

SANTA BARBARA COUNTY SBCERS RETIREE MONTHLY PREMIUM AMOUNTS

JANUARY 1, 2022 - DECEMBER 31, 2022

NON-MEDICARE	BLUE SHIELD Medical with Regular Prescription Plan				
	Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Sgl NMC Retiree Only	1,511.25	1,599.25	1,854.25	1,630.25	1,248.25
Dbl NMC Retiree + 1 NMC dep	2,795.25	2,959.25	3,431.25	3,014.25	2,309.25
Fam NMC Retiree + 2 NMC depts	4,389.25	4,647.25	5,387.25	4,739.25	3,629.25

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	

NON-MEDICARE
NMC Retiree Only
NMC Retiree + 1 NMC dep
NMC Retiree + 2 NMC depts

KAISER Southern Cal Only; Under Age	
Low Option HMO	High Option HMO
935.25	973.25
1,761.25	1,833.25
2,679.25	2,790.25

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

MEDICARE	BLUE SHIELD Medical with Regular Prescription Plan				
	Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Sgl MC Retiree Only	720.25	855.25	883.25	972.25	985.25
Dbl MC Retiree + 1 MC dep	1,438.25	1,712.25	1,766.25	1,942.25	1,966.25
Fam MC Retiree + 2 MC depts	2,159.25	2,566.25	2,649.25	2,913.25	2,950.25

BLUE SHIELD Medical w/Medicare PDP				
Narrow Network PPO	Low Option EPO	High Option EPO	PPO	
649.25	769.25	796.25	887.25	
1,296.25	1,535.25	1,592.25	1,775.25	
1,947.25	2,306.25	2,389.25	2,661.25	

MEDICARE
MC Retiree Only
MC Retiree + 1 MC dep
MC Retiree + 2 MC depts

KAISER Senior Advantage Southern Cal Only; Age 65 w/MC A&B	
Low Option HMO	High Option HMO
177.25	204.25
342.25	395.25
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
304.82	504.46
609.64	1,008.92
914.46	1,513.38

COMBINATION	BLUE SHIELD Medical with Regular Prescription Plan				
	Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Dbl NMC Retiree + 1 MC dep	2,229.25	2,456.25	2,737.25	2,600.25	2,229.25
Fam NMC Retiree + 2 MC depts	2,949.25	3,311.25	3,620.25	3,572.25	3,214.25
Fam NMC Retiree + 1 MC dep + 1 NMC dep	3,513.25	3,816.25	4,314.25	3,984.25	3,290.25
Dbl MC Retiree + 1 NMC dep	2,004.25	2,215.25	2,460.25	2,356.25	2,046.25
Fam MC Retiree + 2 NMC depts	3,598.25	3,903.25	4,416.25	4,081.25	3,366.25
Fam MC Retiree + 1 MC dep + 1 NMC dep	2,722.25	3,072.25	3,343.25	3,326.25	3,027.25

BLUE SHIELD Medical w/Medicare PDP				
Narrow Network PPO	Low Option EPO	High Option EPO	PPO	
1,933.25 Call Alliant for Rate	2,129.25 Call Alliant for Rate	2,373.25 Call Alliant for Rate	2,271.25 Call Alliant for Rate	
3,527.25	3,817.25	4,329.25	3,996.25	
1,933.25	2,129.25	2,373.25	2,271.25	
3,527.25	3,817.25	4,329.25	3,996.25	
2,582.25	2,898.25	3,169.25	4,934.25	

COMBINATION
NMC Retiree + 1 MC dep
NMC Retiree + 2 MC depts
NMC Retiree + 1 MC dep + 1 NMC dep
MC Retiree + 1 NMC dep
MC Retiree + 2 NMC depts
MC Retiree + 1 MC dep + 1 NMC dep

KAISER	
Low Option HMO	High Option HMO
1,112.25	1,177.25
1,921.25	2,021.25
1,938.25	2,037.25
1,003.25	1,064.25
1,921.25	2,021.25
1,260.25	1,352.25

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	34.52	32.88	3.25
Retiree+1 dep	56.74	54.04	
Retiree+2 dep	86.16	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	34.52	32.88	3.25	Sg Retiree Only	6.36
Retiree+1 dep	56.74	54.04		Dbl Retiree +1 dep	9.15
Retiree+2 dep	86.16	82.05		Fa Retiree +2 dep	16.41