### MEDICAL - CalPERS Region 2*

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Tier</th>
<th>Plan Rate (A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2305</td>
<td>Employee Only</td>
<td>$508.44</td>
</tr>
<tr>
<td>2306</td>
<td>Employee + 1</td>
<td>$1,013.37</td>
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<tr>
<td>2307</td>
<td>Family</td>
<td>$1,316.33</td>
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<tr>
<td>2309</td>
<td>Employee Only</td>
<td>$454.85</td>
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<tr>
<td>2310</td>
<td>Employee + 1</td>
<td>$905.97</td>
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<td>2311</td>
<td>Family</td>
<td>$1,176.96</td>
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<tr>
<td>2350</td>
<td>Employee Only</td>
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<td>2351</td>
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<td>2352</td>
<td>Family</td>
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<tr>
<td>2327</td>
<td>Employee Only</td>
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<td>2328</td>
<td>Employee + 1</td>
<td>$592.89</td>
</tr>
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<td>2329</td>
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<td>2323</td>
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<td>2324</td>
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<td>2325</td>
<td>Family</td>
<td>$1,153.45</td>
</tr>
</tbody>
</table>

#### Medical Cost Calculation

- **Maximum Cafeteria Amount:** $865.81
- **Enter Medical Plan Rate (A):** $865.81
- **Remaining Cafeteria Amount/Deduction after Medical:**

### DENTAL

<table>
<thead>
<tr>
<th>Tier</th>
<th>Plan Rate (B)</th>
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</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$26.94</td>
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<td>Family</td>
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<tr>
<td>Employee Only</td>
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<td>Employee + 1</td>
<td>$14.66</td>
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<tr>
<td>Family</td>
<td>$21.39</td>
</tr>
</tbody>
</table>

#### Dental Cost Calculation

- **Remaining Cafeteria Amount/Deduction from previous page:**
- **Enter Dental Plan Rate (B):**
- **Remaining Cafeteria Amount/Deduction after Dental:**
2022 Benefits Rate Sheet (Bi-Weekly)
Mayor & City Council Unit 0

<table>
<thead>
<tr>
<th>VISION</th>
<th>Tier</th>
<th>Plan Rate (C)</th>
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</thead>
<tbody>
<tr>
<td>Vision Service Plan</td>
<td>Employee Only</td>
<td>$3.47</td>
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<tr>
<td></td>
<td>Employee + 1</td>
<td>$6.88</td>
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<tr>
<td></td>
<td>Family</td>
<td>$10.50</td>
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</tbody>
</table>

**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) - 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.