

2021 Benefits Rate Sheet (Bi-Weekly) Police Management Unit 23 Employees

Maximum Cafeteria Amount: **\$873.00**

| MEDICAL - CalPERS Region 2* | Plan Code | Tier | Plan Rate (A) |
|---|-----------|---------------|-------------------------------------|
| Anthem Traditional HMO | 2305 | Employee Only | \$527.95 <input type="checkbox"/> |
| | 2306 | Employee + 1 | \$1,052.38 <input type="checkbox"/> |
| | 2307 | Family | \$1,367.04 <input type="checkbox"/> |
| Blue Shield Access+ HMO | 2309 | Employee Only | \$474.27 <input type="checkbox"/> |
| | 2310 | Employee + 1 | \$945.02 <input type="checkbox"/> |
| | 2311 | Family | \$1,227.47 <input type="checkbox"/> |
| Blue Shield Trio HMO | TBD | Employee Only | \$365.78 <input type="checkbox"/> |
| | TBD | Employee + 1 | \$728.03 <input type="checkbox"/> |
| | TBD | Family | \$945.39 <input type="checkbox"/> |
| Anthem Select HMO <i>Ventura County Only</i> | 2301 | Employee Only | \$341.78 <input type="checkbox"/> |
| | 2302 | Employee + 1 | \$680.03 <input type="checkbox"/> |
| | 2303 | Family | \$882.98 <input type="checkbox"/> |
| Kaiser Permanente HMO <i>Ventura County Only</i> | 2316 | Employee Only | \$339.31 <input type="checkbox"/> |
| | 2317 | Employee + 1 | \$675.10 <input type="checkbox"/> |
| | 2318 | Family | \$876.57 <input type="checkbox"/> |
| United HealthCare HMO <i>Ventura County Only</i> | 2342 | Employee Only | \$366.42 <input type="checkbox"/> |
| | 2343 | Employee + 1 | \$729.31 <input type="checkbox"/> |
| | 2344 | Family | \$947.05 <input type="checkbox"/> |
| PERS Select PPO | 2327 | Employee Only | \$242.62 <input type="checkbox"/> |
| | 2328 | Employee + 1 | \$481.73 <input type="checkbox"/> |
| | 2329 | Family | \$625.19 <input type="checkbox"/> |
| PERS Choice PPO | 2323 | Employee Only | \$396.17 <input type="checkbox"/> |
| | 2324 | Employee + 1 | \$788.82 <input type="checkbox"/> |
| | 2325 | Family | \$1,024.41 <input type="checkbox"/> |
| PERSCare PPO | 2331 | Employee Only | \$562.87 <input type="checkbox"/> |
| | 2332 | Employee + 1 | \$1,122.21 <input type="checkbox"/> |
| | 2333 | Family | \$1,457.82 <input type="checkbox"/> |
| PORAC Region 2 <i>PORAC Safety Members Only</i> | 2331 | Employee Only | \$379.03 <input type="checkbox"/> |
| | 2332 | Employee + 1 | \$755.04 <input type="checkbox"/> |
| | 2333 | Family | \$986.17 <input type="checkbox"/> |

Medical Cost Calculation

Maximum Cafeteria Amount: \$873.00
Enter Medical Plan Rate (A) -
Remaining Cafeteria Amount/Deduction after Medical =

2021 Benefits Rate Sheet (Bi-Weekly) Police Management Unit 23 Employees

| DENTAL | Tier | Plan Rate (B) |
|------------------------------|----------------------|----------------------------------|
| DPO – Delta Preferred Option | <i>Employee Only</i> | \$26.94 <input type="checkbox"/> |
| | <i>Employee + 1</i> | \$47.67 <input type="checkbox"/> |
| | <i>Family</i> | \$76.41 <input type="checkbox"/> |
| HMO – DeltaCare USA | <i>Employee Only</i> | \$8.20 <input type="checkbox"/> |
| | <i>Employee + 1</i> | \$14.66 <input type="checkbox"/> |
| | <i>Family</i> | \$21.39 <input type="checkbox"/> |

Dental Cost Calculation

Remaining Cafeteria Amount/Deduction from previous page: _____
 Enter Dental Plan Rate (B) - _____
 Remaining Cafeteria Amount/Deduction after Dental = _____

| 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 = | \$873.00 |
| 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.

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.