2023 COBRA

EAP (optional)

2.59

CareCounsel (mandatory

2.88

Sgl

Dbl

Fam

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				HC	
Retiree Only	853.23	s	Sgl	Retiree Only		
Retiree +1	1,579.47	C	Dbl	Retiree +1		
Retiree +2	2,478.09	F	am	Retiree +2		

	HDHP	
Retiree Only	753.27	Sgl
Retiree +1	1,392.81	Dbl
Retiree +2	2,189.43	Fan

VISION* *COURT COBRA Retirees pay regular Court

Retiree rates & use same PensionGold codes.

Retiree Only

Fam Retiree +2 dep

Retiree +1 dep

EXTENDED COBRA

BLUE SHIELD EXTENDED COBRA					
Low EPO				HDHP	
853.23		Sgl	Retiree Only	753.27	
1,579.47		Dbl	Retiree +1	1,392.81	
2,478.09		Fam	Retiree +2	2,189.43	

	DELTA DENTAL*					
*CC	*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold codes.					
DELTA DENTAL PPO DELTACARE USA DH					ACARE USA DHMO	
Sgl	Retiree Only	50.10	Sgl	Retiree Only	40.33	
Dbl	Retiree+1 dep	96.20	Dbl	Retiree+1 dep	66.31	
Fam	Retiree+2 dep	147.80	Fam	Retiree+2 dep	100.64	

Sgl

Dbl

		DELTA DENTAL*						
*COURT COBRA Retirees pay regular Court Retiree rates & use same PensionGold code								
	DELTA DENTAL PPO			DELTACARE USA DHMO				
	Sgl	Retiree Only	50.10	Sgl	Retiree Only	40.33		
	Dbl	Retiree+1 dep	96.20	Dbl	Retiree+1 dep	66.31		
	Fam	Retiree+2 dep	147.80	Fam	Retiree+2 dep	100.64		

VISIO	N*
OURT COBRA Retiree ree rates & use same	
Retiree Only	7.00
Retiree +1 dep	9.80
Retiree +2 dep	17.30
	DURT COBRA Retiree ree rates & use same Retiree Only Retiree +1 dep

Retiree Only

Retiree +1

Retiree +2

EAP (optional)
Not Available

CareCounsel (mandatory)			
	2.88		

Enrolling in Medicare A & B after retirement disqualifies retiree from COBRA eligibility.

7.00

9.80

17.30

Contact SBCERS 3 months before MC effective date if enrolling in Medicare. Forms required no later than 2 months before their Medicare effective date.