



Santa Barbara County Employees' Retirement System

2026 Insurance Rate Sheet – County Retirees

Non-Medicare	BLUE SHIELD with Regular Prescription Coverage					BLUE SHIELD with MEDICARE PRESCRIPTION Drug Plan				
	Narrow Network EPO	EPO Low Option	EPO High Option	PPO	HDHP	Narrow Network EPO	EPO Low Option	EPO High Option	PPO	HDHP
Non-Medicare Retiree Only	\$2,192.25	\$2,319.25	\$2,689.25	\$2,363.25	\$1,810.25	N/A				
Non-Medicare Retiree + 1 Non-Medicare Dependent	\$4,053.25	\$4,291.25	\$4,976.25	\$4,371.25	\$3,348.25					
Non-Medicare Retiree + 2 non-Medicare dependents	\$6,366.25	\$6,740.25	\$7,813.25	\$6,873.25	\$5,263.25					
Medicare	BLUE SHIELD with Regular Prescription Coverage					BLUE SHIELD with MEDICARE PRESCRIPTION Drug Plan				
	Narrow Network EPO	EPO Low Option	EPO High Option	PPO	HDHP	Narrow Network EPO	EPO Low Option	EPO High Option	PPO	HDHP
Medicare Retiree Only	\$1,045.25	\$1,239.25	\$1,280.25	\$1,410.25	\$1,430.25	\$941.25	\$1,115.25	\$1,155.25	\$1,286.25	No Medicare PDP
Medicare Retiree + 1 Medicare dependent	\$2,086.25	\$2,483.25	\$2,560.25	\$2,817.25	\$2,851.25	\$1,880.25	\$2,226.25	\$2,308.25	\$2,575.25	
Medicare Retiree + 2 Medicare dependents	\$3,132.25	\$3,722.25	\$3,843.25	\$4,225.25	\$4,280.25	\$2,823.25	\$3,345.25	\$3,464.25	\$3,858.25	
Medicare/Non-Medicare Combinations	BLUE SHIELD with Regular Prescription Coverage					BLUE SHIELD with MEDICARE PRESCRIPTION Drug Plan <i>(all MC dependents enrolled in MC PDP)</i>				
	Narrow Network EPO	EPO Low Option	EPO High Option	PPO	HDHP	Narrow Network EPO	EPO Low Option	EPO High Option	PPO	HDHP
Non-Medicare Retiree + 1 Medicare dependent	\$3,233.25	\$3,563.25	\$3,969.25	\$3,770.25	\$3,231.25	\$2,802.25	\$3,087.25	\$3,422.25	\$3,294.25	No Medicare PDP
Non-Medicare Retiree + 2 Medicare dependents	\$4,278.25	\$4,802.25	\$5,249.25	\$5,180.25	\$4,661.25	Available Upon Request				
Non-Medicare Retiree + 1 Medicare dependent, and 1 non-Medicare dependent	\$5,094.25	\$5,535.25	\$6,256.25	\$5,778.25	\$4,769.25	\$5,115.25	\$5,536.25	\$6,279.25	\$5,796.25	
Medicare Retiree + 1 non-Medicare dependent	\$2,906.25	\$3,211.25	\$3,567.25	\$3,418.25	\$2,968.25	\$2,805.25	\$3,087.25	\$3,422.25	\$3,294.25	
Medicare Retiree + 2 non-Medicare dependents	\$5,219.25	\$5,660.25	\$6,404.25	\$5,920.25	\$4,883.25	\$5,115.25	\$5,536.25	\$6,279.25	\$5,796.25	
Medicare Retiree + 1 Medicare dependent, and 1 non-Medicare dependent	\$3,947.25	\$4,455.25	\$4,847.25	\$4,825.25	\$4,389.25	\$3,947.25	\$4,202.25	\$4,597.25	\$4,583.25	

Non-Medicare	KAISER, Under Age 65 Not Enrolled in Medicare		KAISER, Age 65 & Over Not Enrolled in Medicare				
	HMO Low Option	HMO High Option	HMO Low Option	HMO High Option			
Non-Medicare Retiree Only	\$1,356.25	\$1,411.25	Rates Available upon request				
Non-Medicare Retiree + 1 non-Medicare Dependent	\$2,554.25	\$2,658.25					
Non-Medicare Retiree + 2 non-Medicare dependents	\$3,886.25	\$4,046.25					
Medicare	KAISER SENIOR ADVANTAGE Medicare Enrolled		KAISER SR ADVANTAGE Age 65 & Over, Not Enrolled in Medicare		UnitedHealthcare MEDICARE ADVANTAGE		
	HMO Low Option	HMO High Option	HMO Low Option	HMO High Option	PPO Low Option	PPO High Option	
Medicare Retiree Only	\$214.25	\$246.25	Only Medicare A & B enrolled Retirees are eligible for this plan			\$610.18	\$756.96
Medicare Retiree + 1 Medicare dependent	\$413.25	\$477.25				\$1,220.36	\$1,513.96
Medicare Retiree + 2 Medicare dependents	Upon Request	Upon Request				Upon Request	
Medicare/Non-Medicare Combinations	KAISER Medicare Enrolled with Non-Medicare Under Age 65		KAISER SR ADVANTAGE Age 65 & Over, Not Enrolled in Medicare with Medicare Enrolled				
	HMO Low Option	HMO High Option	HMO Low Option	HMO High Option			
Non-Medicare Retiree + 1 Medicare dependent	\$1,570.25	\$1,657.25	Rates Available upon request				
Non-Medicare Retiree + 2 Medicare dependents	\$2,744.25	\$2,881.25					
Non-Medicare Retiree + 1 Medicare dependent, and 1 non-Medicare dependent	\$2,768.25	\$2,904.25					
Medicare Retiree + 1 non-Medicare dependent	\$1,412.25	\$1,493.25					
Medicare Retiree + 2 non-Medicare dependents	\$2,744.25	\$2,881.25					
Medicare Retiree + 1 Medicare dependent, and 1 non-Medicare dependent	\$1,745.25	\$1,865.25					

OPTIONAL

DENTAL	Delta Dental PPO	DeltaCare USA
Retiree	\$51.68	\$32.88
Retiree +1	\$84.98	\$54.04
Retiree +2	\$129.14	\$82.05

VISION SERVICE PLAN	
Retiree	\$6.36
Retiree +1	\$9.14
Retiree +2	\$16.40

MANDATORY

CARECOUNSEL
\$3.45