

2024 COBRA

SUPERIOR COURT of SANTA BARBARA COUNTY

SBCERS RETIREE HEALTH PLAN MONTHLY PREMIUM RATES

January 1, 2024 through December 31, 2024

2024 COBRA

COBRA

BLUE SHIELD COBRA

Low EPO

Sgl	Retiree Only	928.70
Dbl	Retiree +1	1,720.22
Fam	Retiree +2	2,698.40

HDHP

Sgl	Retiree Only	820.58
Dbl	Retiree +1	1,516.22
Fam	Retiree +2	2,384.24

DELTA DENTAL*

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

DELTA DENTAL PPO

Sgl	Retiree Only	48.60
Dbl	Retiree+1 dep	93.30
Fam	Retiree+2 dep	143.30

DELTACARE USA DHMO

Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	100.64

EAP (optional)

3.22

CareCounsel (mandatory)

2.97

VISION*

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

Sgl	Retiree Only	7.00
Dbl	Retiree +1 dep	9.80
Fam	Retiree +2 dep	17.30

EXTENDED COBRA

BLUE SHIELD EXTENDED COBRA

Low EPO

Sgl	Retiree Only	928.70
Dbl	Retiree +1	1,720.22
Fam	Retiree +2	2,698.40

HDHP

Sgl	Retiree Only	820.58
Dbl	Retiree +1	1,516.22
Fam	Retiree +2	2,384.24

DELTA DENTAL*

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

DELTA DENTAL PPO

Sgl	Retiree Only	48.60
Dbl	Retiree+1 dep	93.30
Fam	Retiree+2 dep	143.30

DELTACARE USA DHMO

Sgl	Retiree Only	40.33
Dbl	Retiree+1 dep	66.31
Fam	Retiree+2 dep	100.64

EAP (optional)

Not Available

CareCounsel (mandatory)

2.97

Contact SBCERS 3 months before MC effective date if enrolling in Medicare. Forms required before the 15th of the month, prior to the effective date.