

# 2018 Options Allowance and Premium Rates

2018 Monthly Benefit Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$228.00
You only	\$953.46
You + 1 family member	\$1,739.64
You + 2 or more family members	\$2,055.05

Medical Plans	You Only	You + 1	You + 2 or More
Kaiser Permanente HMO	\$651.65	\$1,306.30	\$1,514.75
UnitedHealthcare HMO	\$741.26	\$1,500.48	\$1,737.60
UnitedHealthcare Select Plus PPO	\$3,216.04	\$6,497.84	\$7,528.33
Waive coverage			
Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental PPO	\$31.81	\$53.09	\$79.71
DeltaCare HMO	\$15.09	\$24.88	\$36.87
MetLife (SafeGuard) HMO	\$11.06	\$21.37	\$27.87
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