

2020 Choices Allowance and Monthly Premium Rates

2020 Monthly Benefits Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$1,005.99
You + 1 family member	\$1,835.44
You + 2 or more family members	\$2,168.21

Medical Plans	You Only	You + 1	You + 2 or More
Cigna Network HMO	\$961.98	\$1,929.25	\$2,222.21
Cigna Southern California Select Network HMO ¹	\$697.12	\$1,396.56	\$1,608.86
Cigna Network POS	\$1,730.94	\$3,087.31	\$3,238.68
Kaiser Permanente HMO	\$734.53	\$1,463.62	\$1,698.67
ALADS Blue Cross Prudent Buyer Basic PPO	\$1,091.27	\$2,109.04	\$2,414.83
ALADS Blue Cross Prudent Buyer Premier PPO	\$1,111.16	\$2,142.19	\$2,464.32
ALADS Blue Cross CaliforniaCare Basic HMO	\$713.26	\$1,471.85	\$1,788.28
ALADS Blue Cross CaliforniaCare Premier HMO	\$733.15	\$1,505.00	\$1,837.77
CAPE Blue Shield Classic POS	\$1,225.00	\$2,383.00	\$2,838.00
CAPE Blue Shield Lite POS	\$623.00	\$1,279.00	\$1,612.00
Fire Fighters Local 1014	\$890.00	\$1,693.56	\$2,013.56
Waive coverage			
Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental PPO	\$19.89	\$33.15	\$49.49
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) ²		
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 ²		
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 ²	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month

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

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