

2022 COBRA

Santa Barbara County SBCERS COUNTY RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2022 through December 31, 2022

2022 COBRA

COBRA

BLUE SHIELD COBRA						
		Narrow Network PPO	Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	800.96	847.88	981.50	1,293.62	737.72
Dbl	NMC Retiree + 1 NMC dep	1,479.26	1,565.96	1,816.88	2,391.14	1,322.18
Fam	NMC Retiree + 2 NMC depts	2,324.84	2,461.52	2,852.18	3,758.96	2,079.02

KAISER COBRA			
		Low HMO	High HMO
Sgl	NMC Retiree Only	653.06	679.58
Dbl	NMC Retiree +1 NMC dep	1,227.32	1,272.20
Fam	NMC Retiree + 2 NMC depts	1,864.82	1,934.18

Dental COBRA			
		Delta Dental PPO	Delta Care USA
Sgl	Retiree Only	33.88	33.54
Dbl	Retiree +1 dep	56.55	55.12
Fam	Retiree +2 dep	86.56	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	800.96	847.88	981.50	1,293.62	737.72
Dbl	NMC Retiree + 1 NMC dep	1,479.26	1,565.96	1,816.88	2,391.14	1,322.18
Fam	NMC Retiree + 2 NMC depts	2,324.84	2,461.52	2,852.18	3,758.96	2,079.02

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Vision EXTENDED 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	n/a	HealthCare Advocacy 3.25

Contact SBCERS 3 months before MC effective date if enrolling in Medicare. Forms required by SBCERS no later than 2 months before the Medicare effective date.