

**2024 Benefits Rate Sheet (Bi-Weekly)**  
**Unit 1, 21 and 31: Management (Fulltime)**

Maximum Cash Out Amount \$859.00

MEDICAL - CalPERS Region 2*	CODE	Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
<b>Anthem Select</b> <b>Must reside in Ventura County</b>	2301	\$807.71	Employee Only	<input type="checkbox"/>	\$0.00	\$403.86
	2302	\$1,615.42	Employee +1	<input type="checkbox"/>	\$0.00	\$807.71
	2303	\$2,100.05	Family	<input type="checkbox"/>	\$191.03	\$859.00
<b>Anthem Traditional</b>	2305	\$1,034.38	Employee Only	<input type="checkbox"/>	\$0.00	\$517.19
	2306	\$2,068.76	Employee +1	<input type="checkbox"/>	\$175.38	\$859.00
	2307	\$2,689.39	Family	<input type="checkbox"/>	\$485.70	\$859.00
<b>Blue Shield Access+</b>	2309	\$869.14	Employee Only	<input type="checkbox"/>	\$0.00	\$434.57
	2310	\$1,738.28	Employee +1	<input type="checkbox"/>	\$10.14	\$859.00
	2311	\$2,259.76	Family	<input type="checkbox"/>	\$270.88	\$859.00
<b>Blue Shield Trio</b>	2350	\$810.24	Employee Only	<input type="checkbox"/>	\$0.00	\$405.12
	2351	\$1,620.48	Employee +1	<input type="checkbox"/>	\$0.00	\$810.24
	2352	\$2,106.62	Family	<input type="checkbox"/>	\$194.31	\$859.00
<b>Kaiser</b> <b>Must reside in Ventura County</b>	2316	\$904.95	Employee Only	<input type="checkbox"/>	\$0.00	\$452.48
	2317	\$1,809.90	Employee +1	<input type="checkbox"/>	\$45.95	\$859.00
	2318	\$2,352.87	Family	<input type="checkbox"/>	\$317.44	\$859.00
<b>Sharp</b> <b>Must reside in San Diego</b>	2338	\$833.24	Employee Only	<input type="checkbox"/>	\$0.00	\$416.62
	2339	\$1,666.48	Employee +1	<input type="checkbox"/>	\$0.00	\$833.24
	2340	\$2,166.42	Family	<input type="checkbox"/>	\$224.21	\$859.00
<b>UnitedHealthcare Alliance</b> <b>Must reside in Ventura County</b>	2342	\$837.88	Employee Only	<input type="checkbox"/>	\$0.00	\$418.94
	2343	\$1,675.76	Employee +1	<input type="checkbox"/>	\$0.00	\$837.88
	2344	\$2,178.49	Family	<input type="checkbox"/>	\$230.25	\$859.00
<b>UnitedHealthcare Harmony</b>	2392	\$792.65	Employee Only	<input type="checkbox"/>	\$0.00	\$396.33
	2393	\$1,585.30	Employee +1	<input type="checkbox"/>	\$0.00	\$792.65
	2394	\$2,060.89	Family	<input type="checkbox"/>	\$171.45	\$859.00
<b>PERS Gold</b>	2327	\$799.44	Employee Only	<input type="checkbox"/>	\$0.00	\$399.72
	2328	\$1,598.88	Employee +1	<input type="checkbox"/>	\$0.00	\$799.44
	2329	\$2,078.54	Family	<input type="checkbox"/>	\$180.27	\$859.00
<b>PERS Platinum</b>	2360	\$1,151.50	Employee Only	<input type="checkbox"/>	\$0.00	\$575.75
	2361	\$2,303.00	Employee +1	<input type="checkbox"/>	\$292.50	\$859.00
	2362	\$2,993.90	Family	<input type="checkbox"/>	\$637.95	\$859.00
<b>PORAC</b> <b>Must be a member of PORAC</b>	2346	\$926.00	Employee Only	<input type="checkbox"/>	\$0.00	\$463.00
	2347	\$1,863.00	Employee +1	<input type="checkbox"/>	\$72.50	\$859.00
	2348	\$2,371.00	Family	<input type="checkbox"/>	\$326.50	\$859.00
<p align="center"><b>Waive Medical Coverage</b> <input type="checkbox"/></p> <p><b>To waive medical coverage, you must complete and return the Medical Waiver Form along with proof of other acceptable coverage such as a copy of your medical ID Card. Otherwise, you will automatically be enrolled in the PERS Gold Plan.</b></p>						
DENTAL	Code	Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
<b>Delta Dental PPO</b>	2641	\$53.87	Employee Only	<input type="checkbox"/>	\$26.94	\$0.00
	2642	\$95.34	Employee +1	<input type="checkbox"/>	\$47.67	\$0.00
	2643	\$152.82	Family	<input type="checkbox"/>	\$76.41	\$0.00
<b>Delta Dental Buy-Up Option</b>	2645	\$58.40	Employee Only	<input type="checkbox"/>	\$29.20	\$0.00
	2646	\$103.35	Employee +1	<input type="checkbox"/>	\$51.68	\$0.00
	2647	\$165.66	Family	<input type="checkbox"/>	\$82.83	\$0.00
<b>DeltaCare HMO</b>	2621	\$15.57	Employee Only	<input type="checkbox"/>	\$7.79	\$0.00
	2622	\$27.85	Employee +1	<input type="checkbox"/>	\$13.93	\$0.00
	2623	\$41.21	Family	<input type="checkbox"/>	\$20.61	\$0.00

