

## 2018 FLEXIBLE BENEFIT PREMIUMS (SEMI-MONTHLY)

### THE BB&T MEDICAL PROGRAM

The full amount of your medical premium will be deducted pre-tax from your pay. The amount you save as a LifeForce participant will be credited to your pay and reflected as a separate line item ("Medical Credit") on your payslip.

Coverage Option	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
Select Option	\$55.58	\$261.84	\$232.58	\$439.99
Consumer Option	\$41.18	\$131.89	\$111.17	\$214.58
Kaiser HMO Option	\$46.76	\$208.96	\$184.03	\$346.87

### THE BB&T DENTAL PROGRAM

Coverage Option	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
No Coverage	\$0.00	\$0.00	\$0.00	\$0.00
Dental Program	\$15.24	\$30.48	\$30.48	\$46.72

### THE BB&T VISION PROGRAM

Coverage Option	Employee Only	Employee and Spouse	Employee and Child(ren)	Family
No Coverage	\$0.00	\$0.00	\$0.00	\$0.00
Vision Program	\$8.40	\$13.24	\$13.52	\$21.81