

2022 Benefits Rate Sheet (Bi-Weekly) - Managers Unit 1,21,31 Employees

Maximum Cash Out Amount: \$859.00

| MEDICAL | PC | Tier | Employee Paid | Employer Paid | |
|--|------|---------------|--------------------------|---------------|----------|
| Anthem Traditional HMO | 2305 | Employee Only | <input type="checkbox"/> | \$0.00 | \$508.34 |
| | 2306 | Employee + 1 | <input type="checkbox"/> | \$154.17 | \$859.00 |
| | 2307 | Family | <input type="checkbox"/> | \$457.06 | \$859.00 |
| Blue Shield Access+ HMO | 2309 | Employee Only | <input type="checkbox"/> | \$0.00 | \$454.76 |
| | 2310 | Employee + 1 | <input type="checkbox"/> | \$46.99 | \$859.00 |
| | 2311 | Family | <input type="checkbox"/> | \$317.73 | \$859.00 |
| Blue Shield Trio HMO | 2350 | Employee Only | <input type="checkbox"/> | \$0.00 | \$375.80 |
| | 2351 | Employee + 1 | <input type="checkbox"/> | \$0.00 | \$748.08 |
| | 2352 | Family | <input type="checkbox"/> | \$112.44 | \$859.00 |
| Anthem Select HMO <i>Ventura County Only</i> | 2301 | Employee Only | <input type="checkbox"/> | \$0.00 | \$360.63 |
| | 2302 | Employee + 1 | <input type="checkbox"/> | \$0.00 | \$717.73 |
| | 2303 | Family | <input type="checkbox"/> | \$73.00 | \$859.00 |
| Kaiser Permanente HMO <i>Ventura County Only</i> | 2316 | Employee Only | <input type="checkbox"/> | \$0.00 | \$357.41 |
| | 2317 | Employee + 1 | <input type="checkbox"/> | \$0.00 | \$711.31 |
| | 2318 | Family | <input type="checkbox"/> | \$64.64 | \$859.00 |
| United HealthCare HMO <i>Ventura County Only</i> | 2342 | Employee Only | <input type="checkbox"/> | \$0.00 | \$392.03 |
| | 2343 | Employee + 1 | <input type="checkbox"/> | \$0.00 | \$780.55 |
| | 2344 | Family | <input type="checkbox"/> | \$154.65 | \$859.00 |
| PERS GOLD (formerly PERS Select PPO) | 2327 | Employee Only | <input type="checkbox"/> | \$0.00 | \$298.14 |
| | 2328 | Employee + 1 | <input type="checkbox"/> | \$0.00 | \$592.77 |
| | 2329 | Family | <input type="checkbox"/> | \$0.00 | \$769.55 |
| PERS PLATINUM (formerly PERS Choice PPO & PERS Care PPO) | 2323 | Employee Only | <input type="checkbox"/> | \$0.00 | \$445.71 |
| | 2324 | Employee + 1 | <input type="checkbox"/> | \$28.91 | \$859.00 |
| | 2325 | Family | <input type="checkbox"/> | \$294.22 | \$859.00 |
| PORAC Region 2 <i>PORAC Safety Members Only</i> | 2331 | Employee Only | <input type="checkbox"/> | \$0.00 | \$391.99 |
| | 2332 | Employee + 1 | <input type="checkbox"/> | \$0.00 | \$780.46 |
| | 2333 | Family | <input type="checkbox"/> | \$152.03 | \$859.00 |

No Coverage No Coverage

Complete Medical Waiver Form, submit to Benefits Office with copy of your member id card.

| DENTAL | | Biweekly Premium Amount |
|------------------------------|----------------------|-------------------------|
| DPO – Delta Preferred Option | <i>Employee Only</i> | \$26.94 |
| | <i>Employee + 1</i> | \$47.67 |
| | <i>Family</i> | \$76.41 |
| HMO – DeltaCare USA | <i>Employee Only</i> | \$8.20 |
| | <i>Employee + 1</i> | \$14.66 |
| | <i>Family</i> | \$21.39 |
| VISION | | Biweekly Premium Amount |
| Vision Service Plan | <i>Employee Only</i> | \$3.47 |
| | <i>Employee + 1</i> | \$6.88 |
| | <i>Family</i> | \$10.55 |

| SHORT TERM DISABILITY | | Employee Paid | Employer Paid |
|--|--|--|---------------------------------|
| Hartford Insurance | <i>Employee Only</i> | \$11.00 | \$0.00 |
| LONG TERM DISABILITY | | Employee Paid | Employer Paid |
| Hartford Insurance | <i>Employee Only</i> | \$0.00 | \$0.380/\$100 of salary |
| LIFE INSURANCE | | Biweekly Cost | |
| Basic Life with AD&D <i>(Employee Only)</i> | 1x Annual Salary | City Paid (\$0.05 per \$1,000 of benefit) | |
| Supplemental Life <i>(Employee /Spouse)</i> | Coverage is available in increments of \$10,000 up to a maximum of \$500,000 based upon the applicable age bracket. Spouse coverage amount limited to the amount of supplemental life purchased for the employee. | <u>Age</u> | <u>Cost per \$10,000</u> |
| <p><i>A guaranteed issue amount of \$200,000 for an employee, \$30,000 for a spouse and \$10,000 for children applies when an employee first becomes eligible for coverage. Subsequent Supplemental Life increases may require medical approval.</i></p> | | 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 <i>(Children)</i> | \$2,000 | \$0.16 | |
| <i>Same rate applies to one or more.</i> | \$5,000 | \$0.28 | |
| | \$10,000 | \$0.45 | |

Rates effective 01/01/2022 - 12/31/2022

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 guides and the legal plan documents, the plan documents are the final authority.