

2025

SUPERIOR COURT of SANTA BARBARA COUNTY
SBCERS COURT RETIREE HEALTH PLAN MONTHLY PREMIUM RATES
January 1, 2025 through December 31, 2025

2025

NON-MEDICARE	BLUE SHIELD (Regular Prescription Plan)			
	Low Option EPO		HDHP	
Sgl NMC Retiree Only		\$1773.50		\$1376.50
Dbl NMC Retiree +1 NMC dep		\$3277.50		\$2543.50
Fam NMC Retiree +2 NMC depts		\$5144.50		\$3996.50

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

MEDICARE	BLUE SHIELD (Regular Prescription Plan)			
	Low Option EPO		HDHP	
Sgl MC Retiree Only		\$921.50		\$1005.50
Dbl MC Retiree +1 MC dep		\$1844.50		\$2018.50
Fam MC Retiree +2 MC depts		\$2767.50		\$3027.50

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	\$821.50
	\$1639.50
	\$2458.50

COMBINATION	BLUE SHIELD (Regular Prescription Plan)			
	Low Option EPO		HDHP	
Dbl NMC Retiree +1 MC dep		\$2696.50		\$2389.50
Fam NMC Retiree +2 MC depts		\$3617.50		\$3394.50
Fam NMC Retiree +1 MC dep +1 NMC dep		\$4200.50		\$3556.50
Dbl MC Retiree +1 NMC dep		\$2425.50		\$2172.50
Fam MC Retiree +2 NMC depts		\$4292.50		\$3625.50
Fam MC Retiree +1 MC dep+ 1 NMC dep		\$3348.50		\$3185.50

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	Call Alliant for Rate
	Call Alliant for Rate
	Call Alliant for Rate
	\$2325.50
	\$4192.50
	\$3143.50

VISION (optional)			
Group # > 12137687-0240			
Sgl	Retiree Only		\$7.30
Dbl	Retiree +1 dep		\$10.40
Fam	Retiree +2 dep		\$18.60

Delta DENTAL (optional)					
DELTA DENTAL PPO			DELTA CARE USA DHMO		
Sgl	Retiree Only	\$46.90	Sgl	Retiree Only	\$40.33
Dbl	Retiree+1 dep	\$90.00	Dbl	Retiree+1 dep	\$66.31
Fam	Retiree+2 dep	\$138.30	Fam	Retiree+2 dep	\$100.64

CareCounsel (mandatory)	
	2.97

VISION Buy-Up (optional)			
Group # > 12137687-0240			
Sgl	Retiree Only		\$10.30
Dbl	Retiree +1 dep		\$14.60
Fam	Retiree +2 dep		\$26.10