

2024 Rate Sheet (Bi-Weekly)
Unit 19: Treatment and Patrol (TAP) Employees (Fulltime)

Maximum Cash Out Amount \$164.37

MEDICAL - CalPERS Region 2*	CODE	Monthly Rate	Semi-Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
Anthem Select Ventura County Residents Only	2301	\$807.71	\$403.86	Employee Only	<input type="checkbox"/>	\$0.00	\$403.86
	2302	\$1,615.42	\$807.71	Employee +1	<input type="checkbox"/>	\$20.77	\$786.94
	2303	\$2,100.05	\$1,050.03	Family	<input type="checkbox"/>	\$60.76	\$989.27
Anthem Traditional	2305	\$1,034.38	\$517.19	Employee Only	<input type="checkbox"/>	\$0.00	\$517.19
	2306	\$2,068.76	\$1,034.38	Employee +1	<input type="checkbox"/>	\$247.44	\$786.94
	2307	\$2,689.39	\$1,344.70	Family	<input type="checkbox"/>	\$355.43	\$989.27
Blue Shield Access+	2309	\$869.14	\$434.57	Employee Only	<input type="checkbox"/>	\$0.00	\$434.57
	2310	\$1,738.28	\$869.14	Employee +1	<input type="checkbox"/>	\$82.20	\$786.94
	2311	\$2,259.76	\$1,129.88	Family	<input type="checkbox"/>	\$140.61	\$989.27
Blue Shield Trio	2350	\$810.24	\$405.12	Employee Only	<input type="checkbox"/>	\$0.00	\$405.12
	2351	\$1,620.48	\$810.24	Employee +1	<input type="checkbox"/>	\$23.30	\$786.94
	2352	\$2,106.62	\$1,053.31	Family	<input type="checkbox"/>	\$64.04	\$989.27
Kaiser Ventura County Residents Only	2316	\$904.95	\$452.48	Employee Only	<input type="checkbox"/>	\$0.00	\$452.48
	2317	\$1,809.90	\$904.95	Employee +1	<input type="checkbox"/>	\$118.01	\$786.94
	2318	\$2,352.87	\$1,176.44	Family	<input type="checkbox"/>	\$187.17	\$989.27
UnitedHealthcare Alliance Ventura County Residents Only	2342	\$837.88	\$418.94	Employee Only	<input type="checkbox"/>	\$0.00	\$418.94
	2343	\$1,675.76	\$837.88	Employee +1	<input type="checkbox"/>	\$50.94	\$786.94
	2344	\$2,178.49	\$1,089.25	Family	<input type="checkbox"/>	\$99.97	\$989.27
UnitedHealthcare Harmony	2392	\$792.65	\$396.33	Employee Only	<input type="checkbox"/>	\$0.00	\$396.33
	2393	\$1,585.30	\$792.65	Employee +1	<input type="checkbox"/>	\$5.71	\$786.94
	2394	\$2,060.89	\$1,030.45	Family	<input type="checkbox"/>	\$41.18	\$989.27
PERS Gold	2327	\$799.44	\$399.72	Employee Only	<input type="checkbox"/>	\$0.00	\$399.72
	2328	\$1,598.88	\$799.44	Employee +1	<input type="checkbox"/>	\$12.50	\$786.94
	2329	\$2,078.54	\$1,039.27	Family	<input type="checkbox"/>	\$50.00	\$989.27
PERS Platinum	2360	\$1,151.50	\$575.75	Employee Only	<input type="checkbox"/>	\$0.00	\$575.75
	2361	\$2,303.00	\$1,151.50	Employee +1	<input type="checkbox"/>	\$364.56	\$786.94
	2362	\$2,993.90	\$1,496.95	Family	<input type="checkbox"/>	\$507.68	\$989.27

Waive Medical Coverage ☐

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.

DENTAL	Code	Monthly Rate	Semi-Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
Delta Dental PPO	2641	\$53.87	\$26.94	Employee Only	<input type="checkbox"/>	\$0.00	\$26.94
	2642	\$95.34	\$47.67	Employee +1	<input type="checkbox"/>	\$6.34	\$41.33
	2643	\$152.82	\$76.41	Family	<input type="checkbox"/>	\$35.08	\$41.33
Delta Dental Buy-Up Option	2645	\$58.40	\$29.20	Employee Only	<input type="checkbox"/>	\$0.00	\$29.20
	2646	\$103.35	\$51.68	Employee +1	<input type="checkbox"/>	\$10.35	\$41.33
	2647	\$165.66	\$82.83	Family	<input type="checkbox"/>	\$41.50	\$41.33
DeltaCare HMO	2621	\$15.57	\$7.79	Employee Only	<input type="checkbox"/>	\$0.00	\$7.79
	2622	\$27.85	\$13.93	Employee +1	<input type="checkbox"/>	\$0.00	\$13.93
	2623	\$41.21	\$20.61	Family	<input type="checkbox"/>	\$0.00	\$20.61

2024 Rate Sheet (Bi-Weekly)
Unit 19: Treatment and Patrol (TAP) Employees (Fulltime)

VISION	Code	Monthly Rate	Semi-Monthly Rate	Coverage Tier		Employee Paid	Employer Paid
Vision Service Plan (VSP)	2711	\$6.93	\$3.47	Employee Only	<input type="checkbox"/>	\$0.00	\$3.47
	2712	\$13.76	\$6.88	Employee +1	<input type="checkbox"/>	\$1.78	\$5.11
	2713	\$21.10	\$10.55	Family	<input type="checkbox"/>	\$5.45	\$5.11
VSP Buy-Up Option	2715	\$9.04	\$4.52	Employee Only	<input type="checkbox"/>	\$0.00	\$4.52
	2716	\$17.95	\$8.98	Employee +1	<input type="checkbox"/>	\$3.87	\$5.11
	2717	\$27.52	\$13.76	Family	<input type="checkbox"/>	\$8.66	\$5.11

Short Term Disability		Employee Paid	Employer Paid
California State Disability Insurance (SDI) and Paid Family Leave (PFL)		Employee Only Deducted at rate of 0.9% of salary	\$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	\$50,000	\$1.75 per pay period (City Paid) <small>(Life Rate: \$0.05 per \$1k; AD&D Rate: \$0.02 per \$1k)</small>	
Supplemental Life - Employee/Spouse A guaranteed issue amount is 3 times the employee's annual 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.	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
Supplemental Life - Children Same rate applies to one or more	Coverage amount	EE's cost per pay period	
	\$2,000	\$0.16	
	\$5,000	\$0.28	
	\$10,000	\$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.