2026 Health Rate Sheet (Bi-Weekly)
Mayor & City Council Unit 0

MEDICAL - CalPERS Region 2*	Plan Code	Tier	Plan Rate Per Pay Period (A)
Anthem Traditional HMO	2305	Employee Only	$579.13 ☐
	2306	Employee + 1	$1,158.26 ☐
	2307	Family	$1,505.74 ☐
Blue Shield Access+ HMO	2309	Employee Only	$526.45 ☐
	2310	Employee + 1	$1,052.89 ☐
	2311	Family	$1,368.76 ☐
Blue Shield Trio HMO	2350	Employee Only	$468.29 ☐
	2351	Employee + 1	$936.58 ☐
	2352	Family	$1,217.56 ☐
PERS Gold	2327	Employee Only	$478.14 ☐
	2328	Employee + 1	$956.28 ☐
	2329	Family	$1,243.17 ☐
PERS Platinum	2360	Employee Only	$713.12 ☐
	2361	Employee + 1	$1,426.24 ☐
	2362	Family	$1,854.11 ☐

Medical Cost Calculation

Maximum Cafeteria Amount: $989.27

Enter Medical Plan Rate (A) - _____

Remaining Cafeteria Amount/Deduction after Medical = _____

DENTAL	Tier	Plan Rate Per Pay Period (B)
Delta Dental DPO	Employee Only	$25.59 ☐
	Employee + 1	$45.29 ☐
	Family	$72.59 ☐
Delta Dental Buy-Up Option	Employee Only	$30.17 ☐
	Employee + 1	$53.40 ☐
	Family	$85.59 ☐
HMO – DeltaCare USA	Employee Only	$7.79 ☐
	Employee + 1	$13.93 ☐
	Family	$20.61 ☐

Dental Cost Calculation

Remaining Cafeteria Amount/Deduction from previous page: _____

Enter Dental Plan Rate (B) - _____

Remaining Cafeteria Amount/Deduction after Dental = _____

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VISION	Tier	Plan Rate Per Pay Period (C)	
Vision Service Plan (VSP)	*Employee Only*	$3.47	☐
	Employee + 1	$6.88	☐
	Family	$10.55	☐
VSP Buy-up Option	*Employee Only*	$4.52	☐
	Employee + 1	$8.98	☐
	Family	$13.76	☐

Vision Cost Calculation

Remaining Cafeteria Amount/Deduction from above: _____

Enter Vision Plan Rate (C) - _____

Remaining Cafeteria Amount/Deduction after Vision = _____

☐ **Waive Health Coverage**

To waive health 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 or an enrollment summary/confirmation from the other plan.

Term Life and AD&D	Coverage	Employee's Cost	City's Cost
	$50,000	**$0.00**	**100% Paid**

*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 1/1/2026 - 12/31/2026

This sheet highlights benefits under the City of Santa Barbara benefit program. It is not intended to be used to help you choose the benefts that are best for you. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be any inconsistencies between information contained in the Open Enrollment guides and the legal plan documents, the plan documents are the final authority.