

2024

SUPERIOR COURT of SANTA BARBARA COUNTY SBCERS COURT RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2024 through December 31, 2024

2024

		BLUE SHIELD (Regular Prescription Plan)			
NON-MEDICARE		Low Option EPO		HDHP	
Sgl	NMC Retiree Only		\$1686.00		\$1308.00
Dbl	NMC Retiree +1 NMC dep		\$3116.00		\$2418.00
Fam	NMC Retiree +2 NMC deps		\$4891.00		\$3800.00

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		\$876.00		\$956.00
Dbl	MC Retiree +1 MC dep		\$1753.00		\$1919.00
Fam	MC Retiree +2 MC deps		\$2631.00		\$2878.00

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	\$781.00
	\$1558.00
	\$2337.00

		BLUE SHIELD (Regular Prescription Plan)			
COMBINATION		Low Option EPO		HDHP	
Dbl	NMC Retiree +1 MC dep		\$2563.00		\$2271.00
Fam	NMC Retiree +2 MC deps		\$3439.00		\$3227.00
Fam	NMC Retiree +1 MC dep +1 NMC dep		\$3993.00		\$3381.00
Dbl	MC Retiree +1 NMC dep		\$2306.00		\$2066.00
Fam	MC Retiree +2 NMC deps		\$4081.00		\$3448.00
Fam	MC Retiree +1 MC dep+ 1 NMC dep		\$3183.00		\$3029.00

BLUE SHIELD with Medicare PDP	
Low Option EPO	
	Call Alliant for Rate
	Call Alliant for Rate
	Call Alliant for Rate
	\$2211.00
	\$3986.00
	\$2988.00

CareCounsel (mandatory)	
	2.97

Delta DENTAL (optional)					
DELTA DENTAL PPO			DELTA CARE USA DHMO		
Sgl	Retiree Only	\$48.60	Sgl	Retiree Only	\$40.33
Dbl	Retiree+1 dep	\$93.30	Dbl	Retiree+1 dep	\$66.31
Fam	Retiree+2 dep	\$143.30	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