

## Ga Breeze Flex Benefits Plan Year 2015

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Delta Dental Select	\$23.88	\$46.45	\$48.69	\$ 68.20
Delta Dental Select Plus	\$38.25	\$74.81	\$78.46	\$110.07
Cigna DHMO Dental	\$21.74	\$39.59	\$49.09	\$ 58.55
Vision Select	\$ 4.54	\$ 9.49	\$ 9.92	\$13.37
Vision Select Plus	\$ 7.73	\$16.80	\$17.57	\$23.90
Legal Select	\$ 6.37	n/a	n/a	\$ 7.59
Legal Select Plus	\$ 8.00	n/a	n/a	\$ 10.30

**All other Ga Breeze benefit rates are based upon age and/or income.  
These individual rates are reflected online.**