

Monthly Premium Amounts for Santa Barbara Superior Court Retirees

Effective January 1, 2027 - December 31, 2027

Blue Shield Medical with Regular Prescription Plan				Blue Shield Medical with Medicare Prescription Drug Plan			
All Non-Medicare (NMC)		EPO	HDHP	EPO		HDHP	
NMC Retiree Only		2,261.74	1,755.74	N/A			
NMC Retiree + 1 NMC dep		4,178.74	3,243.74				
NMC Retiree + 2 NMC deps		6,559.74	5,095.74				
All Medicare (MC)		Low Option EPO	High Option EPO	EPO		HDHP	
MC Retiree Only		1,174.74	1,281.74	1,046.74	No Medicare PDP		
MC Retiree + 1 MC dep		2,351.74	2,573.74	2,089.74			
MC Retiree + 2 MC deps		3,528.74	3,860.74	3,134.74			
Combination		Low Option EPO	High Option EPO	EPO		HDHP	
NMC Retiree + 1 MC dep		3,438.74	3,047.74	Available Upon Request			
NMC Retiree + 2 MC deps		4,612.74	4,328.74				
NMC Retiree + 1 MC dep +1 NMC dep		5,355.74	4,535.74				
MC Retiree + 1 NMC dep		3,091.74	2,769.74	2,963.74	No Medicare PDP		
MC Retiree + 2 NMC deps		5,472.74	4,621.74	5,344.74			
MC Retiree + 1 MC dep + 1 NMC dep		4,268.74	4,061.74	4,006.74			
Dental Rates				Vision Rates			
	Delta Dental PPO	DeltaCare USA HMO	CareCounsel (mandatory)		VSP	Vision Buy-Up	
Retiree Only	48.40	40.33	3.06	Retiree Only	7.30	10.30	
Retiree+1 dep	92.70	66.31		Retiree +1 dep	10.40	14.60	
Retiree+2 dep	142.50	100.64		Retiree +2 dep	18.60	26.10	

Calculate Your Share of the Premium

CareCounsel (mandatory)	\$	3.06
Medical Rate	\$	
Dental Rate	\$	
Vision Rate	\$	
Subtotal	\$	
SUBTRACT Monthly Subsidy Amount		
\$15 x Years of Service		
<i>Exact amount is available in mySBCERS. Subsidy not applicable to Plan 7 or 8 retirees.</i>	- \$	
Your Share of the Premium		
<i>The insurance deduction from your monthly benefit payment.</i>	= \$	