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VISION	Code	Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
Vision Service Plan (VSP)	2711	\$6.93	Employee Only	<input type="checkbox"/>	<b>\$3.47</b>	<b>\$0.00</b>
	2712	\$13.76	Employee +1	<input type="checkbox"/>	<b>\$6.88</b>	<b>\$0.00</b>
	2713	\$21.10	Family	<input type="checkbox"/>	<b>\$10.55</b>	<b>\$0.00</b>
VSP Buy-Up Option	2715	\$9.04	Employee Only	<input type="checkbox"/>	<b>\$4.52</b>	<b>\$0.00</b>
	2716	\$17.95	Employee +1	<input type="checkbox"/>	<b>\$8.98</b>	<b>\$0.00</b>
	2717	\$27.52	Family	<input type="checkbox"/>	<b>\$13.76</b>	<b>\$0.00</b>

Short Term Disability		Employee Paid	Employer Paid
The Standard Insurance Company	Employee Only	\$11.01	\$0.00

Long Term Disability			
The Standard Insurance Company	Employee Only	\$0.00	\$0.29/\$100 of salary

Life Insurance	Coverage Amount	Cost																								
Basic Term Life with AD&D - Employee Only	1x Annual Salary up to \$300k whichever is less.	City Paid  (Life Rate: \$0.05 per \$1k; AD&D Rate: \$0.02 per \$1k)																								
Supplemental Life - Employee/Spouse  A guaranteed issue amount is 3 times the employee's annual base salary to \$400,000 for an employee, \$50,000 for spouse, and \$10,000 for child(ren) applies when employee is first eligible for coverage (initial eligibility period). Subsequent supplemental life increases or enrollment outside of the initial period will require medical approval.	Coverage is available in increments of \$10,000 up to 8 times the employee's annual base salary to \$1 million.  Spouse coverage amount is limited to the amount of supplemental life purchased by the employee.	<table><tr><th>Age Range</th><th>Cost per \$10,000</th></tr><tr><td>0 - 29</td><td>\$0.34</td></tr><tr><td>30 - 34</td><td>\$0.43</td></tr><tr><td>35 - 39</td><td>\$0.62</td></tr><tr><td>40 - 44</td><td>\$0.95</td></tr><tr><td>45 - 49</td><td>\$1.57</td></tr><tr><td>50 - 54</td><td>\$2.62</td></tr><tr><td>55 - 59</td><td>\$4.23</td></tr><tr><td>60 - 64</td><td>\$5.56</td></tr><tr><td>65 - 69</td><td>\$8.74</td></tr><tr><td>70 - 74</td><td>\$15.44</td></tr><tr><td>75+</td><td>\$25.75</td></tr></table>	Age Range	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
Age Range	Cost per \$10,000																									
0 - 29	\$0.34																									
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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 Same rate applies to one or more	Coverage amount \$2,000 \$5,000 \$10,000	EE's cost per pay period \$0.16 \$0.28 \$0.45																								

NOTE: \*CalPERS Region 2 = Fresno, Imperial, Inyo, Kern, Kings, Madera, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare, and Ventura counties.

This worksheet is for your own personal use. There is no need to return it to the Benefits Office. The online enrollment system will provide premium calculations based on your selections.

**Rates are effective 1/01/2024 - 12/31/2024**

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 and the legal plan documents, the plan documents are the final authority. The City's contribution towards the employee's health premiums includes the Public Employee's Medical and Hospital Care Act (PEMHCA) contribution amount. Administrative fees imposed by CalPERS and the City's third-party administrator are separate and are paid by the City.