



2023 Benefits Rate Sheet (Bi-Weekly) Supervisor Unit 4 & 5 Employees

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.