

**Santa Barbara County Superior Court
2024 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 60% FTE Employees**

*Domestic Partner Coverage May Incur Imputed Income for Employee
Effective January 1, 2024

MEDICAL PLANS

Low Option EPO Group #E10063	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	455.00	(273.00)	182.00	
with 1 Dependent	843.00	(455.22)	387.78	
Two + Dependents	1,322.50	(714.15)	608.35	
Employee +Domestic Partner*	843.00	(455.22)	0.00	387.78
Employee + Dom. Prtnr + Dep*	1,322.50	(714.15)	220.57	387.78

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	402.00	(241.20)	160.80	
with 1 Dependent	743.00	(401.22)	341.78	
Two + Dependents	1,168.50	(630.99)	537.51	
Employee +Domestic Partner*	743.00	(401.22)	0.00	341.78
Employee + Dom. Prtnr + Dep*	1,168.50	(630.99)	195.73	341.78

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(14.58)	9.72	
with 1 Dependent	46.65	(14.58)	32.07	
Two + Dependents	71.65	(14.58)	57.07	
Employee +Domestic Partner*	46.65	(14.58)	0.00	32.07
Employee + Dom. Prtnr + Dep*	71.65	(14.58)	25.00	32.07

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	20.17	(12.10)	8.07	
with 1 Dependent	33.16	(12.10)	21.06	
Two + Dependents	50.32	(12.10)	38.22	
Employee +Domestic Partner*	33.16	(12.10)	0.00	21.06
Employee + Dom. Prtnr + Dep*	50.32	(12.10)	17.17	21.06

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