

Sunnyslope County Water District

Rates effective January 1, 2022

Sunnyslope County Water District provides a Cafeteria Plan to the employee of **\$1,123.50** per month for 2022 (was \$1,002.33 per month for 2021), which can be used to purchase employee Health, Dental, and/or Vision insurance. The Cafeteria Plan amount is based on the employee premium for **PERS Platinum**, **Principal Access Dental**, and **Vision Service Plan**. Any unused balance can be used toward the cost of Dependent Health, Dental, or Vision insurance **in addition to the \$500.00 dependent allowance**. Any amounts not allotted to health care must be deposited into your deferred compensation account or HRA account. Any amounts more than the **\$1,123.50 + \$500.00 dependent allowance** is the responsibility of the employee.

Health Insurance Rates**

You can choose between **TWO** CalPERS health plans, assuming you live in San Benito County. **If you are already enrolled in a plan you will automatically be put into one of the new CalPERS plans. If you are in Select you will automatically be put into CalPERS Gold & if you are in Care or Choice you will automatically be put into CalPERS Platinum.** During your open enrollment meeting you have the option to change these automatic enrollments.

	<u>Employer Rates</u>	<u>Rates Effect. 1/1/2022- Employee Cost-not including dependent allowance</u>
<input type="checkbox"/> PERS Gold-Formally PERS Select		
Employee	\$ 701.23 /Month	\$ -355.78/Month
2-Party	\$ 1,402.46/Month	\$ 345.45/Month
Family	\$ 1,823.20/Month	\$ 766.19 /Month

	<u>Employer Rates</u>	<u>Rates Effect. 1/1/2022- Employee Cost-not including dependent allowance</u>
<input type="checkbox"/> PERS Platinum-Formally PERS Choice & PERS Care		
Employee	\$ 1,057.01 /Month	\$ 0 /Month
2-Party - Employee Cost	\$ 2,114.02 /Month	\$1,057.01/Month
Family - Employee Cost	\$ 2,748.23 /Month	\$1,691.22/Month

Dental Insurance Rates

The cost of covering your dependents under the Principal Access Plan is as follows:

	<u>2022 Rates</u>	<u>Employee Contribution-not including dependent allowance</u>
Principal PPO Plan		
Employee	\$ 56.58 /Month	\$ 0 /Month
Spouse	\$ 55.96 /Month	\$ 55.96 /Month
Child or Children	\$82.60 /Month	\$82.60 /Month
Family	\$ 148.46 /Month	\$ 148.46 /Month

Vision Insurance Rates

The cost of covering your dependents under the Vision Service Plan would be:

<u>Vision Service Plan (VSP)</u>	<u>Current 2021 Rates</u>	<u>Employee Contribution- not including dependent allowance</u>
Employee	\$ 9.91 /Month	\$ 0 /Month
1 Dependent	\$5.16 /Month	\$5.16 /Month
2 or more Children	\$5.16 /Month	\$5.16 /Month
Your Spouse and Children	\$14.37 /Month	\$14.37 /Month

****NOTE: Health Plan choices and rates assume residence in San Benito County. Residence in other counties may provide eligibility in other CalPERS health plans and the rates will vary per plan. Dependent premiums are deducted from your payroll check on a “pre-tax” basis. *If you have any questions, ask your Human Resource Manager.***

****NOTE: You have a total of \$1,623.50 a month to be designated to you & your dependents healthcare/dental/vision. This amount is calculated using the **PERS Platinum plan** + the **Principal PPO plan** + the **Principal Vision Service plan** + the \$500 dependent allowance. (\$1,057.01+ \$56.58 + \$9.91 + \$500.00= \$1,623.50) Therefore if you go with the more cost effective CalPERS Gold you will have a credit that you can use for dependent benefits or can allot into your 457b or HRA account. (Maximum HRA contribution is \$500.00 a month)**