

ALLOWANCE AND MONTHLY PREMIUM RATES

2025 MONTHLY BENEFITS ALLOWANCE (BASED ON NUMBER ENROLLED IN MEDICAL COVERAGE)	
Medical waiver	\$228.00
You only	\$1,127.65
You + 1 family member	\$2,057.45
You + 2 or more family members	\$2,430.50

MEDICAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Kaiser Permanente HMO	\$972.91	\$1,948.82	\$2,260.06
UnitedHealthcare HMO	\$1,039.73	\$2,104.00	\$2,437.04
UnitedHealthcare Harmony HMO ¹	\$764.35	\$1,547.75	\$1,792.66
UnitedHealthcare Select Plus PPO	\$1,507.87	\$3,048.23	\$3,531.34
Waive coverage			

DENTAL PLANS	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Delta Dental PPO	\$32.75	\$54.70	\$82.18
DeltaCare HMO ²	\$14.21	\$23.45	\$34.75
MetLife (SafeGuard) HMO ²	\$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) ³		
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 ³		
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 ³	
Health Care Spending Account	\$10 minimum to \$266 maximum per month
Dependent Care Spending Account	\$10 minimum to \$400 maximum per month

¹ The UnitedHealthcare Harmony HMO is available only in eligible ZIP codes within Los Angeles, Orange, Riverside, San Bernardino, and San Diego counties.

² MetLife (SafeGuard) HMO and DeltaCare HMO are available only to employees living in the service area.

³ The dependent term life, AD&D insurance, and spending accounts have different dependent eligibility requirements. See your *Options Summary Plan Description (SPD)* for details.