

2021 COBRA

SUPERIOR COURT of SANTA BARBARA COUNTY

SBCERS RETIREE HEALTH PLAN MONTHLY PREMIUM RATES

January 1, 2021 through December 31, 2021

2021 COBRA

COBRA

BLUE SHIELD COBRA

Low EPO			HDHP		
Sgl	Retiree Only	794.74	Sgl	Retiree Only	702.94
Dbl	Retiree +1	1,473.04	Dbl	Retiree +1	1,298.63
Fam	Retiree +2	2,310.46	Fam	Retiree +2	2,042.20

DELTA DENTAL*					
*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold codes.					
DELTA DENTAL PPO			DELTACARE USA DHMO		
Sgl	Retiree Only	45.90	Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	88.13	Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	135.46	Fam	Retiree+2 dep	100.64

EAP (optional)
2.73

CareCounsel (mandatory)
2.80

VISION*		
*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold codes.		
Sgl	Retiree Only	7.00
Dbl	Retiree +1 dep	9.80
Fam	Retiree +2 dep	17.30

EXTENDED COBRA

BLUE SHIELD EXTENDED COBRA

Low EPO			HDHP		
Sgl	Retiree Only	794.74	Sgl	Retiree Only	702.94
Dbl	Retiree +1	1,473.04	Dbl	Retiree +1	1,298.63
Fam	Retiree +2	2,310.46	Fam	Retiree +2	2,042.20

DELTA DENTAL*					
*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold codes.					
DELTA DENTAL PPO			DELTACARE USA DHMO		
Sgl	Retiree Only	45.90	Sgl	Retiree Only	40.33
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VISION*		
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Sgl	Retiree Only	7.00
Dbl	Retiree +1 dep	9.80
Fam	Retiree +2 dep	17.30

EAP (optional)
Not Available

CareCounsel (mandatory)
2.80

Enrolling in Medicare A & B after retirement disqualifies retiree from COBRA eligibility.
 Contact SBCERS 3 months before MC effective date if enrolling in Medicare. Forms required no later than 2 months before their Medicare effective date.