

# SANTA BARBARA COUNTY SBCERS RETIREE MONTHLY PREMIUM AMOUNTS

## JANUARY 1, 2021 - DECEMBER 31, 2021

		BLUE SHIELD Medical with Regular Prescription Plan				
NON-MEDICARE		Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Sgl	NMC Retiree Only	1,548.25	1,638.25	1,990.25	1,670.25	1,279.25
Dbl	NMC Retiree + 1 NMC dep	2,864.25	3,032.25	3,515.25	3,088.25	2,366.25
Fam	NMC Retiree + 2 NMC depts	4,497.25	4,761.25	5,519.25	4,856.25	3,718.25

BLUE SHIELD Medical w/Medicare PDP			
Narrow Network PPO	Low Option EPO	High Option EPO	PPO
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

KAISER Southern Cal Only; Under Age 65 Only	
Low Option HMO	High Option HMO
911.25	948.25
1,716.25	1,787.25
2,611.25	2,719.25

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC	
Low Option HMO	High Option HMO
Rates Available from Alliant Upon Request	Rates Available from Alliant Upon Request

		BLUE SHIELD Medical with Regular Prescription Plan				
MEDICARE		Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Sgl	MC Retiree Only	738.25	876.25	905.25	996.25	1,009.25
Dbl	MC Retiree + 1 MC dep	1,473.25	1,754.25	1,809.25	1,990.25	2,014.25
Fam	MC Retiree + 2 MC depts	2,212.25	2,629.25	2,714.25	2,985.25	3,023.25

BLUE SHIELD Medical w/Medicare PDP			
Narrow Network PPO	Low Option EPO	High Option EPO	PPO
665.25	788.25	816.25	909.25
1,328.25	1,573.25	1,631.25	1,819.25
1,995.25	2,363.25	2,448.25	2,726.25

KAISER Senior Advantage Southern Cal Only, Age 65 w/MC A&B	
Low Option HMO	High Option HMO
184.25	212.25
356.25	411.25
Upon Request	Upon Request

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC	
Low Option HMO	High Option HMO
O N L Y Medicare A & B enrolled retirees	

United Healthcare Medicare Advantage	
Low Option HMO	High Option HMO
311.04	514.76
622.08	1,029.52
Upon Request	Upon Request

		BLUE SHIELD Medical with Regular Prescription Plan				
COMBINATION		Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Dbl	NMC Retiree + 1 MC dep	2,283.25	2,516.25	2,804.25	2,664.25	2,284.25
Fam	NMC Retiree + 2 MC depts	3,021.25	3,392.25	3,709.25	3,660.25	3,293.25
Fam	NMC Retiree + 1 MC dep + 1 NMC dep	3,599.25	3,910.25	4,419.25	4,082.25	3,371.25
Dbl	MC Retiree + 1 NMC dep	2,054.25	2,270.25	2,520.25	2,414.25	2,096.25
Fam	MC Retiree + 2 NMC depts	3,687.25	3,999.25	4,524.25	4,182.25	3,448.25
Fam	MC Retiree + 1 MC dep + 1 NMC dep	2,792.25	3,148.25	3,424.25	3,408.25	3,101.25

BLUE SHIELD Medical w/Medicare PDP			
Narrow Network PPO	Low Option EPO	High Option EPO	PPO
1,981.25	2,182.25	2,431.25	2,327.25
Call Alliant for Rate	Call Alliant for Rate	Call Alliant for Rate	Call Alliant for Rate
3,614.25	3,911.25	4,435.25	4,095.25
1,981.25	2,182.25	2,431.25	2,327.25
3,614.25	3,911.25	4,435.25	4,095.25
2,646.25	2,970.25	3,247.25	3,236.25

KAISER	
Low Option HMO	High Option HMO
1,095.25	1,160.25
1,884.25	1,983.25
1,900.25	1,999.25
989.25	1,051.25
1,884.25	1,983.25
1,251.25	1,343.25

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC	
Low Option HMO	High Option HMO
Combination Rates are available from Alliant Upon Request	

DELTA DENTAL			CareCounsel (mandatory)
	DELTA DENTAL PPO	DELTACARE USA HMO	
Retiree Only	51.68	32.88	3.25
Retiree+1 dep	103.39	54.04	
Retiree+2 dep	155.07	82.05	

VISION	
Retiree Only	6.36
Retiree +1 dep	9.15
Retiree +2 dep	16.41

DELTA DENTAL			CareCounsel (mandatory)	VISION	
	DELTA DENTAL PPO	DELTACARE USA HMO			
Retiree Only	51.68	32.88	3.25	Retiree Only	6.36
Retiree+1 dep	103.39	54.04		Retiree +1 dep	9.15
Retiree+2 dep	155.07	82.05		Retiree +2 dep	16.41