

2025 COBRA

Santa Barbara County SBCERS COUNTY RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2025 through December 31, 2025

2025 COBRA

COBRA

BLUE SHIELD COBRA

		Narrow Network PPO	Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	1,019.24	1,079.42	1,249.76	1,646.54	939.68
Dbl	NMC Retiree + 1 NMC dep	1,884.20	1,993.34	2,312.60	3,043.94	1,683.26
Fam	NMC Retiree + 2 NMC depts	2,960.30	3,132.68	3,630.44	4,785.08	2,646.14

KAISER COBRA

		Low HMO	High HMO
Sgl	NMC Retiree Only	831.56	865.22
Dbl	NMC Retiree +1 NMC dep	1,562.90	1,620.02
Fam	NMC Retiree + 2 NMC depts	2,374.82	2,462.54

Dental COBRA

		Delta Dental PPO	Delta Care USA
Sgl	Retiree Only	49.36	33.54
Dbl	Retiree +1 dep	82.41	55.12
Fam	Retiree +2 dep	126.21	83.69

Vision COBRA

Sgl	Retiree Only	6.49
Dbl	Retiree +1 dep	9.32
Fam	Retiree +2 dep	16.73

MHN EAP (optional) Grp #5986	CareCounsel (mandatory)
Employee Assistance Program 1.63	HealthCare Advocacy 3.45

EXTENDED COBRA

BLUE SHIELD EXTENDED COBRA

		Narrow Network PPO	Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	1,019.24	1,079.42	1,249.76	1,646.54	939.68
Dbl	NMC Retiree + 1 NMC dep	1,884.20	1,993.34	2,312.60	3,043.94	1,683.26
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Fam	Retiree +2 dep	16.73

MHN EAP (optional) Grp #5986	CareCounsel (mandatory)
Employee Assistance Program n/a	HealthCare Advocacy 3.45

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.