

2023

SUPERIOR COURT of SANTA BARBARA COUNTY SBCERS COURT RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2023 through December 31, 2023

2023

	BLUE SHIELD (Regular Prescription Plan)	
	Low Option EPO	HDHP
NON-MEDICARE		
Sgl NMC Retiree Only	\$1548.50	\$1201.50
Dbl NMC Retiree +1 NMC dep	\$2861.50	\$2220.50
Fam NMC Retiree +2 NMC depts	\$4491.50	\$3489.50

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

	BLUE SHIELD (Regular Prescription Plan)	
	Low Option EPO	HDHP
MEDICARE		
Sgl MC Retiree Only	\$804.50	\$878.50
Dbl MC Retiree +1 MC dep	\$1610.50	\$1762.50
Fam MC Retiree +2 MC depts	\$2416.50	\$2643.50

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	\$717.50
	\$1431.50
	\$2146.50

	BLUE SHIELD (Regular Prescription Plan)	
	Low Option EPO	HDHP
COMBINATION		
Dbl NMC Retiree +1 MC dep	\$2354.50	\$2085.50
Fam NMC Retiree +2 MC depts	\$3158.50	\$2963.50
Fam NMC Retiree +1 MC dep +1 NMC dep	\$3667.50	\$3104.50
Dbl MC Retiree +1 NMC dep	\$2117.50	\$1897.50
Fam MC Retiree +2 NMC depts	\$3747.50	\$3166.50
Fam MC Retiree +1 MC dep+ 1 NMC dep	\$2923.50	\$2781.50

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	Call Alliant for Rate
	Call Alliant for Rate
	Call Alliant for Rate
	\$2030.50
	\$3660.50
	\$2744.50

CareCounsel (mandatory)	
	2.88

Delta DENTAL (optional)					
DELTA DENTAL PPO			DELTACARE USA DHMO		
Sgl	Retiree Only	\$50.10	Sgl	Retiree Only	\$40.33
Dbl	Retiree+1 dep	\$96.20	Dbl	Retiree+1 dep	\$66.31
Fam	Retiree+2 dep	\$147.80	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