



2018 Monthly Rate Sheet

Treatment and Patrol Unit 19 Employees
Maximum Cash Out: \$313.74

Medical		This is the amount you pay:	This is the amount the City pays:
HMO – Aetna¹	<i>Employee Only</i>	\$ 9.76	\$ 1,009.43
	<i>Employee + 1</i>	\$ 961.20	\$ 1,059.43
	<i>Family</i>	\$1,562.07	\$ 1,059.43
HMO – Kaiser Permanente¹	<i>Employee Only</i>	\$ 0.00	\$ 588.68
	<i>Employee + 1</i>	\$ 109.59	\$ 1,059.43
	<i>Family</i>	\$ 457.79	\$ 1,059.43
OAMC PPO 80/60 – Aetna	<i>Employee Only</i>	\$ 0.00	\$ 868.48
	<i>Employee + 1</i>	\$ 693.58	\$ 1,059.43
	<i>Family</i>	\$ 1,224.24	\$ 1,059.43
OAMC PPO HRA – Aetna	<i>Employee Only</i>	\$ 0.00	\$ 614.95
	<i>Employee + 1</i>	\$ 154.59	\$ 1,059.43
	<i>Family</i>	\$ 514.06	\$ 1,059.43
OAMC PPO HSA – Aetna The City will contribute \$287.50/month to employee HSA for Employee Only coverage. The City will match employee's contribution to the HSA on a dollar-for-dollar basis, not to exceed a maximum City contribution of \$125/month for Employee+1 coverage & \$100/month for Family coverage, and not to exceed the annual maximum HSA contribution limit set by the IRS.	<i>Employee Only</i>	\$ 0.00	\$ 485.81
	<i>Employee + 1</i>	\$ 0.00	\$ 955.79
	<i>Family</i>	\$ 178.31	\$ 1,059.43
Dental		This is the amount you pay:	This is the amount the City pays:
DPO – Delta Preferred Option	<i>Employee Only</i>	\$ 0.00	\$ 56.70
	<i>Employee + 1</i>	\$ 24.36	\$ 76.00
	<i>Family</i>	\$ 84.86	\$ 76.00
HMO – DeltaCare USA	<i>Employee Only</i>	\$ 0.00	\$ 16.39
	<i>Employee + 1</i>	\$ 0.00	\$ 29.32
	<i>Family</i>	\$ 0.00	\$ 43.38
Vision		This is the amount you pay:	This is the amount the City pays:
Vision Service Plan	<i>Employee Only</i>	\$ 0.00	\$ 6.93
	<i>Employee + 1</i>	\$ 4.50	\$ 9.26
	<i>Family</i>	\$ 11.84	\$ 9.26
Short Term Disability		This is the amount you pay:	This is the amount the City pays:
California State Disability Insurance (SDI) and Paid Family Leave (PFL)	<i>Employee Only</i>	<i>Deducted at rate of 1.0% of salary</i>	\$ 0.00
Long Term Disability		This is the amount you pay:	This is the amount the City pays:
Hartford Insurance	<i>Employee Only</i>	\$ 0.00	\$0.500/\$100 of salary

(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 guides for more information.

Rates effective 1/1/2018 – 12/31/2018 (Pending Council Approval)



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Treatment and Patrol Unit 19 Employees

Maximum Cash Out: \$313.74

Life Insurance	Coverage Amount	Cost																								
Basic Life with AD&D <i>(Employee Only)</i>	\$50,000	<i>City Paid</i> \$6.25 <i>(\$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;">Age</th> <th style="text-align: left;">Cost per \$10,000</th> </tr> </thead> <tbody> <tr><td>0 – 29</td><td>\$.68</td></tr> <tr><td>30 – 34</td><td>\$.86</td></tr> <tr><td>35 – 39</td><td>\$ 1.24</td></tr> <tr><td>40 – 44</td><td>\$ 1.90</td></tr> <tr><td>45 – 49</td><td>\$ 3.14</td></tr> <tr><td>50 – 54</td><td>\$ 5.24</td></tr> <tr><td>55 – 59</td><td>\$ 8.46</td></tr> <tr><td>60 – 64</td><td>\$ 11.12</td></tr> <tr><td>65 – 69</td><td>\$ 17.48</td></tr> <tr><td>70 – 74</td><td>\$ 30.88</td></tr> <tr><td>75 +</td><td>\$ 51.50</td></tr> </tbody> </table>	Age	Cost per \$10,000	0 – 29	\$.68	30 – 34	\$.86	35 – 39	\$ 1.24	40 – 44	\$ 1.90	45 – 49	\$ 3.14	50 – 54	\$ 5.24	55 – 59	\$ 8.46	60 – 64	\$ 11.12	65 – 69	\$ 17.48	70 – 74	\$ 30.88	75 +	\$ 51.50
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Supplemental Life <i>(Children)</i> <i>Same rate applies to one or more.</i>	\$ 2,000 \$ 5,000 \$ 10,000	\$ 0.34 \$ 0.56 \$ 0.90																								

(See Reverse for Medical, Dental, Vision and Disability 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 Open Enrollment guides and the legal plan documents, the plan documents are the final authority.