

2020 Bi-weekly Medical Benefit Rate and Election Form Fire Managers Unit 33 Employees

Print Name:	Social Security Number/CalPERS ID:
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Please complete this Election Worksheet and return it to the Benefits Office latest by Friday, November 22, 2019.

Cafeteria Plan Amount: \$850.50

Medical Plan	PC	Tier		Employee Paid	Employer Paid
Blue Shield Access+ HMO	5261	Employee Only	<input type="checkbox"/>	\$0.00	\$454.94
	5262	Employee + 1	<input type="checkbox"/>	\$59.37	\$850.50
	5263	Family	<input type="checkbox"/>	\$332.33	\$850.50
Anthem HMO Traditional	5101	Employee Only	<input type="checkbox"/>	\$0.00	\$467.48
	5102	Employee + 1	<input type="checkbox"/>	\$84.45	\$850.50
	5103	Family	<input type="checkbox"/>	\$364.94	\$850.50
Kaiser Permanente HMO <i>Ventura County Only</i>	5341	Employee Only	<input type="checkbox"/>	\$0.00	\$322.62
	5342	Employee + 1	<input type="checkbox"/>	\$0.00	\$645.24
	5343	Family	<input type="checkbox"/>	\$0.00	\$838.81
Anthem HMO Select <i>Ventura County Only</i>	5071	Employee Only	<input type="checkbox"/>	\$0.00	\$327.02
	5072	Employee + 1	<input type="checkbox"/>	\$0.00	\$654.04
	5073	Family	<input type="checkbox"/>	\$0.00	\$850.25
United HealthCare HMO <i>Ventura County Only</i>	5771	Employee Only	<input type="checkbox"/>	\$0.00	\$335.80
	5772	Employee + 1	<input type="checkbox"/>	\$0.00	\$671.60
	5773	Family	<input type="checkbox"/>	\$22.58	\$850.50
PERS Select PPO	5581	Employee Only	<input type="checkbox"/>	\$0.00	\$225.77
	5582	Employee + 1	<input type="checkbox"/>	\$0.00	\$451.54
	5583	Family	<input type="checkbox"/>	\$0.00	\$587.00
PERS Choice PPO	5491	Employee Only	<input type="checkbox"/>	\$0.00	\$368.14
	5492	Employee + 1	<input type="checkbox"/>	\$0.00	\$736.28
	5493	Family	<input type="checkbox"/>	\$106.67	\$850.50
PERSCare PPO	5671	Employee Only	<input type="checkbox"/>	\$0.00	\$493.33
	5672	Employee + 1	<input type="checkbox"/>	\$136.16	\$850.50
	5673	Family	<input type="checkbox"/>	\$432.16	\$850.50
PORAC Region 2 <i>PORAC Safety Members Only</i>	5931	Employee Only	<input type="checkbox"/>	\$0.00	\$374.50
	5932	Employee + 1	<input type="checkbox"/>	\$0.00	\$749.50
	5933	Family	<input type="checkbox"/>	\$129.50	\$850.50
No Coverage <i>Complete Medical Waiver Form, submit to Benefits Office with copy of your member id card.</i>		No Coverage	<input type="checkbox"/>		

Signature: _____

Date: _____



2020 Biweekly Rate Sheet

Fire Management Unit 33 Employees

Cafeteria Plan Amounts: \$850.50*

*Please note that this amount will be applied to your medical premium first if applicable, then dental, then vision.

DENTAL		Monthly Premium Amount	
DPO – Delta Preferred Option	<i>Employee Only</i>	\$	26.94
	<i>Employee + 1</i>	\$	47.67
	<i>Family</i>	\$	76.41
HMO – DeltaCare USA	<i>Employee Only</i>	\$	8.20
	<i>Employee + 1</i>	\$	14.66
	<i>Family</i>	\$	21.69
VISION		Monthly Premium Amount	
Vision Service Plan	<i>Employee Only</i>	\$	3.47
	<i>Employee + 1</i>	\$	6.88
	<i>Family</i>	\$	10.55
SHORT TERM DISABILITY		Employee Paid	Employer Paid
Hartford Insurance	<i>Employee Only</i>	\$11.00	\$0.00
LONG TERM DISABILITY		Employee Paid	Employer Paid
Hartford Insurance	<i>Employee Only</i>	\$0.00	\$0.380/\$100 of salary
LIFE INSURANCE		Coverage Amount	Cost
Basic Life with AD&D <i>(Employee Only)</i>	1x Annual Salary	City Paid (\$0.05 per \$1,000 of benefit)	
Supplemental Life <i>(Employee /Spouse)</i>	<p><i>Coverage is available in increments of \$10,000 up to a maximum of \$500,000 based upon the applicable age bracket.</i></p> <p><i>Spouse coverage amount limited to the amount of supplemental life purchased for the employee.</i></p>	<u>Age</u>	<u>Cost per \$10,000</u>
<p><i>A guaranteed issue amount of \$200,000 for an employee, \$30,000 for a spouse and \$10,000 for children applies when an employee first becomes eligible for coverage. Subsequent Supplemental Life increases may require medical approval.</i></p>		0 - 29	\$0.34
		30 - 34	\$0.43
		35 - 39	\$0.62
		40 - 44	\$0.95
		45 - 49	\$1.57
		50 - 54	\$2.62
		55 - 59	\$4.23
		60 - 64	\$5.56
		65 - 69	\$8.74
70 - 74	\$15.44		
75+	\$25.75		
Supplemental Life <i>(Children)</i>	\$2,000	\$0.16	
<p><i>Same rate applies to one or more.</i></p>	\$5,000	\$0.28	
	\$10,000	\$0.45	

Rates effective 01/01/2020 - 12/31/2020

This sheet highlights benefits under the City of Santa Barbara benefit program. It is not intended to help you choose the benefits that are best for you. This sheet does not include plan rules, details and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between Open Enrollment guides and the legal plan documents, the plan documents are the final authority.