

2016 Choices Allowance and Premium Rates

2016 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$860.72
You + 1 family member	\$1,570.43
You + 2 or more family members	\$1,855.16

Medical Plans	You Only	You + 1	You + 2 or More
CIGNA Network HMO	\$747.89	\$1,497.57	\$1,724.53
CIGNA Network POS	\$1,345.81	\$2,398.48	\$2,516.09
Kaiser	\$661.86	\$1,318.27	\$1,530.06
ALADS Blue Cross Prudent Buyer Basic	\$968.94	\$1,889.48	\$2,172.53
ALADS Blue Cross Prudent Buyer Premier	\$1,092.90	\$2,013.44	\$2,296.49
ALADS Blue Cross CaliforniaCare Basic	\$656.05	\$1,276.32	\$1,580.73
ALADS Blue Cross CaliforniaCare Premier	\$780.01	\$1,400.28	\$1,704.69
CAPE Blue Shield Classic POS	\$878.00	\$1,700.00	\$2,024.00
CAPE Blue Shield Lite POS	\$536.00	\$1,101.00	\$1,375.00
Fire Fighters Local 1014	\$758.00	\$1,441.56	\$1,713.56
Waive coverage			

Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$23.26	\$38.92	\$58.33
DeltaCare	\$15.09	\$24.88	\$36.87
MetLife (SafeGuard)	\$11.34	\$21.87	\$28.51
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)		
Coverage (all family members)	\$5,000	\$0.88
	\$10,000	\$1.75
	\$15,000	\$2.63
	\$20,000	\$3.50
No coverage		

AD&D Insurance		
Amount	You Only	You + Family Members
\$ 10,000	\$0.13	\$0.25
\$ 25,000	\$0.33	\$0.63
\$ 50,000	\$0.65	\$1.25
\$ 100,000	\$1.30	\$2.50
\$ 150,000	\$1.95	\$3.75
\$ 200,000	\$2.60	\$5.00
\$ 250,000	\$3.25	\$6.25
No coverage		

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

Flexible Spending Accounts	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month