

ALLOWANCE AND MONTHLY PREMIUM RATES

2024 MONTHLY BENEFITS ALLOWANCE (BASED ON NUMBER ENROLLED IN MEDICAL COVERAGE)	
Medical waiver	\$244.00
You only	\$1,126.68
You + 1 family member	\$2,055.63
You + 2 or more family members	\$2,428.33

MEDICAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Cigna Network HMO	\$1,198.12	\$2,403.70	\$2,767.43
Cigna Southern California Select Network HMO ¹	\$867.97	\$1,739.68	\$2,002.86
Cigna Network POS	\$2,151.13	\$3,838.08	\$4,026.19
Kaiser Permanente HMO	\$941.16	\$1,876.88	\$2,178.05
ALADS/Anthem Blue Cross Prudent Buyer PPO Basic ²	\$1,130.84	\$2,204.51	\$2,640.97
ALADS/Anthem Blue Cross Prudent Buyer PPO Premier ²	\$1,152.12	\$2,240.03	\$2,694.09
ALADS/Anthem Blue Cross CaliforniaCare HMO Basic ²	\$861.40	\$1,776.11	\$2,131.21
ALADS/Anthem Blue Cross CaliforniaCare HMO Premier ²	\$882.68	\$1,811.63	\$2,184.33
CAPE/Blue Shield Classic POS ³	\$2,024.36	\$3,918.06	\$4,649.52
CAPE/Blue Shield Lite POS ³	\$881.95	\$1,758.35	\$2,183.56
Fire Fighters Local 1014 Health Plan ⁴	\$1,047.00	\$1,990.56	\$2,367.56
Waive coverage			

DENTAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Delta Dental PPO	\$21.28	\$35.52	\$53.12
DeltaCare HMO ⁵	\$14.50	\$23.92	\$35.45
MetLife (SafeGuard) HMO ⁵	\$10.60	\$20.44	\$26.56
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%	\$4.75

FLEXIBLE SPENDING ACCOUNTS ⁶	
Health Care Spending Account	\$10 minimum to \$254 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 Los Angeles, 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, and 604; and employees in Bargaining Units 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.