

**2024
COBRA**

Santa Barbara County
SBCERS COUNTY RETIREE HEALTH PLAN MONTHLY PREMIUM RATES
 January 1, 2024 through December 31, 2024

**2024
COBRA**

COBRA

BLUE SHIELD COBRA						
		Narrow Network PPO	Low EPO	High EPO	PPO	HDHP
Sgl	NMC Retiree Only	977.42	1,034.54	1,198.76	1,579.22	900.92
Dbl	NMC Retiree + 1 NMC dep	1,806.68	1,911.74	2,217.74	2,918.48	1,613.90
Fam	NMC Retiree + 2 NMC depts	2,838.92	3,004.16	3,481.52	4,588.22	2,537.00

KAISER COBRA			
		Low HMO	High HMO
Sgl	NMC Retiree Only	796.88	829.52
Dbl	NMC Retiree +1 NMC dep	1,498.64	1,553.72
Fam	NMC Retiree + 2 NMC depts	2,276.90	2,361.56

Dental COBRA			
		Delta Dental PPO	Delta Care USA
Sgl	Retiree Only	48.82	33.54
Dbl	Retiree +1 dep	74.26	55.12
Fam	Retiree +2 dep	124.84	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	977.42	1,034.54	1,198.76	1,579.22	900.92
Dbl	NMC Retiree + 1 NMC dep	1,806.68	1,911.74	2,217.74	2,918.48	1,613.90
Fam	NMC Retiree + 2 NMC depts	2,838.92	3,004.16	3,481.52	4,588.22	2,537.00

KAISER EXTENDED COBRA			
		Low HMO	High HMO
Sgl	NMC Retiree Only	796.88	829.52
Dbl	NMC Retiree + 1 NMC dep	1,498.64	1,553.72
Fam	NMC Retiree + 2 NMC depts	2,276.90	2,361.56

Dental EXTENDED COBRA			
		Delta Dental PPO	Delta Care USA
Sgl	Retiree Only	48.82	33.54
Dbl	Retiree +1 dep	74.26	55.12
Fam	Retiree +2 dep	124.84	83.69

Vision EXTENDED 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	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.