

# 2019 Choices Allowance and Monthly Premium Rates

2019 Monthly Benefits Allowance		
Coverage	Effective July 1 through October 31	Effective November 1 through December 31
Medical waiver	\$244.00	\$244.00
You only	\$986.26	\$1,005.99
You + 1 family member	\$1,799.45	\$1,835.44
You + 2 or more family members	\$2,125.70	\$2,168.21

Medical Plans	You Only	You + 1	You + 2 or More
Cigna Network HMO	\$899.05	\$1,802.68	\$2,076.48
Cigna Southern California Select Network HMO <sup>1</sup>	\$651.51	\$1,304.84	\$1,503.25
Cigna Network POS	\$1,617.70	\$2,884.98	\$3,026.45
Kaiser Permanente HMO	\$725.89	\$1,446.34	\$1,678.63
ALADS Blue Cross Prudent Buyer Basic PPO	\$1,091.43	\$2,106.20	\$2,421.81
ALADS Blue Cross Prudent Buyer Premier PPO	\$1,215.39	\$2,230.16	\$2,545.77
ALADS Blue Cross CaliforniaCare Basic HMO	\$758.63	\$1,472.78	\$1,813.48
ALADS Blue Cross CaliforniaCare Premier HMO	\$882.59	\$1,596.74	\$1,937.44
CAPE Blue Shield Classic POS	\$1,076.00	\$2,086.00	\$2,485.00
CAPE Blue Shield Lite POS	\$610.00	\$1,231.00	\$1,536.00
Fire Fighters Local 1014	\$861.00	\$1,639.56	\$1,949.56
Waive coverage			

Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental PPO	\$18.33	\$30.49	\$45.41
DeltaCare HMO	\$15.09	\$24.88	\$36.87
MetLife (SafeGuard) HMO	\$10.73	\$20.73	\$27.04
Waive coverage			

Optional Group Term Life Insurance		
1 x Annual Salary	6 x Annual Salary	Monthly premiums are based on age and salary The County pays 15% of the monthly premium.
2 x Annual Salary	7 x Annual Salary	
3 x Annual Salary	8 x Annual Salary	
4 x Annual Salary	No coverage	
5 x Annual Salary		

Dependent Term Life Insurance (After-Tax Benefit) <sup>2</sup>		
Coverage (all family members)	\$5,000	\$0.83
	\$10,000	\$1.66
	\$15,000	\$2.50
	\$20,000	\$3.33
No coverage		

Accidental Death & Dismemberment Insurance <sup>2</sup>		
Amount	You Only	You + Family Members
\$ 10,000	\$0.12	\$0.24
\$ 25,000	\$0.31	\$0.60
\$ 50,000	\$0.62	\$1.19
\$ 100,000	\$1.24	\$2.38
\$ 150,000	\$1.86	\$3.57
\$ 200,000	\$2.48	\$4.76
\$ 250,000	\$3.10	\$5.95
No coverage		

Medical Coverage Protection (LTD Health Insurance)		
LTD Health Insurance — 100% \$3.00		

Flexible Spending Accounts <sup>2</sup>	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month

<sup>1</sup> The Cigna Southern California Select Network HMO is available only in eligible ZIP codes within LA, Orange, and San Diego counties.

<sup>2</sup> The dependent term life, AD&D insurance, and spending accounts have different dependent eligibility requirements. See your Choices Summary Plan Description (SPD) for details.