

CITY OF TULARE
Active Employee Health Benefit Rates for 2023

	Option 1/\$1,000 deductible		Option 2/\$500 deductible		Option 3/\$0 deductible		Option 4/EPO (\$0 deductible)	
	Monthly	Bi-weekly	Monthly	Bi-weekly	Monthly	Bi-weekly	Monthly	Bi-weekly
Employee Only	\$0.00	\$0.00	\$25.00	\$11.54	\$45.96	\$21.21	\$25.00	\$11.54
Family Coverage	\$368.30	\$169.98	\$511.52	\$236.08	\$559.78	\$258.36	\$498.26	\$229.97

Benefits include medical, dental and vision

Family Coverage is employee +1 or more dependents

Eligible Dependents: Married Spouses, Registered Domestic Partner, biological children, step children, Legally Appointed Guardian

Ineligible Dependents: Boyfriend/Girlfriend, Parents, non-biological children, non-step children, not Legally Appointed Guardian

IMPORTANT: PLEASE READ

If, after your insurance becomes effective, you need to add a new dependent due to a birth, adoption, or marriage, you **MUST** do so within 30 days of the event. If you do not enroll them within that timeframe, they will not be eligible for coverage until open enrollment which becomes effective January 1st.

It is the employee's responsibility to notify Human Resources within 60 days of a dependent no longer being eligible for coverage. Once notified within the time period, the dependent may choose to enroll in continuation coverage under COBRA. Questions regarding benefits or filing procedures may be directed to Human Resources: Janie Venegas x 4202.