

2019 COBRA

SUPERIOR COURT of SANTA BARBARA COUNTY

SBCERS RETIREE HEALTH PLAN MONTHLY PREMIUM RATES

January 1, 2019 through December 31, 2019

2019 COBRA

COBRA

BLUE SHIELD COBRA

Low EPO

Sgl	Retiree Only	716.04
DbI	Retiree +1	1,328.04
Fam	Retiree +2	2,082.84

HDHP

Sgl	Retiree Only	633.42
DbI	Retiree +1	1,170.96
Fam	Retiree +2	1,841.10

DELTA DENTAL*

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

DELTA DENTAL PPO

DELTACARE USA DHMO

Sgl	Retiree Only	46.51	Sgl	Retiree Only	41.14
DbI	Retiree+1 dep	89.25	DbI	Retiree+1 dep	67.64
Fam	Retiree+2 dep	137.19	Fam	Retiree+2 dep	102.65

EAP (optional)

2.59

CareCounsel (mandatory)

2.80

VISION*

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

Sgl	Retiree Only	7.14
DbI	Retiree +1 dep	10.00
Fam	Retiree +2 dep	17.64

EXTENDED COBRA

BLUE SHIELD EXTENDED COBRA

Low EPO

Sgl	Retiree Only	716.04
DbI	Retiree +1	1,328.04
Fam	Retiree +2	2,082.84

HDHP

Sgl	Retiree Only	633.42
DbI	Retiree +1	1,170.96
Fam	Retiree +2	1,841.10

DELTA DENTAL*

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DELTA DENTAL PPO

DELTACARE USA DHMO

Sgl	Retiree Only	46.51	Sgl	Retiree Only	41.14
DbI	Retiree+1 dep	89.25	DbI	Retiree+1 dep	67.64
Fam	Retiree+2 dep	137.19	Fam	Retiree+2 dep	102.65

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.