

2021

SUPERIOR COURT of SANTA BARBARA COUNTY SBCERS COURT RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2021 through December 31, 2021

2021

		BLUE SHIELD (Regular Prescription Plan)	
NON-MEDICARE		Low Option EPO	HDHP
Sgl	NMC Retiree Only	\$1444.16	\$1120.16
Dbl	NMC Retiree +1 NMC dep	\$2668.16	\$2070.16
Fam	NMC Retiree +2 NMC deps	\$4189.16	\$3254.16

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	\$750.16	\$819.16
Dbl	MC Retiree +1 MC dep	\$1502.16	\$1644.16
Fam	MC Retiree +2 MC deps	\$2253.16	\$2465.16

BLUE SHIELD with Medicare PDP	
Low Option EPO	
\$668.16	
\$1335.16	
\$2002.16	

		BLUE SHIELD (Regular Prescription Plan)	
COMBINATION		Low Option EPO	HDHP
Dbl	NMC Retiree +1 MC dep	\$2196.16	\$1945.16
Fam	NMC Retiree +2 MC deps	\$2946.32	\$2764.32
Fam	NMC Retiree +1 MC dep +1 NMC dep	\$3420.16	\$2895.16
Dbl	MC Retiree +1 NMC dep	\$1974.16	\$1769.16
Fam	MC Retiree +2 NMC deps	\$3495.16	\$2953.16
Fam	MC Retiree +1 MC dep+ 1 NMC dep	\$2726.16	\$2594.16

BLUE SHIELD with Medicare PDP	
Low Option EPO	
Call Alliant for Rate	
Call Alliant for Rate	
Call Alliant for Rate	
\$1892.16	
\$3413.16	
\$2560.32	

CareCounsel (mandatory)	
	2.80

Delta DENTAL (optional)					
DELTA DENTAL PPO			DELTA CARE USA DHMO		
Sgl	Retiree Only	\$45.00	Sgl	Retiree Only	\$40.33
Dbl	Retiree+1 dep	\$86.40	Dbl	Retiree+1 dep	\$66.31
Fam	Retiree+2 dep	\$132.80	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