



2018 Monthly Rate Sheet

Mayor and City Council
Cafeteria Plan Amount: \$1,731.62

Medical		Monthly Premium Amount:
HMO – Aetna ¹	<i>Employee Only</i>	\$ 1,019.19
	<i>Employee + 1</i>	\$ 2,020.63
	<i>Family</i>	\$ 2,621.50
OAMC PPO 80/60 – Aetna	<i>Employee Only</i>	\$ 868.48
	<i>Employee + 1</i>	\$ 1,753.01
	<i>Family</i>	\$ 2,283.67
OAMC PPO HRA – Aetna	<i>Employee Only</i>	\$ 614.95
	<i>Employee + 1</i>	\$ 1,214.02
	<i>Family</i>	\$ 1,573.49
OAMC PPO HSA – Aetna	<i>Employee Only</i>	\$ 485.81
	<i>Employee + 1</i>	\$ 955.79
	<i>Family</i>	\$ 1,237.74
Dental		
DPO – Delta Preferred Option	<i>Employee Only</i>	\$ 56.70
	<i>Employee + 1</i>	\$ 100.36
	<i>Family</i>	\$ 160.86
HMO – DeltaCare USA	<i>Employee Only</i>	\$ 16.39
	<i>Employee + 1</i>	\$ 29.32
	<i>Family</i>	\$ 43.38
Vision		
Vision Service Plan	<i>Employee Only</i>	\$ 6.93
	<i>Employee + 1</i>	\$ 13.76
	<i>Family</i>	\$ 21.10

(See Reverse for Life Insurance Information)

¹Enrollment in HMO medical plans is contingent on the enrollee's home or work address being within the applicable service area. Please consult the 2018 enrollment guide for more information.

The benefit package for elected officials, their spouses & dependents, can be no greater than the most generous schedule of benefits provided to any non-safety employees (CA Gov't Code § 53208.5), in this case Group 1 Managers. The City contribution will equal "Employee + 1" coverage of the most expensive medical and dental plan, or the amount provided to Group 1 Managers, whichever is less.

Rates effective 1/1/2018 – 12/31/2018



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Life Insurance	Coverage Amount	Cost																								
Basic Life with AD&D <i>(Employee Only)</i>	<i>\$50,000</i>	<i>City Paid \$6.25 (\$0.125 per \$1,000 of benefit)</i>																								
Supplemental Life <i>(Employee/Spouse)</i> <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>	<i>Coverage is available in increments of \$10,000 up to a maximum of \$500,000 based upon the applicable age bracket.</i> <i>Spouse coverage amount limited to the amount of supplemental life purchased for the employee.</i>	<table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;"><i>Age</i></th> <th style="text-align: right;"><i>Cost you pay per \$10,000 of coverage</i></th> </tr> </thead> <tbody> <tr><td><i>0 – 29</i></td><td style="text-align: right;"><i>\$.68</i></td></tr> <tr><td><i>30 – 34</i></td><td style="text-align: right;"><i>\$.86</i></td></tr> <tr><td><i>35 – 39</i></td><td style="text-align: right;"><i>\$ 1.24</i></td></tr> <tr><td><i>40 – 44</i></td><td style="text-align: right;"><i>\$ 1.90</i></td></tr> <tr><td><i>45 – 49</i></td><td style="text-align: right;"><i>\$ 3.14</i></td></tr> <tr><td><i>50 – 54</i></td><td style="text-align: right;"><i>\$ 5.24</i></td></tr> <tr><td><i>55 – 59</i></td><td style="text-align: right;"><i>\$ 8.46</i></td></tr> <tr><td><i>60 – 64</i></td><td style="text-align: right;"><i>\$ 11.12</i></td></tr> <tr><td><i>65 – 69</i></td><td style="text-align: right;"><i>\$ 17.48</i></td></tr> <tr><td><i>70 – 74</i></td><td style="text-align: right;"><i>\$ 30.88</i></td></tr> <tr><td><i>75 +</i></td><td style="text-align: right;"><i>\$ 51.50</i></td></tr> </tbody> </table>	<i>Age</i>	<i>Cost you pay per \$10,000 of coverage</i>	<i>0 – 29</i>	<i>\$.68</i>	<i>30 – 34</i>	<i>\$.86</i>	<i>35 – 39</i>	<i>\$ 1.24</i>	<i>40 – 44</i>	<i>\$ 1.90</i>	<i>45 – 49</i>	<i>\$ 3.14</i>	<i>50 – 54</i>	<i>\$ 5.24</i>	<i>55 – 59</i>	<i>\$ 8.46</i>	<i>60 – 64</i>	<i>\$ 11.12</i>	<i>65 – 69</i>	<i>\$ 17.48</i>	<i>70 – 74</i>	<i>\$ 30.88</i>	<i>75 +</i>	<i>\$ 51.50</i>
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Supplemental Life <i>(Children)</i> <i>Same rate applies to one or more.</i>	<i>\$ 2,000</i> <i>\$ 5,000</i> <i>\$ 10,000</i>	<i>\$ 0.34</i> <i>\$ 0.56</i> <i>\$ 0.90</i>																								

(See Reverse for Medical, Dental, and Vision Insurance Information)

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 the Open Enrollment Guide and the legal plan documents, the plan documents are the final authority.