

# Sunnyslope County Water District

## Rates effective January 1, 2023

Sunnyslope County Water District provides a Cafeteria Plan to the employee of **\$1153.15** per month for 2023 (was \$1,123.50 per month for 2022), 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. In addition to the cafeteria plan an additional **\$500.00** will be allotted per employee to go towards dependent insurances. Any unused balance can be used toward the cost of Dependent Health, Dental, or Vision insurance, or must be deposited into your deferred compensation account or FSA account (FSA max contribution is \$109.61 per pay period, annual max of \$2850 per year). The District provides **\$15** per month into the District Funded HRA account. Premium cost in excess of the Cafeteria Plan + \$500.00 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 remain in the present enrollment.** You may wish to purchase health insurance to cover your eligible dependents through payroll deduction. Depending on which plan you have chosen, the cost to you would be as follows: (CalPERS has a “split zip code” policy and whichever plan is cheaper (Bay Area or Northern California) we are given the cheaper rate based on our individual zip codes)

<input type="checkbox"/> <u>PERS Gold(No. Calif. Region)</u>	<u>Current 2022 Rates-</u> <b>PERS GOLD</b>	<u>Rates Effect. 1/1/2023-</u> <b>PERS GOLD</b>
<b>Employee</b>	\$ 701.23 / Month	\$ 825.61 / Month
<b>2-Party</b>	\$ 1,402.46 / Month	\$ 1,651.22 / Month
<b>Family</b>	\$ 1,823.20 / Month	\$ 2,146.59 / Month
<input type="checkbox"/> <u>PERS Platinum(No. Calif. Region))</u>	<u>Current 2022 Rates-</u> <b>PERS PLATINUM</b>	<u>Rates Effect. 1/1/2023-</u> <b>PERS PLATINUM</b>
<b>Employee</b>	\$ 1,057.01 / Month	\$ 1200.12 / Month
<b>2-Party</b>	\$ 2,114.02 / Month	\$ 2,400.24 / Month
<b>Family</b>	\$ 2,748.23 / Month	\$ 3,120.31 / Month

### Dental Insurance Rates

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

<u>Principal PPO Plan</u>	<u>Current 2022 Rates</u>	<u>Rates Effect. 1/1/2023</u>
<b>Employee</b>	\$ 56.58 / Month	\$ 59.35 /Month
<b>Spouse</b>	\$ 112.54 / Month	\$ 118.05 / Month
<b>Child or Children</b>	\$ 139.18 / Month	\$ 146.00 / Month
<b>Family</b>	\$ 205.04 / Month	\$ 215.08 / 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 2022 Rates</u>	<u>Rates Effect. 1/1/2023</u>
<b>Employee</b>	\$ 9.91 / Month	\$ 9.91 / Month – No Change
<b>1 Dependent</b>	\$ 15.07 / Month	\$ 15.07 / Month – No Change
<b>2 or more Children</b>	\$ 15.07 / Month	\$ 15.07 / Month – No Change
<b>Your Spouse and Children</b>	\$ 24.28 / Month	\$ 24.28 / Month – No Change

**\*\*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.***