

2019

SANTA BARBARA COUNTY

2019

SBCERS RETIREE HEALTH PLAN MONTHLY PREMIUM RATES

Jan 1, 2019 thru Dec 31, 2019

		BLUE SHIELD Medical with Regular Prescription Plan			
NON-MEDICARE		Low Option EPO	High Option EPO	PPO	HDHP
Sgl	NMC Retiree Only	1,517.25	1,759.25	1,547.25	1,185.25
Dbl	NMC Retiree + 1 NMC dep	2,808.25	3,255.25	2,860.25	2,191.25
Fam	NMC Retiree + 2 NMC deps	4,409.25	5,111.25	4,498.25	3,443.25

BLUE SHIELD Medical w/Medicare PDP		
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

		BLUE SHIELD Medical with Regular Prescription Plan			
MEDICARE		Low Option EPO	High Option EPO	PPO	HDHP
Sgl	MC Retiree Only	811.25	838.25	923.25	934.25
Dbl	MC Retiree + 1 MC dep	1,625.25	1,675.25	1,843.25	1,866.25
Fam	MC Retiree + 2 MC deps	2,435.25	2,513.25	2,765.25	2,800.25

BLUE SHIELD Medical w/Medicare PDP		
Low Option EPO	High Option EPO	PPO
729.25	756.25	842.25
1,457.25	1,511.25	1,684.25
2,188.25	2,267.25	2,525.25

		BLUE SHIELD Medical with Regular Prescription Plan			
COMBINATION		Low Option EPO	High Option EPO	PPO	HDHP
Dbl	NMC Retiree + 1 MC dep	2,331.25	2,596.25	2,467.25	2,117.25
Fam	NMC Retiree + 2 MC deps	3,142.25	3,434.25	3,390.25	3,051.25
Fam	NMC Retiree + 1 MC dep +1 NMC dep	3,622.25	4,092.25	3,780.25	3,123.25
Dbl	MC Retiree + 1 NMC dep	2,102.25	2,334.25	2,236.25	1,940.25
Fam	MC Retiree + 2 NMC deps	3,703.25	4,190.25	3,874.25	3,192.25
Fam	MC Retiree + 1 MC dep + 1 NMC dep	2,916.25	3,171.25	3,156.25	2,872.25

BLUE SHIELD Medical w/Medicare PDP		
Low Option EPO	High Option EPO	PPO
2,020.25	2,252.25	2,155.25
Rate upon request	Rate upon request	Rate upon request
3,621.25	4,108.25	3,793.25
2,020.25	2,252.25	2,155.25
3,621.25	4,108.25	3,793.25
2,749.25	3,008.25	2,997.25

DELTA DENTAL			
		DELTA DENTAL PPO	DELTACARE USA HMO
Sgl	Retiree Only	52.81	32.88
Dbl	Retiree+1 dep	105.65	54.04
Fam	Retiree+2 dep	158.46	82.05

CareCounsel (mandatory)
3.25

VISION		
Sgl	Retiree Only	6.36
Dbl	Retiree +1 dep	9.15
Fam	Retiree +2 dep	16.41

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Jan 1, 2019 thru Dec 31, 2019

NON-MEDICARE	
Sgl	NMC Retiree Only
Dbl	NMC Retiree + 1 NMC dep
Fam	NMC Retiree + 2 NMC deps

KAISER Southern Cal Only; Under Age 65 Only	
Low Option HMO	High Option HMO
843.25	877.25
1,589.25	1,654.25
2,418.25	2,517.25

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC	
Low Option HMO	High Option HMO
Rate upon request	Rate upon request

MEDICARE	
Sgl	MC Retiree Only
Dbl	MC Retiree + 1 MC dep
Fam	MC Retiree + 2 MC deps

KAISER Senior Advantage Southern Cal Only, Age 65 w/MC A&B	
Low Option HMO	High Option HMO
182.25	210.25
353.25	407.25
546.25	630.25

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC	
Low Option HMO	High Option HMO
ONLY Medicare A & B enrolled retirees are eligible for this plan	

United Healthcare Medicare Advantage	
Low Option HMO	High Option HMO
324.40	536.88
648.80	1,073.76
973.20	1,610.64

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

KAISER	
Low Option HMO	High Option HMO
1,025.25	1,087.25
1,757.25	1,850.25
1,771.25	1,864.25
928.25	987.25
1,757.25	1,850.25
1,182.25	1,270.25

KAISER - Unassigned Southern Cal Only; Age 65 & Over w/No MC	
Low Option HMO	High Option HMO
Combination Rates are available Upon Request	
	7
	3
	5
	0
	3
	3

DELTA DENTAL				CareCounsel (mandatory)	VISION		
DELTA DENTAL PPO		DELTACARE USA HMO					
Sgl	Retiree Only	52.81	32.88	3.25	Sgl	Retiree Only	6.36
Dbl	Retiree+1 dep	105.65	54.04		Dbl	Retiree +1 dep	9.15
Fam	Retiree+2 dep	158.46	82.05		Fam	Retiree +2 dep	16.41