

2019 COBRA

Santa Barbara County SBCERS COUNTY RETIREE HEALTH PLAN MONTHLY PREMIUM RATES January 1, 2019 through December 31, 2019

2019 COBRA

COBRA

BLUE SHIELD COBRA					
		Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	804.02	931.52	1,227.32	701.00
Dbl	NMC Retiree + 1 NMC dep	1,486.40	1,724.06	2,268.74	1,254.86
Fam	NMC Retiree + 2 NMC depts	2,336.06	2,707.34	3,567.20	1,972.94

KAISER COBRA			
		Low HMO	High HMO
Group #'s >		229297	229297
Sgl	NMC Retiree Only	589.82	612.26
Dbl	NMC Retiree +1 NMC dep	1,107.98	1,147.76
Fam	NMC Retiree + 2 NMC depts	1,683.26	1,745.48

Dental COBRA			
		Delta Dental PPO	DeltaCare USA
Group #'s >		16458	76825
Sgl	Retiree Only	45.19	33.54
Dbl	Retiree +1 dep	86.82	55.12
Fam	Retiree +2 dep	133.64	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	
Employee Assistance Program	2.79

CareCounsel (mandatory)	
HealthCare Advocacy	3.25

EXTENDED COBRA

BLUE SHIELD EXTENDED COBRA					
		Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	804.02	931.52	1,227.32	701.00
Dbl	NMC Retiree + 1 NMC dep	1,486.40	1,724.06	2,268.74	1,254.86
Fam	NMC Retiree + 2 NMC depts	2,336.06	2,707.34	3,567.20	1,972.94

KAISER EXTENDED COBRA			
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Dental EXTENDED COBRA			
		Delta Dental PPO	DeltaCare USA
Group #'s >		16458	76825
Sgl	Retiree Only	45.19	33.54
Dbl	Retiree +1 dep	86.82	55.12
Fam	Retiree +2 dep	133.64	83.69

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	
Employee Assistance Program	Not Available

CareCounsel (mandatory)	
HealthCare Advocacy	3.25

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 by SBCERS no later than 2 months before the Medicare effective date.