

# 2017 Choices Allowance and Premium Rates

2017 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$912.37
You + 1 family member	\$1,664.66
You + 2 or more family members	\$1,966.47

Medical Plans	You Only	You + 1	You + 2 or More
CIGNA Network HMO	\$807.05	\$1,617.66	\$1,863.44
CIGNA Network POS	\$1,452.17	\$2,589.22	\$2,716.21
Kaiser	\$674.22	\$1,343.00	\$1,558.75
ALADS Blue Cross Prudent Buyer Basic	\$1,020.59	\$1,983.71	\$2,283.83
ALADS Blue Cross Prudent Buyer Premier	\$1,144.55	\$2,107.67	\$2,407.79
ALADS Blue Cross CaliforniaCare Basic	\$695.14	\$1,362.96	\$1,682.25
ALADS Blue Cross CaliforniaCare Premier	\$819.10	\$1,486.92	\$1,806.21
CAPE Blue Shield Classic POS	\$912.00	\$1,767.00	\$2,104.00
CAPE Blue Shield Lite POS	\$555.00	\$1,141.00	\$1,429.00
Fire Fighters Local 1014	\$792.00	\$1,507.56	\$1,791.56

Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental	\$21.07	\$35.17	\$52.58
DeltaCare	\$15.09	\$24.88	\$36.87
MetLife (SafeGuard)	\$11.30	\$21.83	\$28.47
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	\$0.83
	\$10,000	\$1.66
	\$15,000	\$2.50
	\$20,000	\$3.33
No coverage		

AD&D Insurance		
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	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month