

# 2025 COBRA

## SUPERIOR COURT of SANTA BARBARA COUNTY

### SBCERS RETIREE HEALTH PLAN MONTHLY PREMIUM RATES

January 1, 2025 through December 31, 2025

# 2025 COBRA

## COBRA

### BLUE SHIELD COBRA

Low EPO			HDHP		
Sgl	Retiree Only	976.64	Sgl	Retiree Only	863.42
Dbl	Retiree +1	1,808.96	Dbl	Retiree +1	1,594.76
Fam	Retiree +2	2,838.14	Fam	Retiree +2	2,507.66

### DELTA DENTAL\*

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

DELTA DENTAL PPO			DELTACARE USA DHMO		
Sgl	Retiree Only	46.90	Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	90.00	Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	138.30	Fam	Retiree+2 dep	100.64

### VISION\*

VISION*			VISION Buy-Up(optional)		
Sgl	Retiree Only	7.30	Sgl	Retiree Only	10.30
Dbl	Retiree +1 dep	10.40	Dbl	Retiree +1 dep	14.60
Fam	Retiree +2 dep	18.60	Fam	Retiree +2 dep	26.10
EAP (optional)		3.22	CareCounsel (mandatory)		2.97

## EXTENDED COBRA

### BLUE SHIELD EXTENDED COBRA

Low EPO			HDHP		
Sgl	Retiree Only	976.64	Sgl	Retiree Only	863.42
Dbl	Retiree +1	1,808.96	Dbl	Retiree +1	1,594.76
Fam	Retiree +2	2,838.14	Fam	Retiree +2	2,507.66

### DELTA DENTAL\*

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

DELTA DENTAL PPO			DELTACARE USA DHMO		
Sgl	Retiree Only	46.90	Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	90.00	Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	138.30	Fam	Retiree+2 dep	100.64

### VISION\*

VISION*			VISION Buy-Up(optional)		
Sgl	Retiree Only	7.30	Sgl	Retiree Only	10.30
Dbl	Retiree +1 dep	10.40	Dbl	Retiree +1 dep	14.60
Fam	Retiree +2 dep	18.60	Fam	Retiree +2 dep	26.10
EAP (optional)		Not Available	CareCounsel (mandatory)		2.97

Contact SBCERS 3 months before MC effective date if enrolling in Medicare. Forms required before the 15th of the month, prior to the effective date.