

2019 FLEXIBLE BENEFIT SEMI-MONTHLY PREMIUMS

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	\$58.08	\$273.62	\$243.05	\$459.79
Consumer Option	\$42.83	\$137.17	\$115.62	\$223.16
Kaiser HMO Option	\$49.21	\$219.89	\$193.65	\$365.01

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	\$15.70	\$31.39	\$31.39	\$48.12

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