

Monthly Premium Amounts for County of Santa Barbara Retirees

Effective January 1, 2027 - December 31, 2027



BLUE SHIELD Medical with Regular Prescription Plan

	Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
All Non-Medicare (NMC)					
NMC Retiree Only	2,427.25	2,567.25	2,977.25	2,616.25	2,004.25
NMC Retiree + 1 NMC dep	4,487.25	4,750.25	5,508.25	4,839.25	3,706.25
NMC Retiree + 2 NMC deps	7,047.25	7,461.25	8,649.25	7,608.25	5,826.25
All Medicare (MC)					
MC Retiree Only	1,157.25	1,372.25	1,417.25	1,561.25	1,583.25
MC Retiree + 1 MC dep	2,309.25	2,749.25	2,834.25	3,118.25	3,156.25
MC Retiree + 2 MC deps	3,467.25	4,120.25	4,254.25	4,677.25	4,738.25
Combination					
NMC Retiree + 1 MC dep	3,579.25	3,944.25	4,394.25	4,394.25	3,577.25
NMC Retiree + 2 MC deps	5,639.25	6,127.25	6,925.25	6,396.25	5,279.25
NMC Retiree + 1 MC dep +1 NMC dep	4,736.25	5,316.25	5,811.25	5,734.25	5,160.25
MC Retiree + 1 NMC dep	3,217.25	3,555.25	3,948.25	3,784.25	2,968.25
MC Retiree + 2 NMC deps	5,777.25	6,266.25	7,089.25	6,553.25	4,883.25
MC Retiree + 1 MC dep + 1 NMC dep	4,369.25	4,932.25	5,365.25	5,341.25	4,389.25

BLUE SHIELD Medical with Medicare Prescription Drug Plan

Narrow Network PPO	Low Option EPO	High Option EPO	PPO
N/A			
Narrow Network PPO	Low Option EPO	High Option EPO	PPO
1,042.25	1,234.25	1,279.25	\$1,424.25
2,081.25	2,464.25	2,555.25	\$2,851.25
3,125.25	3,703.25	3,835.25	\$4,271.25
Narrow Network PPO	Low Option EPO	High Option EPO	PPO
3,102.25	3,417.25	3,810.25	3,647.25
Available Upon Request		Call Alliant for Rate	
5,662.25	6,128.25	6,951.25	6,416.25
3,102.25	3,417.25	3,810.25	3,647.25
5,662.25	6,128.25	6,951.25	6,416.25
4,144.25	4,651.25	5,089.25	5,074.25



Kaiser

Southern Cal Only; Under Age 65 Only

Non-Medicare (NMC)	Low Option HMO	High Option HMO
NMC Retiree Only	1,501.25	1,562.25
NMC Retiree + 1 NMC dep	2,827.25	2,942.25
NMC Retiree + 2 NMC deps	4,302.25	4,479.25

Kaiser Senior Advantage

Southern Cal Only, Age 65 w/Medicare A&B

Medicare (MC)	Low Option HMO	High Option HMO
MC Retiree Only	214.25	246.25
MC Retiree + 1 MC dep	413.25	477.25
MC Retiree + 2 MC deps	Upon Request	Upon Request

Kaiser

Combination	Low Option HMO	High Option HMO
NMC Retiree + 1 MC dep	1,715.25	1,808.25
NMC Retiree + 2 MC deps	3,015.25	3,163.25
NMC Retiree + 1 MC dep +1 NMC dep	3,041.25	3,188.25
MC Retiree + 1 NMC dep	1,540.25	1,626.25
MC Retiree + 2 NMC deps	3,015.25	3,163.25
MC Retiree + 1 MC dep + 1 NMC dep	1,745.25	2,014.25

Kaiser - Unassigned

Southern Cal Only; Age 65 & Over w/No Medicare

Low Option HMO	High Option HMO
Rates Available from Alliant Upon Request	

Kaiser - Unassigned

Southern Cal Only; Age 65 & Over w/No Medicare

Low Option HMO	High Option HMO
Only Medicare A & B enrolled retirees are eligible for this plan.	

Kaiser - Unassigned

Southern Cal Only; Age 65 & Over w/No Medicare

Low Option HMO	High Option HMO
824.90	876.87
982.45	1,058.73
1,492.00	1,571.65
758.18	807.40
1,425.28	1,502.18
982.45	1,058.73



United Healthcare Medicare Advantage

Low Option PPO	High Option PPO
665.18	811.98
1,330.36	1,623.96
Upon Request	Upon Request



Dental Rates

	Delta Dental PPO	DeltaCare USA HMO
Retiree Only	51.68	32.88
Retiree+1 dep	84.98	54.04
Retiree+2 dep	129.14	82.05



CareCounsel (mandatory)

3.45



Vision Rates

VSP	
Retiree Only	6.55
Retiree +1 dep	9.41
Retiree +2 dep	16.89

Calculate Your Share of the Premium

CareCounsel (mandatory) \$ 3.45

Medical Rate \$

Dental Rate \$

Vision Rate \$

Subtotal \$

SUBTRACT Monthly Subsidy Amount

\$15 x Years of Service

Exact amount is available in mySBCERS. Subsidy not applicable to Plan 7 or 8 retirees. - \$

Your Share of the Premium

The insurance deduction from your monthly benefit payment. = \$