

**Santa Barbara County Superior Court**  
**2024 HEALTH INSURANCE PREMIUMS**  
**Twice Monthly Premiums for Full-Time Regular Employees**

Court Contribution will be Pro-rated for Part-Time Employees

\*Domestic Partner Coverage May Incur Imputed Income for Employee

**Effective January 1, 2024**

**MEDICAL PLANS**

EPO	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Group #E10063				
Employee Only	455.00	(455.00)	0.00	
with 1 Dependent	843.00	(758.70)	84.30	
Two + Dependents	1,322.50	(1,190.25)	132.25	
Employee +Domestic Partner*	843.00	(758.70)	0.00	84.30
Employee + Dom. Prtnr + Dep*	1,322.50	(1,190.25)	47.95	84.30

High Deductible PPO (HDHP)	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Group #E10065				
Employee Only	402.00	(402.00)	0.00	
with 1 Dependent	743.00	(668.70)	74.30	
Two + Dependents	1,168.50	(1,051.65)	116.85	
Employee +Domestic Partner*	743.00	(668.70)	0.00	74.30
Employee + Dom. Prtnr + Dep*	1,168.50	(1,051.65)	42.55	74.30

**DENTAL PLANS**

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(24.30)	0.00	
with 1 Dependent	46.65	(24.30)	22.35	
Two + Dependents	71.65	(24.30)	47.35	
Employee +Domestic Partner*	46.65	(24.30)	0.00	22.35
Employee + Dom. Prtnr + Dep*	71.65	(24.30)	25.00	22.35

Delta Dental HMO	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
DeltaCare USA				
Employee Only	20.17	(20.17)	0.00	
with 1 Dependent	33.16	(20.17)	12.99	
Two + Dependents	50.32	(20.17)	30.16	
Employee +Domestic Partner*	33.16	(20.17)	0.00	12.99
Employee + Dom. Prtnr + Dep*	50.32	(20.17)	17.17	12.99

**VISION PLAN**

VISION SERVICE PLAN (VSP)	Vision Premium	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	3.50	3.50	
with 1 Dependent	4.90	4.90	
Two + Dependents	8.65	8.65	
Employee +Domestic Partner*	4.90	3.50	1.40
Employee + Dom. Prtnr + Dep*	8.65	7.25	1.40