<table>
<thead>
<tr>
<th>MEDICAL - CalPERS Region 2*</th>
<th>Code</th>
<th>Tier</th>
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<th>Employer Paid</th>
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<tbody>
<tr>
<td>Anthem Traditional HMO</td>
<td>2305</td>
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<td>United HealthCare HMO</td>
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<td>PERS GOLD (formerly PERS Select PPO)</td>
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<tr>
<td>PERS PLATINUM (formerly PERS Choice PPO &amp; PERS Care PPO)</td>
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<td>DENTAL</td>
<td>Code</td>
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<td>Employer Paid</td>
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<tr>
<td>DPO - Delta Preferred Option</td>
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<td>Employee Only</td>
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<td>HMO - DeltaCare USA</td>
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<td>$8.20</td>
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<td>Employer Paid</td>
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<td>Vision Service Plan</td>
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<td>No Coverage</td>
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*Complete Medical Waiver Form, submit to Benefits Office with copy of your member id card.*
# 2022 Rate Sheet (Bi-Weekly)
**Police Sworn Unit 24 and Police Non-Sworn Unit 29 Employees**

<table>
<thead>
<tr>
<th>Short Term Disability</th>
<th>Employee Paid</th>
<th>Employer Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hartford Insurance</td>
<td>Employee Only</td>
<td>$7.57</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Long Term Disability</th>
<th>Employee Paid</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Only</td>
<td>Contact Police Assoc.</td>
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<table>
<thead>
<tr>
<th>Life Insurance</th>
<th>Coverage Amount</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life with AD&amp;D - Employee Only</td>
<td>$50,000 Non-Sworn $75,000 Sworn</td>
<td>Employer Paid $2.50 Non-Sworn; $3.75 Sworn ($0.05 per $1,000 of benefit)</td>
</tr>
</tbody>
</table>

**Supplemental Life - Employee/Spouse**

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.

<table>
<thead>
<tr>
<th>Age</th>
<th>Cost per $10,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 29</td>
<td>$0.34</td>
</tr>
<tr>
<td>30 - 34</td>
<td>$0.43</td>
</tr>
<tr>
<td>35 - 39</td>
<td>$0.62</td>
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<tr>
<td>40 - 44</td>
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<td>45 - 49</td>
<td>$1.57</td>
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<tr>
<td>50 - 54</td>
<td>$2.62</td>
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<tr>
<td>55 - 59</td>
<td>$4.23</td>
</tr>
<tr>
<td>60 - 64</td>
<td>$5.56</td>
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<tr>
<td>65 - 69</td>
<td>$8.74</td>
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<td>70 - 74</td>
<td>$15.44</td>
</tr>
<tr>
<td>75+</td>
<td>$25.75</td>
</tr>
</tbody>
</table>

**Supplemental Life - Children**

Same rate applies to one or more

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,000</td>
<td>$0.16</td>
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<tr>
<td>$5,000</td>
<td>$0.28</td>
</tr>
<tr>
<td>$10,000</td>
<td>$0.45</td>
</tr>
</tbody>
</table>

*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 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.