

ALLOWANCE AND MONTHLY PREMIUM RATES

2023 MONTHLY BENEFITS ALLOWANCE (BASED ON NUMBER ENROLLED IN MEDICAL COVERAGE)	
Medical waiver	\$244.00
You only	\$1,099.20
You + 1 family member	\$2,005.49
You + 2 or more family members	\$2,369.10

MEDICAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Cigna Network HMO	\$1,062.83	\$2,132.11	\$2,455.85
Cigna Southern California Select Network HMO ¹	\$770.22	\$1,543.60	\$1,778.22
Cigna Network POS	\$1,906.59	\$3,401.15	\$3,567.88
Kaiser Permanente HMO	\$823.81	\$1,642.18	\$1,905.78
ALADS/Anthem Blue Cross Prudent Buyer PPO Basic ²	\$1,047.88	\$2,028.62	\$2,427.57
ALADS/Anthem Blue Cross Prudent Buyer PPO Premier ²	\$1,067.36	\$2,061.06	\$2,475.97
ALADS/Anthem Blue Cross CaliforniaCare HMO Basic ²	\$819.86	\$1,700.13	\$2,042.53
ALADS/Anthem Blue Cross CaliforniaCare HMO Premier ²	\$839.34	\$1,732.57	\$2,090.93
CAPE/Blue Shield Classic POS ³	\$1,689.03	\$3,284.11	\$3,895.65
CAPE/Blue Shield Lite POS ³	\$725.10	\$1,486.56	\$1,875.94
Fire Fighters Local 1014 Health Plan ⁴	\$1,016.00	\$1,932.56	\$2,298.56
Waive coverage			

DENTAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Delta Dental PPO	\$19.48	\$32.44	\$48.40
DeltaCare HMO ⁵	\$14.84	\$24.47	\$36.27
MetLife (SafeGuard) HMO ⁵	\$10.57	\$20.41	\$26.53
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) ⁶		
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 ⁶		
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 ⁶	
Health Care Spending Account	\$10 minimum to \$237 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 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.
³ Available to new hires and newly eligible employees at initial enrollment. To continue enrollment in a CAPE/Blue Shield medical plan for the following Plan Year, you must be a dues-paying member of one of these unions affiliated with CCU as of August 1: 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.
⁴ Available to Fire Fighter personnel who are eligible to be members of Local 1014, including Bargaining Units 601, 602, 603, 604, 641, and 642.
⁵ MetLife (SafeGuard) HMO and DeltaCare HMO are available only to employees living in the service area.
⁶ The dependent term life, AD&D insurance, and spending accounts have different dependent eligibility requirements. See your Choices Summary Plan Description (SPD) for details.