2026 Health Rate Sheet (Bi-Weekly)
Unrepresented Managers Group I and II

Maximum Cafeteria Amount (per pay period for 24 pay periods): $989.27

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 ☐
Anthem Select HMO	2301	Employee Only	$508.16 ☐
Must reside in Ventura County	2302	Employee + 1	$1,016.32 ☐
	2303	Family	$1,321.22 ☐
Kaiser Permanente HMO	2316	Employee Only	$493.85 ☐
Must reside in Ventura County	2317	Employee + 1	$987.69 ☐
	2318	Family	$1,284.00 ☐
United HealthCare Alliance HMO	2342	Employee Only	$475.50 ☐
Must reside in Ventura County	2343	Employee + 1	$950.99 ☐
	2344	Family	$1,236.29 ☐
United HealthCare Harmony HMO	2490	Employee Only	$428.57 ☐
	2491	Employee + 1	$857.14 ☐
	2492	Family	$1,114.28 ☐
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 ☐
PORAC Region 2	2346	Employee Only	$528.50 ☐
PORAC Safety Members Only	2347	Employee + 1	$1,063.50 ☐
	2348	Family	$1,354.00 ☐

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 above:

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.

Basic Term Life and AD&D: 2x the annual base salary up to $750k, whichever is less.	Employee's Cost	City's Cost
	$0.00	100%

Short Term Disability	Coverage	Employee's Cost	City's Cost
	Employee Only	$11.01 per pay period	$0.00

Long Term Disability	Coverage	Employee's Cost	City's Cost
	Employee Only	$0.00	100%

Voluntary/Additional Term Life - Employee/Spouse

The guaranteed issue amount is 3X the employee's annual (base) earnings up to $400k for the employee, $50k for employee's spouse, and $10k for employee's child(ren) if enrolled when employee is first eligible for coverage (initial eligibility period). Subsequent supplemental life increase election or enrollment outside of the initial eligibility period will require medical certification and approval by the insurance carrier.

Coverage is available in increments of $10,000 up to 8X the employee's annual (base) earnings up to $1 million.

Combined City-provided term life coverage amount and employee's additional/supplemental coverage amount cannot exceed 8X their annual (base) earnings or $1 million, whichever is less.

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 per pay period
30 - 34	$0.43 per pay period
35 - 39	$0.62 per pay period
40 - 44	$0.95 per pay period
45 - 49	$1.57 per pay period
50 - 54	$2.62 per pay period
55 - 59	$4.23 per pay period
60 - 64	$5.56 per pay period
65 - 69	$8.74 per pay period
70 - 74	$15.44 per pay period
75+	$25.75 per pay period

*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.