 (20% discount on leftover balance)	of providers retail chains Georgia — al	
Contact Lenses (instead of glasses)	\$105 each calendar year; at no cost to you if contacts are non-elective	\$150 each calendar year; at no cost to you if contacts are non-elective	Both plans ir	
Monthly Premiums			additional ey lens options,	
Employee Only	\$5.71	\$9.49	higher cover	
EE + Spouse	\$11.58	\$20.25	 available und Select Plus 	
EE + Child(ren)	\$12.10	\$21.17		
Family	\$16.18	\$28.68	_	
Datas shown include admin fee				

Rates shown include admin fee

LIFE INSURANCE

Employee Life & AD&D

Life Insurance

- 1-10x your pay, up to \$2 million in coverage
- Premiums waived if you become disabled
- Ability to access benefits while alive in the • event of a terminal illness
- Access to free will preparation and estate resolution services

Accidental Death & Dismemberment Insurance

- Additional payout of 1-10x pay if death is result of covered accident
- Lump-sum benefits for qualifying disabilities

Spouse and Child Life

- Life insurance for your spouse, in amounts ranging from \$6,000 to \$250,000
- Coverage for all your children, from live birth to age 26; available at a single, fixed cost, regardless of how many children you have; for coverage ranging from \$3.000 to \$20.000 each

MetLife www.metlife.com/georgia 877-255-5862 MetLife Estate Resolution Services 800-821-6400

ess to the adest network providers and il chains in orgia — at the

h plans include ditional eyeglass options, with her coverage ilable under ect Plus



DISABILITY INSURANCE

Short-Term Disability	Long-Term Disability		
 Can replace up to 60% of pay (up to \$1,500/week) if you are unable to work due to disability — including pregnancy 	 After 180 days of a qualifying disability, plan can replace up to 60% of your pay (up to \$10,000/month) 		
 Choice of a 7- or 30-day wait before benefits begin — and a maximum payout period of up to 173 days 	 Benefits can continue for the full duration of your qualifying disability, to your Social Security Normal Retirement Age 		
	ditional information about these benefits, specific options and costs, on GaBreeze		

ENHANCED PROTECTION COVERAGE

Critical Illness Insurance	Accident Insurance	Hospital Indemnity Insurance	Cancer Insurance
 Cash benefits of \$5,000 to \$30,000 if you are diagnosed with a covered illness (e.g., stroke, heart attack) Benefits based on your plan choice and illness 	 Cash benefits after a covered accident/injury Benefits based on injury and treatment No-cost Travel Assistance services for incidents when you're 100+ miles from home 	 Cash benefits after an eligible stay in a covered medical facility Benefits based on admission and length of stay 	 Cash benefits for specific treatment or services like screenings or blood transplants — resulting from a covered cancer diagnosis Benefits based on treatments
	.com/EBRC/stateofgeorgia	44-262-6042 specific to the optic	se and child coverage. Premiums are on(s) you select. See GaBreeze for age and cost information.

Legal Benefits

- Highly qualified attorneys and legal staff available when you need them
- Option to extend these services to your spouse and children (to age 26)
- Choice of three levels of protection
 - Select Basic needs, like wills, Powers of Attorney, document review, home purchases, and traffic court
 - Select Plus Expanded coverage, including tenancy, juvenile court, civil litigation defense, tax audits, and family law (e.g., divorce, custody, adoption, probate, administrative hearings)
 - Select Premium Broadest coverage, including prenuptial agreements, personal property, living trusts, small claims assistance, demand letters, and restoration of driving privileges
- Unlimited access to the legal services you need by phone, face to face, and in court

Monthly Premiums	Select	Select Plus	Select Premium	
Employee Only	\$6.42	\$8.10	\$9.20	
Family	\$7.91	\$10.25	\$11.35	
Rates shown include admin fee				

MetLife www.legalplans.com

800-821-6400

Long-Term Care

Cash benefits to offset the cost of personal care, and health and social services in the event of a chronic condition or long-lasting disability

Available to currently participating entities only

FLEXIBLE SPENDING ACCOUNTS (FSAs)

www.georgiafsatasc.com

Health Care & Dependent Care FSAs

Separate accounts you can fund to cover eligible family health care and dependent day care expenses, respectively, tax free – substantially reducing your net cost for needed products and services Nev



