

# 2021 Choices Allowance and Monthly Premium Rates

2021 Monthly Benefits Allowance (based on number enrolled in medical coverage)	
Medical waiver	\$244.00
You only	\$1,031.14
You + 1 family member	\$1,881.33
You + 2 or more family members	\$2,222.42

Medical Plans	You Only	You + 1	You + 2 or More
Cigna Network HMO	\$1,002.67	\$2,011.09	\$2,316.44
Cigna Southern California Select Network HMO <sup>1</sup>	\$726.61	\$1,455.86	\$1,677.14
Cigna Network POS	\$1,804.16	\$3,218.13	\$3,375.91
Kaiser Permanente HMO	\$775.23	\$1,545.02	\$1,793.08
ALADS/Anthem Blue Cross Prudent Buyer Basic PPO <sup>2</sup>	\$1,012.67	\$1,965.17	\$2,354.58
ALADS/Anthem Blue Cross Prudent Buyer Premier PPO <sup>2</sup>	\$1,031.14	\$1,995.89	\$2,400.34
ALADS/Anthem Blue Cross CaliforniaCare Basic HMO <sup>2</sup>	\$768.67	\$1,601.17	\$1,927.22
ALADS/Anthem Blue Cross CaliforniaCare Premier HMO <sup>2</sup>	\$787.14	\$1,631.89	\$1,972.98
CAPE/Blue Shield Classic POS <sup>3</sup>	\$1,389.35	\$2,706.62	\$3,252.82
CAPE/Blue Shield Lite POS <sup>3</sup>	\$665.41	\$1,367.43	\$1,753.94
Fire Fighters Local 1014 Health Plan <sup>4</sup>	\$950.00	\$1,807.56	\$2,149.56
Waive coverage			
Dental Plans	You Only	You + 1	You + 2 or More
Delta Dental PPO	\$18.47	\$30.72	\$45.76
DeltaCare HMO	\$14.52	\$23.95	\$35.49
MetLife (SafeGuard) HMO	\$10.49	\$20.27	\$26.44
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) <sup>5</sup>		
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 <sup>5</sup>		
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 <sup>5</sup>	
Health Care Spending Account	\$10 minimum to \$200 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month

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

<sup>2</sup> Available only to sworn Peace Officers eligible to be members of ALADS (Bargaining Unit 611), and employees in Bargaining Units 612, 614, 621, 631, 632, 641, and 642.

<sup>3</sup> Available only to dues-paying members of one of these unions: AFSCME (all locals), ALADS, Assoc. of Public Defender Inv., Building Trades, CAPE, CA Federation of Interpreters, CIR, IAFF Local 1014, IUOE Local 501, LACOLA, PPOA, Teamsters 911, or UAPD. New hires/newly eligible employees will not have the option to enroll in a CAPE Blue Shield medical plan. These employees will have the opportunity to enroll during annual enrollment if, by August 1, they are reported to the County as dues-paying members of a union affiliated with the Coalition of County Unions.

<sup>4</sup> Available to Fire Fighter personnel who are eligible to be members of Local 1014, including Bargaining Units 601, 602, 603, and 604.

<sup>5</sup> The dependent term life, AD&D insurance, and spending accounts have different dependent eligibility requirements. See your Choices Summary Plan Description (SPD) for details.