

**2022 COBRA**

**SUPERIOR COURT of SANTA BARBARA COUNTY**

**SBCERS RETIREE HEALTH PLAN MONTHLY PREMIUM RATES**

**January 1, 2022 through December 31, 2022**

**2022 COBRA**

**COBRA**

**BLUE SHIELD COBRA**

Low EPO			HDHP		
Sgl	Retiree Only	779.28	Sgl	Retiree Only	688.50
Dbl	Retiree +1	1,443.30	Dbl	Retiree +1	1,272.96
Fam	Retiree +2	2,264.40	Fam	Retiree +2	2,001.24

DELTA DENTAL*					
*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold codes.					
DELTA DENTAL PPO			DELTACARE USA DHMO		
Sgl	Retiree Only	46.80	Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	89.80	Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	138.00	Fam	Retiree+2 dep	100.64

EAP (optional)
2.59

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	779.28	Sgl	Retiree Only	688.50
Dbl	Retiree +1	1,443.30	Dbl	Retiree +1	1,272.96
Fam	Retiree +2	2,264.40	Fam	Retiree +2	2,001.24

DELTA DENTAL*					
*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold codes.					
DELTA DENTAL PPO			DELTACARE USA DHMO		
Sgl	Retiree Only	46.80	Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	89.80	Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	138.00	Fam	Retiree+2 dep	100.64

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

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.**