

ALLOWANCE AND MONTHLY PREMIUM RATES

2025 MONTHLY BENEFITS ALLOWANCE (BASED ON NUMBER ENROLLED IN MEDICAL COVERAGE)	
Medical waiver	\$244.00
You only	\$1,149.21
You + 1 family member	\$2,096.74
You + 2 or more family members	\$2,476.90

MEDICAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Cigna Network HMO	\$1,256.50	\$2,520.89	\$2,901.88
Cigna Southern California Select Network HMO ¹	\$910.14	\$1,824.27	\$2,099.77
Cigna Network POS	\$2,256.58	\$4,026.49	\$4,223.82
Kaiser Permanente HMO	\$1,019.21	\$2,032.98	\$2,359.14
ALADS/Anthem Blue Cross Prudent Buyer PPO Basic ²	\$1,235.02	\$2,411.07	\$2,888.00
ALADS/Anthem Blue Cross Prudent Buyer PPO Premier ²	\$1,258.60	\$2,450.52	\$2,947.15
ALADS/Anthem Blue Cross CaliforniaCare HMO Basic ²	\$944.96	\$1,950.02	\$2,342.31
ALADS/Anthem Blue Cross CaliforniaCare HMO Premier ²	\$968.54	\$1,989.47	\$2,401.46
CAPE/Blue Shield Classic POS ³	\$2,139.37	\$4,143.28	\$4,918.46
CAPE/Blue Shield Lite POS ³	\$927.71	\$1,853.63	\$2,327.40
Fire Fighters Local 1014 Health Plan ⁴	\$1,101.00	\$2,093.56	\$2,490.56
Waive coverage			

DENTAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Delta Dental PPO	\$23.58	\$39.45	\$59.15
DeltaCare HMO ⁵	\$14.21	\$23.45	\$34.75
MetLife (SafeGuard) HMO ⁵	\$10.50	\$20.24	\$26.29
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 \$266 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 personnel who are eligible to be members of Local 1014 or LACOLA, 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.