

# 2022

## SUPERIOR COURT of SANTA BARBARA COUNTY SBCERS COURT RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2022 through December 31, 2022

# 2022

		BLUE SHIELD (Regular Prescription Plan)	
NON-MEDICARE		Low Option EPO	HDHP
Sgl	NMC Retiree Only	\$1415.50	\$1098.50
Dbl	NMC Retiree +1 NMC dep	\$2615.50	\$2029.50
Fam	NMC Retiree +2 NMC deps	\$4105.50	\$3189.50

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	N/A
	N/A
	N/A

		BLUE SHIELD (Regular Prescription Plan)	
MEDICARE		Low Option EPO	HDHP
Sgl	MC Retiree Only	\$735.50	\$803.50
Dbl	MC Retiree +1 MC dep	\$1472.50	\$1611.50
Fam	MC Retiree +2 MC deps	\$2208.50	\$2416.50

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	\$655.50
	\$1308.50
	\$1962.50

		BLUE SHIELD (Regular Prescription Plan)	
COMBINATION		Low Option EPO	HDHP
Dbl	NMC Retiree +1 MC dep	\$2152.50	\$1906.50
Fam	NMC Retiree +2 MC deps	\$2887.50	\$2709.50
Fam	NMC Retiree +1 MC dep +1 NMC dep	\$3352.50	\$2837.50
Dbl	MC Retiree +1 NMC dep	\$1935.50	\$1734.50
Fam	MC Retiree +2 NMC deps	\$3425.50	\$2894.50
Fam	MC Retiree +1 MC dep+ 1 NMC dep	\$2672.50	\$2542.50

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	Call Alliant for Rate
	Call Alliant for Rate
	Call Alliant for Rate
	\$1855.50
	\$3345.50
	\$2508.50

CareCounsel (mandatory)	
7098	2.80

Delta DENTAL (optional)					
DELTA DENTAL PPO			DELTA CARE USA DHMO		
Sgl	Retiree Only	\$46.80	Sgl	Retiree Only	\$40.33
Dbl	Retiree+1 dep	\$89.80	Dbl	Retiree+1 dep	\$66.31
Fam	Retiree+2 dep	\$138.00	Fam	Retiree+2 dep	\$100.64

VISION (optional)			
Group # > 12137687-0240			
Sgl	Retiree Only		\$7.00
Dbl	Retiree +1 dep		\$9.80
Fam	Retiree +2 dep		\$17.30