

2021 Benefits Rate Sheet (Bi-Weekly) Mayor & City Council Unit 0

VISION	Tier	Plan Rate (C)
Vision Service Plan	<i>Employee Only</i>	\$3.47 <input type="checkbox"/>
	<i>Employee + 1</i>	\$6.88 <input type="checkbox"/>
	<i>Family</i>	\$10.50 <input type="checkbox"/>

Vision Cost Calculation

Remaining Cafeteria Amount/Deduction from above: _____
 Enter Vision Plan Rate (C) - _____
 Remaining Cafeteria Amount/Deduction after Vision = _____

Waive Medical, Dental & Vision	No Coverage =	\$0.00
Complete Medical Waiver Form, submit to Benefits Office with copy of your member id card.		

*NOTE: CalPERS Region 2 = (Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura counties) - Medical rates include Admin Fees for Online Enrollment System

This worksheet is for your own personal use. There is no need to return it to HR/Benefits. The online enrollment system will provide premium calculations based on your plan selections.