

**Santa Barbara County Superior Court  
2024 HEALTH INSURANCE PREMIUMS  
Twice Monthly Premiums for 75% 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	(341.25)	113.75	
with 1 Dependent	843.00	(569.03)	273.98	
Two + Dependents	1,322.50	(892.69)	429.81	
Employee +Domestic Partner*	843.00	(569.03)	0.00	273.98
Employee + Dom. Prtnr + Dep*	1,322.50	(892.69)	155.84	273.98

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	402.00	(301.50)	100.50	
with 1 Dependent	743.00	(501.53)	241.48	
Two + Dependents	1,168.50	(788.74)	379.76	
Employee +Domestic Partner*	743.00	(501.53)	0.00	241.48
Employee + Dom. Prtnr + Dep*	1,168.50	(788.74)	138.29	241.48

**DENTAL PLANS**

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(18.23)	6.08	
with 1 Dependent	46.65	(18.23)	28.43	
Two + Dependents	71.65	(18.23)	53.43	
Employee +Domestic Partner*	46.65	(18.23)	0.00	28.43
Employee + Dom. Prtnr + Dep*	71.65	(18.23)	25.00	28.43

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	20.17	(15.12)	5.04	
with 1 Dependent	33.16	(15.12)	18.03	
Two + Dependents	50.32	(15.12)	35.20	
Employee +Domestic Partner*	33.16	(15.12)	0.00	18.03
Employee + Dom. Prtnr + Dep*	50.32	(15.12)	17.17	18.03

**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