

2021 Rate Sheet (Bi-Weekly)
Police Sworn Unit 24 and Police Non-Sworn Unit 29 Employees

Maximum Cash Out Amount: \$250

MEDICAL - CalPERS Region 2*	Code	Tier	Employee Paid	Employer Paid
Anthem Traditional HMO	2305	Employee Only	<input type="checkbox"/> \$0.00	\$527.95
	2306	Employee + 1	<input type="checkbox"/> \$365.06	\$687.32
	2307	Family	<input type="checkbox"/> \$679.72	\$687.32
Blue Shield Access+ HMO	2309	Employee Only	<input type="checkbox"/> \$0.00	\$474.27
	2310	Employee + 1	<input type="checkbox"/> \$257.70	\$687.32
	2311	Family	<input type="checkbox"/> \$540.15	\$687.32
Blue Shield Trio HMO	TBD	Employee Only	<input type="checkbox"/> \$0.00	\$365.78
	TBD	Employee + 1	<input type="checkbox"/> \$40.71	\$687.32
	TBD	Family	<input type="checkbox"/> \$258.07	\$687.32
Anthem Select HMO <i>Ventura County Only</i>	2301	Employee Only	<input type="checkbox"/> \$0.00	\$341.78
	2302	Employee + 1	<input type="checkbox"/> \$0.00	\$680.03
	2303	Family	<input type="checkbox"/> \$195.66	\$687.32
Kaiser Permanente HMO <i>Ventura County Only</i>	2316	Employee Only	<input type="checkbox"/> \$0.00	\$339.31
	2317	Employee + 1	<input type="checkbox"/> \$0.00	\$675.10
	2318	Family	<input type="checkbox"/> \$189.25	\$687.32
United HealthCare HMO <i>Ventura County Only</i>	2342	Employee Only	<input type="checkbox"/> \$0.00	\$366.42
	2343	Employee + 1	<input type="checkbox"/> \$41.99	\$687.32
	2344	Family	<input type="checkbox"/> \$259.73	\$687.32
PERS Select PPO	2327	Employee Only	<input type="checkbox"/> \$0.00	\$242.62
	2328	Employee + 1	<input type="checkbox"/> \$0.00	\$481.73
	2329	Family	<input type="checkbox"/> \$0.00	\$625.19
PERS Choice PPO	2323	Employee Only	<input type="checkbox"/> \$0.00	\$396.17
	2324	Employee + 1	<input type="checkbox"/> \$101.50	\$687.32
	2325	Family	<input type="checkbox"/> \$337.09	\$687.32
PERSCare PPO	2331	Employee Only	<input type="checkbox"/> \$0.00	\$562.87
	2332	Employee + 1	<input type="checkbox"/> \$434.89	\$687.32
	2333	Family	<input type="checkbox"/> \$770.50	\$687.32
PORAC Region 2 <i>PORAC Safety Members Only</i>	2331	Employee Only	<input type="checkbox"/> \$0.00	\$379.03
	2332	Employee + 1	<input type="checkbox"/> \$67.72	\$687.32
	2333	Family	<input type="checkbox"/> \$298.85	\$687.32
DENTAL	Code	Tier	Employee Paid	Employer Paid
DPO - Delta Preferred Option	2641	Employee Only	<input type="checkbox"/> \$0.00	\$26.94
	2642	Employee + 1	<input type="checkbox"/> \$0.00	\$47.67
	2643	Family	<input type="checkbox"/> \$23.91	\$52.50
HMO - DeltaCare USA	2621	Employee Only	<input type="checkbox"/> \$0.00	\$8.20
	2622	Employee + 1	<input type="checkbox"/> \$0.00	\$14.66
	2623	Family	<input type="checkbox"/> \$0.00	\$21.69
VISION	Code	Tier	Employee Paid	Employer Paid
Vision Service Plan	2711	Employee Only	<input type="checkbox"/> \$0.00	\$3.47
	2712	Employee + 1	<input type="checkbox"/> \$3.13	\$3.75
	2713	Family	<input type="checkbox"/> \$6.80	\$3.75
No Coverage		No Coverage	<input type="checkbox"/>	

Complete Medical Waiver Form, submit to Benefits Office with copy of your member id card.

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SHORT TERM DISABILITY		Employee Paid	Employer Paid
Hartford Insurance	Employee Only	\$7.57	\$0.00
LONG TERM DISABILITY		Employee Paid	Employer Paid
	Employee Only	Contact Police Assoc.	\$0.00
LIFE INSURANCE	Coverage Amount	Cost	
Basic Life with AD&D - Employee Only	\$50,000 Non-Sworn \$75,000 Sworn	Employer Paid \$2.50 Non-Sworn; \$3.75 Sworn (\$0.05 per \$1,000 of benefit)	
Supplemental Life - Employee/Spouse	<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>	Age	Cost per \$10,000
<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>		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 - Children	\$2,000		\$0.16
<i>Same rate applies to one or more</i>	\$5,000		\$0.28
	\$10,000		\$0.45

*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.

Rates effective 01/01/2021 - 12/31/2021

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.