

## 2021 Rate Sheet (Bi-Weekly) - Treatment and Patrol Unit 19 Employees

Maximum Cash Out Amount: \$164.37

| MEDICAL - CalPERS Region 2*                         | Code | Tier          | Employee Paid                     | Employer Paid |
|---|------|---------------|-----------------------------------|---------------|
| Anthem Traditional HMO                              | 2305 | Employee Only | <input type="checkbox"/> \$23.23  | \$504.72      |
|   | 2306 | Employee + 1  | <input type="checkbox"/> \$497.37 | \$555.01      |
|   | 2307 | Family        | <input type="checkbox"/> \$812.03 | \$555.01      |
| Blue Shield Access+ HMO                             | 2309 | Employee Only | <input type="checkbox"/> \$0.00   | \$474.27      |
|   | 2310 | Employee + 1  | <input type="checkbox"/> \$390.01 | \$555.01      |
|   | 2311 | Family        | <input type="checkbox"/> \$672.46 | \$555.01      |
| Blue Shield Trio HMO                                | TBD  | Employee Only | <input type="checkbox"/> \$0.00   | \$365.78      |
|   | TBD  | Employee + 1  | <input type="checkbox"/> \$173.02 | \$555.01      |
|   | TBD  | Family        | <input type="checkbox"/> \$390.38 | \$555.01      |
| Anthem Select HMO<br><i>Ventura County Only</i>     | 2301 | Employee Only | <input type="checkbox"/> \$0.00   | \$341.78      |
|   | 2302 | Employee + 1  | <input type="checkbox"/> \$125.02 | \$555.01      |
|   | 2303 | Family        | <input type="checkbox"/> \$327.97 | \$555.01      |
| Kaiser Permanente HMO<br><i>Ventura County Only</i> | 2316 | Employee Only | <input type="checkbox"/> \$0.00   | \$339.31      |
|   | 2317 | Employee + 1  | <input type="checkbox"/> \$120.09 | \$555.01      |
|   | 2318 | Family        | <input type="checkbox"/> \$321.56 | \$555.01      |
| United HealthCare HMO<br><i>Ventura County Only</i> | 2342 | Employee Only | <input type="checkbox"/> \$0.00   | \$366.42      |
|   | 2343 | Employee + 1  | <input type="checkbox"/> \$174.30 | \$555.01      |
|   | 2344 | Family        | <input type="checkbox"/> \$392.04 | \$555.01      |
| 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"/> \$70.18  | \$555.01      |
| PERS Choice PPO                                     | 2323 | Employee Only | <input type="checkbox"/> \$0.00   | \$396.17      |
|   | 2324 | Employee + 1  | <input type="checkbox"/> \$233.81 | \$555.01      |
|   | 2325 | Family        | <input type="checkbox"/> \$469.40 | \$555.01      |
| PERSCare PPO  | 2331 | Employee Only | <input type="checkbox"/> \$58.15  | \$504.72      |
|   | 2332 | Employee + 1  | <input type="checkbox"/> \$567.20 | \$555.01      |
|   | 2333 | Family        | <input type="checkbox"/> \$902.81 | \$555.01      |
| PORAC Region 2<br><i>PORAC Safety Members Only</i>  | 2331 | Employee Only | <input type="checkbox"/> \$0.00   | \$379.03      |
|   | 2332 | Employee + 1  | <input type="checkbox"/> \$200.03 | \$555.01      |
|   | 2333 | Family        | <input type="checkbox"/> \$431.16 | \$555.01      |
| 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"/> \$9.67   | \$38.00       |
|   | 2643 | Family        | <input type="checkbox"/> \$38.41  | \$38.00       |
| 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"/> \$2.25   | \$4.63        |
|   | 2713 | Family        | <input type="checkbox"/> \$5.92   | \$4.63        |
| No Coverage   |      | No Coverage   | <input type="checkbox"/>          |               |

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

## 2021 Rate Sheet (Bi-Weekly) - Treatment and Patrol Unit 19 Employees

| SHORT TERM DISABILITY   |  | Employee Paid  | Employer Paid           |
|---|--|--|-------------------------|
| California State Disability Insurance (SDI) and Paid Family Leave (PFL)   | Employee Only  | Deducted at rate of 1.0% of salary                     | \$0.00                  |
| LONG TERM DISABILITY  |  | Employee Paid  | Employer Paid           |
| Hartford Insurance  | Employee Only  | \$0.00   | \$0.380/\$100 of salary |
| LIFE INSURANCE  |  | Coverage Amount  | Cost                    |
| <b>Basic Life with AD&amp;D - Employee Only</b>   | \$50,000   | City Paid<br>\$2.50<br>(\$0.05 per \$1,000 of benefit) |                         |
| <b>Supplemental Life - Employee/Spouse</b><br><br><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><br><br><i>Spouse coverage amount limited to the amount of supplemental life purchased for the employee.</i> | Age  | Cost per \$10,000       |
|   |  | 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                 |
| <b>Supplemental Life - Children</b><br><i>Same rate applies to one or more</i>  | \$2,000  | \$0.16   |                         |
|   | \$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.