

2023 COBRA

SUPERIOR COURT of SANTA BARBARA COUNTY

SBCERS RETIREE HEALTH PLAN MONTHLY PREMIUM RATES

January 1, 2023 through December 31, 2023

2023 COBRA

COBRA

BLUE SHIELD COBRA

Low EPO

Sgl	Retiree Only	853.23
Dbl	Retiree +1	1,579.47
Fam	Retiree +2	2,478.09

HDHP

Sgl	Retiree Only	753.27
Dbl	Retiree +1	1,392.81
Fam	Retiree +2	2,189.43

DELTA DENTAL*

*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold codes.

DELTA DENTAL PPO

Sgl	Retiree Only	50.10
Dbl	Retiree+1 dep	96.20
Fam	Retiree+2 dep	147.80

DELTACARE USA DHMO

Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	100.64

EAP (optional)

2.59

CareCounsel (mandatory)

2.88

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

Sgl	Retiree Only	853.23
Dbl	Retiree +1	1,579.47
Fam	Retiree +2	2,478.09

HDHP

Sgl	Retiree Only	753.27
Dbl	Retiree +1	1,392.81
Fam	Retiree +2	2,189.43

DELTA DENTAL*

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DELTA DENTAL PPO

Sgl	Retiree Only	50.10
Dbl	Retiree+1 dep	96.20
Fam	Retiree+2 dep	147.80

DELTACARE USA DHMO

Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	100.64

EAP (optional)

Not Available

CareCounsel (mandatory)

2.88

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.