### SANTA BARBARA COUNTY SBCERS RETIREE MONTHLY PREMIUM AMOUNTS **JANUARY 1, 2024 - DECEMBER 31, 2024**

#### **BLUE SHIELD Medical with Regular Prescription Plan**

NO	ON-MEDICARE	Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Sgl	NMC Retiree Only	\$1,845.25	\$1,952.25	\$2,263.25	\$1,989.25	\$1,524.25
Dbl	NMC Retiree + 1 NMC dep	\$3,412.25	\$3,612.25	\$4,188.25	\$3,679.25	\$2,818.25
Fam	NMC Retiree + 2 NMC deps	\$5,358.25	\$5,673.25	\$6,576.25	\$5,785.25	\$4,430.25

## BLUE SHIELD Medical w/Medicare PDP

Narrow Network PPO	Low Option EPO	High Option EPO	PPO
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

#### **BLUE SHIELD Medical with Regular Prescription Plan**

N	IEDICARE	Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Sgl	MC Retiree Only	\$879.25	\$1,043.25	\$1,078.25	\$1,187.25	\$1,203.25
Dbl	MC Retiree + 1 MC dep	\$1,756.25	\$2,090.25	\$2,155.25	\$2,371.25	\$2,400.25
Fam	MC Retiree + 2 MC deps	\$2,636.25	\$3,133.25	\$3,234.25	\$3,556.25	\$3,602.25

#### BLUE SHIELD Medical w/Medicare PDP

Narrow Network PPO	Low Option EPO	High Option EPO	PPO
\$792.25	\$939.25	\$972.25	\$1,083.25
\$1,582.25	\$1,874.25	\$1,943.25	\$2,167.25
\$2,376.25	\$2,815.25	\$2,916.25	\$3,248.25

#### **BLUE SHIELD Medical with Regular Prescription Plan**

C	OMBINATION	Narrow Network PPO	Low Option EPO	High Option EPO	PPO	HDHP
Dbl	NMC Retiree + 1 MC dep	\$2,722.25	\$2,999.25	\$3,340.25	\$3,173.25	\$2,721.25
Fam	NMC Retiree + 2 MC deps	\$3,601.25	\$4,042.25	\$4,418.25	\$4,360.25	\$3,924.25
Fam	NMC Retiree + 1 MC dep +1 NMC dep	\$4,289.25	\$4,659.25	\$5,265.25	\$4,863.25	\$4,015.25
Dbl	MC Retiree + 1 NMC dep	\$2,446.25	\$2,703.25	\$3,003.25	\$2,877.25	\$2,497.25
Fam	MC Retiree + 2 NMC deps	\$4,392.25	\$4,764.25	\$5,391.25	\$4,983.25	\$4,109.25
Fam	MC Retiree + 1 MC dep + 1 NMC dep	\$3,323.25	\$3,750.25	\$4,080.25	\$4,061.25	\$3,694.25

#### BLUE SHIELD Medical w/Medicare PDP

Narrow Network PPO	Low Option EPO	High Option EPO	PPO
\$2,359.25	\$2,599.25	\$2,897.25	\$2,773.25
Call Alliant	Call Alliant	Call Alliant	Call Alliant
for Rate	for Rate	for Rate	for Rate
\$4,305.25	\$4,660.25	\$5,285.25	\$4,879.25
\$2,359.25	\$2,599.25	\$2,897.25	\$2,773.25
\$4,305.25	\$4,660.25	\$5,285.25	\$4,879.25
\$3,151.25	\$3,538.25	\$3,869.25	\$3,857.25

DELTA I			
	DELTA DENTAL PPO	DELTACARE USA HMO	CareCounsel (mandatory)
Retiree Only	49.72	32.88	
Retiree+1 dep	81.77	54.04	3.45
Retiree+2 dep	124.25	82.05	

VIS	ION
Retiree Only	6.36
Retiree +1 dep	9.14
Retiree +2 dep	16.40

# SANTA BARBARA COUNTY SBCERS RETIREE MONTHLY PREMIUM AMOUNTS JANUARY 1, 2024 - DECEMBER 31, 2024

NON-MEDICARE
NMC Retiree Only
NMC Retiree + 1 NMC dep
NMC Retiree + 2 NMC deps

KAISER Southern Cal Only; Under Age 65 Only			
Low Option HMO	High Option HMO		
\$1,141.25	\$1,188.25		
\$2,150.25	\$2,237.25		
\$3,271.25	\$3,406.25		

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC				
Low Option	High Option			
HMO	HMO			
Rates Available	Rates Available			
from Alliant	from Alliant Upon			
Upon Request	Request			

MEDICARE	
MC Retiree Only	
MC Retiree + 1 MC dep	
MC Retiree + 2 MC deps	

KAISER Senior Advantage Southern Cal Only, Age 65 w/MC A&B				
Low Option HMO	High Option HMO			
\$181.25	\$208.25			
\$349.25	\$403.25			
Upon Request	Upon Request			

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC				
Low Option	High Option			
нмо	нмо			
ONLY				
Medicare A & B enrolled				
retire	ees			

KAISER - Unassigned Southern Cal Only; Age 65 & Over

**High Option** 

нмо

**Low Option** 

нмо

United Healthcare Medicare Advantage				
Low Option HMO	High Option HMO			
\$324.94	\$537.75			
\$649.88	\$1,075.50			
\$974.82	\$1,613.25			

COMBINATION
NMC Retiree + 1 MC dep
NMC Retiree + 2 MC deps
NMC Retiree + 1 MC dep +1 NMC dep
MC Retiree + 1 NMC dep
MC Retiree + 2 NMC deps
MC Retiree + 1 MC dep + 1 NMC dep

KAISER				
Low Option HMO	High Option HMO			
\$1,322.25	\$1,396.25			
\$2,311.25	\$2,426.25			
\$2,331.25	\$2,445.25			
\$1,190.25	\$1,257.25			
\$2,311.25	\$2,426.25			
\$1,470.25	\$1,572.25			

<b>Combination Rates</b>			
are available			
from Alliant			
<b>Upon Request</b>			

	DELTA DENTA	L	CareCounsel		
	DELTA DENTAL PPO	DELTACARE USA HMO	(mandatory)	VISI	ON
Retiree Only	\$49.72	\$32.88		SglRetiree Only	6.36
Retiree+1 dep	\$81.77	\$54.04	3.45	Db Retiree +1 dep	9.14
Retiree+2 dep	\$124.25	\$82.05		FaıRetiree +2 dep	16.40