

Employee Costs for Benefits

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Health Plans

POS (Aetna)

| PLAN | POS (Aetna) | |
|---------------------------|-------------|-----------|
| | Monthly | Bi-Weekly |
| Your Contributions | | |
| Employee Only | \$46.00 | \$23.00 |
| Employee/Child(ren) | \$145.00 | \$72.50 |
| Employee/Spouse/SSDP | \$188.00 | \$94.00 |
| Family | \$262.00 | \$131.00 |

PPO (Blue Cross Blue Shield of Georgia)

| PLAN | PPO (BCBS of GA) | |
|---------------------------|------------------|-----------|
| | Monthly | Bi-Weekly |
| Your Contributions | | |
| Employee Only | \$33.00 | \$16.50 |
| Employee/Child(ren) | \$103.00 | \$51.50 |
| Employee/Spouse/SSDP | \$134.00 | \$67.00 |
| Family | \$187.00 | \$93.50 |

HRA (Aetna Healthfund)

| PLAN | HRA (Aetna HealthFund) | |
|---------------------------|------------------------|-----------|
| | Monthly | Bi-Weekly |
| Your Contributions | | |
| Employee Only | \$37.00 | \$18.50 |
| Employee/Child(ren) | \$107.00 | \$53.50 |
| Employee/Spouse/SSDP | \$137.00 | \$68.50 |
| Family | \$222.00 | \$111.50 |

High Deductible Health Plan (HDHP- Aetna)

| PLAN | HDHP (Aetna) | |
|---------------------------|--------------|-----------|
| | Monthly | Bi-Weekly |
| Your Contributions | | |
| Employee Only | \$26.00 | \$13.00 |
| Employee/Child(ren) | \$83.00 | \$41.50 |
| Employee/Spouse/SSDP | \$108.00 | \$54.00 |
| Family | \$152.00 | \$76.00 |

Disclaimer: Every attempt has been made to have the chart and information above accurately reflect the details of the plan. Should there be any errors, the terms and conditions of the Summary Plan Description prevails.

Dental Plans

Traditional Dental (Aetna)

| PLAN | Traditional Dental (Aetna) | |
|---------------------------|----------------------------|-----------|
| | Monthly | Bi-Weekly |
| Your Contributions | | |
| Single | \$23.00 | \$11.50 |
| 2-Person | \$50.00 | \$25.00 |
| Family | \$78.00 | \$39.00 |

Dental Choice (Aetna)

| | Dental Choice (Aetna) | |
|---------------------------|-----------------------|-----------|
| | Monthly | Bi-Weekly |
| Your Contributions | | |
| Single | \$16.00 | \$8.00 |
| 2-Person | \$33.00 | \$16.50 |
| Family | \$52.00 | \$26.00 |

Dental Access (CompBenefits)

| | Dental Access (CompBenefits) | |
|---------------------------|------------------------------|-----------|
| | Monthly | Bi-Weekly |
| Your Contributions | | |
| Single | \$12.00 | \$6.00 |
| 2-Person | \$25.00 | \$12.50 |
| Family | \$40.00 | \$20.00 |

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Insurance

Supplemental Life Insurance

| | Supplemental Life Insurance (ING) | |
|---|-----------------------------------|----------------------------|
| | Age | Monthly Rates per \$10,000 |
| Your Contributions | | |
| Employee/Spouse/Same-Sex Domestic Partner | Less than 25 | \$0.59 |
| | 25-29 | \$0.71 |
| | 30-34 | \$0.95 |
| | 35-39 | \$1.07 |
| | 40-44 | \$1.19 |
| | 45-49 | \$1.78 |
| | 50-54 | \$2.74 |
| | 55-59 | \$5.12 |
| | 60-64 | \$7.85 |
| | 65-69 | \$15.11 |
| | 70+ | \$24.51 |
| Dependents | Dependents | \$0.24 |

Personal Accident Insurance

| | Personal Accident Insurance (ING) | |
|---|-----------------------------------|---------------|
| | Coverage | Rates |
| Your Contributions | | |
| Employee/Spouse/Same-Sex Domestic Partner | \$10,000 | \$0.18 |
| | \$20,000 | \$0.36 |
| | \$30,000 | \$0.54 |
| | \$40,000 | \$0.72 |
| | \$50,000 | \$0.90 |
| | \$60,000 | \$1.08 |
| | \$70,000 | \$1.26 |
| | \$80,000 | \$1.44 |
| | \$90,000 | \$1.62 |
| | \$100,000 | \$1.80 |
| | \$110,000+ | \$1.98 – 4.80 |
| Dependents | \$5,000 | \$0.09 |
| | \$10,000 | \$0.18 |
| | \$15,000 | \$0.27 |

Short-Term Disability Insurance

| | Short Term Disability (Emory University) | |
|--|--|--|
| | Waiting Period | Employee Cost per \$100 Covered Salary |
| | 15 days | \$0.65 |
| | 21 days | \$0.57 |
| | 30 days | \$0.32 |
| | 60 days | \$0.18 |

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