## 2021 Benefits Rate Sheet (Bi-Weekly) Supervisor Unit 4 & 5 Employees

Maximum	Cafeteria	Amount:	\$680.00
---------	-----------	---------	----------

	maximam o	maximam careteria Amount: \$\psi_000.00		
MEDICAL - CalPERS Region 2*	Plan Code	Tier	Plan Rate (A)	
Anthem Traditional HMO	2305	Employee Only	\$527.95	
	2306	Employee + 1	\$1,052.38	
	2307	Family	\$1,367.04	
Blue Shield Access+ HMO	2309	Employee Only	\$474.27	
	2310	Employee + 1	\$945.02	
	2311	Family	\$1,227.47	
Blue Shield Trio HMO	TBD	Employee Only	\$365.78	
	TBD	Employee + 1	\$728.03	
	TBD	Family	\$945.39	
Anthem Select HMO	2301	Employee Only	\$341.78	
Ventura County Only	2302	Employee + 1	\$680.03	
	2303	Family	\$882.98	
Kaiser Permanente HMO	2316	Employee Only	\$339.31	
Ventura County Only	2317	Employee + 1	\$675.10	
	2318	Family	\$876.57	
United HealthCare HMO	2342	Employee Only	\$366.42	
Ventura County Only	2343	Employee + 1	\$729.31	
	2344	Family	\$947.05	
PERS Select PPO	2327	Employee Only	\$242.62	
	2328	Employee + 1	\$481.73	
	2329	Family	\$625.19	
PERS Choice PPO	2323	Employee Only	\$396.17	
	2324	Employee + 1	\$788.82	
	2325	Family	\$1,024.41	
PERSCare PPO	2331	Employee Only	\$562.87	
	2332	Employee + 1	\$1,122.21	
	2333	Family	\$1,457.82	
PORAC Region 2	2331	Employee Only	\$379.03	
PORAC Safety Members Only	2332	Employee + 1	\$755.04	
	2333	Family	\$986.17	

**Medical Cost Calculation** 

Maximum Cafeteria Amount:	\$680.00
Enter Medical Plan Rate (A) -	
Remaining Cafeteria Amount/Deduction after Medical =	
	·

## 2021 Benefits Rate Sheet (Bi-Weekly) Supervisor Unit 4 & 5 Employees

DENTAL	Tier	Plan Rate (B)		
DPO – Delta Preferred Option	Employee Only	\$26.94		
	Employee + 1	\$47.67		
	Family	\$76.41		
HMO – DeltaCare USA	Employee Only	\$8.20		
	Employee + 1	\$14.66		
	Family	\$21.39		
Dental Cost Calculation				
Remaining Cafeteria Amount/Deduction from previous page:				
Remaining Cafeteria Amount/Deduction after Dental =				
VISION	Tier	Plan Rate (C)		
Vision Service Plan	Employee Only	\$3.47		
	Employee + 1	\$6.88		
	Family	\$10.50		
Vision Cost Calculation				
Remaining Cafeteria Amount/Deduction from above:				
Enter Vision Plan Rate (C) -				
D :: 0 ( / :				
Remaining Cafeteria	Amount/Deduction after Vision =			

Waive Medical, Dental & Vision No Coverage = \$680.00 Complete Medical Waiver Form, submit to Benefits Office with copy of your member id card.

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.

<sup>\*</sup>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