

## 2022 Benefits Rate Sheet (Bi-Weekly) - Managers Unit 2,22,32 Employees

Maximum Cash Out Amount: \$838

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"/> \$175.17	\$838.00
	2307	Family	<input type="checkbox"/> \$478.06	\$838.00
Blue Shield Access+ HMO	2309	Employee Only	<input type="checkbox"/> \$0.00	\$454.76
	2310	Employee + 1	<input type="checkbox"/> \$67.99	\$838.00
	2311	Family	<input type="checkbox"/> \$338.73	\$838.00
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"/> \$133.44	\$838.00
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"/> \$94.00	\$838.00
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"/> \$85.64	\$838.00
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"/> \$175.65	\$838.00
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"/> \$49.91	\$838.00
	2325	Family	<input type="checkbox"/> \$315.22	\$838.00
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"/> \$173.03	\$838.00

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

<b>SHORT TERM DISABILITY</b>		<b>Employee Paid</b>	<b>Employer Paid</b>
Hartford Insurance	<i>Employee Only</i>	\$11.00	\$0.00
<b>LONG TERM DISABILITY</b>		<b>Employee Paid</b>	<b>Employer Paid</b>
Hartford Insurance	<i>Employee Only</i>	\$0.00	\$0.380/\$100 of salary
<b>LIFE INSURANCE</b>		<b>Biweekly Cost</b>	
<b>Basic Life with AD&amp;D</b> <i>(Employee Only)</i>	1x Annual Salary	City Paid (\$0.05 per \$1,000 of benefit)	
<b>Supplemental Life</b> <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><b>Age</b></u>	<u><b>Cost per \$10,000</b></u>
<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>		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	
<b>Supplemental Life</b> <i>(Children)</i>	\$2,000	\$0.16	
	\$5,000	\$0.28	
<i>Same rate applies to one or more.</i>	\$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.