

2021 COBRA

Santa Barbara County SBCERS COUNTY RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2021 through December 31, 2021

2021 COBRA

COBRA

BLUE SHIELD COBRA						
		Narrow Network PPO	Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	820.34	868.28	1,005.98	1,325.24	756.08
Dbl	NMC Retiree + 1 NMC dep	1,515.98	1,604.72	1,861.76	2,450.30	1,354.82
Fam	NMC Retiree + 2 NMC depts	2,381.96	2,521.70	2,922.56	3,851.78	2,130.02

KAISER COBRA			
Group #s >		Low HMO 229297	High HMO 229297
Sgl	NMC Retiree Only	636.74	662.24
Dbl	NMC Retiree +1 NMC dep	1,196.72	1,239.56
Fam	NMC Retiree + 2 NMC depts	1,817.90	1,885.22

Dental COBRA			
Group #s >		16458	76825
Sgl	Retiree Only	44.22	33.54
Dbl	Retiree +1 dep	84.97	55.12
Fam	Retiree +2 dep	130.78	83.69

Vision COBRA		
Sgl	Retiree Only	6.49
Dbl	Retiree +1 dep	9.33
Fam	Retiree +2 dep	16.74

MHN EAP (optional)	Grp #5986	CareCounsel (mandatory)
Employee Assistance Program	2.79	HealthCare Advocacy 3.25

EXTENDED COBRA

BLUE SHIELD EXTENDED COBRA						
		Narrow Network PPO	Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	820.34	868.28	1,005.98	1,325.24	756.08
Dbl	NMC Retiree + 1 NMC dep	1,515.98	1,604.72	1,861.76	2,450.30	1,354.82
Fam	NMC Retiree + 2 NMC depts	2,381.96	2,521.70	2,922.56	3,851.78	2,130.02

KAISER EXTENDED COBRA			
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Sgl	Retiree Only	6.49
Dbl	Retiree +1 dep	9.33
Fam	Retiree +2 dep	16.74

MHN EAP (optional)	Grp#5986	CareCounsel (mandatory)
Employee Assistance Program	n/a	HealthCare Advocacy 3.25