



2022 Benefits Rate Sheet (Bi-Weekly) Mayor & City Council Unit 0

| VISION | Tier | Plan Rate (C) |
|---------------------|----------------------|----------------------------------|
| Vision Service Plan | <i>Employee Only</i> | \$3.47 <input type="checkbox"/> |
| | <i>Employee + 1</i> | \$6.88 <input type="checkbox"/> |
| | <i>Family</i> | \$10.50 <input type="checkbox"/> |

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.