



2023 Benefits Rate Sheet (Bi-Weekly) Mayor & City Council Unit 0

Maximum Cafeteria Amount: **\$865.81**

MEDICAL - CalPERS Region 2*	Plan Code	Tier	Plan Rate (A)
Anthem Traditional HMO	2305	Employee Only	\$467.56 <input type="checkbox"/>
	2306	Employee + 1	\$935.12 <input type="checkbox"/>
	2307	Family	\$1,215.66 <input type="checkbox"/>
Blue Shield Access+ HMO	2309	Employee Only	\$421.31 <input type="checkbox"/>
	2310	Employee + 1	\$842.61 <input type="checkbox"/>
	2311	Family	\$1,095.40 <input type="checkbox"/>
Blue Shield Trio HMO	2350	Employee Only	\$380.36 <input type="checkbox"/>
	2351	Employee + 1	\$760.71 <input type="checkbox"/>
	2352	Family	\$988.93 <input type="checkbox"/>
PERS Gold	2327	Employee Only	\$347.97 <input type="checkbox"/>
	2328	Employee + 1	\$695.93 <input type="checkbox"/>
	2329	Family	\$904.71 <input type="checkbox"/>
PERS Platinum	2360	Employee Only	\$507.40 <input type="checkbox"/>
	2361	Employee + 1	\$1,014.80 <input type="checkbox"/>
	2362	Family	\$1,319.24 <input type="checkbox"/>

Medical Cost Calculation

Maximum Cafeteria Amount: \$865.81
 Enter Medical Plan Rate (A) - _____
 Remaining Cafeteria Amount/Deduction after Medical = _____

DENTAL	Tier	Plan Rate (B)
Delta Dental DPO	<i>Employee Only</i>	\$26.94 <input type="checkbox"/>
	<i>Employee + 1</i>	\$47.67 <input type="checkbox"/>
	<i>Family</i>	\$76.41 <input type="checkbox"/>
Delta Dental Plus	<i>Employee Only</i>	\$29.20 <input type="checkbox"/>
	<i>Employee + 1</i>	\$51.68 <input type="checkbox"/>
	<i>Family</i>	\$82.83 <input type="checkbox"/>
HMO – DeltaCare USA	<i>Employee Only</i>	\$7.79 <input type="checkbox"/>
	<i>Employee + 1</i>	\$13.93 <input type="checkbox"/>
	<i>Family</i>	\$20.61 <input type="checkbox"/>

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 (C)
Vision Service Plan	<i>Employee Only</i>	\$3.47 <input type="checkbox"/>
	<i>Employee + 1</i>	\$6.88 <input type="checkbox"/>
	<i>Family</i>	\$10.55 <input type="checkbox"/>
Vision Service Plan - Plus	<i>Employee Only</i>	\$4.52 <input type="checkbox"/>
	<i>Employee + 1</i>	\$8.98 <input type="checkbox"/>
	<i>Family</i>	\$13.76 <input type="checkbox"/>

Vision Cost Calculation

Remaining Cafeteria Amount/Deduction from above: _____

Enter Vision Plan Rate (C) - _____

Remaining Cafeteria Amount/Deduction after Vision = _____

Waive Medical, Dental & Vision	No Coverage =	\$0.00
Complete Medical Waiver Form, submit to Benefits Office with copy of your member id card.		

*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 HR/Benefits. The online enrollment system will provide premium calculations based on your plan selections.

Rates effective 1/01/2023 - 12/31/2023

This sheet highlights benefits under the City of Santa Barbara benefit program. It is not intended to be used to help you choose the benefits 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.