

2019 Options Allowance and Monthly Premium Rates

2019 Monthly Benefits Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$228.00
You only	\$967.76
You + 1 family member	\$1,765.73
You + 2 or more family members	\$2,085.88

Medical Plans	You Only	You + 1	You + 2 or More
Kaiser Permanente HMO	\$682.00	\$1,366.99	\$1,585.15
UnitedHealthcare HMO	\$798.80	\$1,616.71	\$1,872.24
UnitedHealthcare Select Plus PPO	\$3,599.46	\$7,272.14	\$8,425.49
Waive coverage			
Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental PPO	\$32.21	\$53.78	\$80.76
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)		
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		
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