

**Santa Barbara County Superior Court
2024 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 90% 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	(409.50)	45.50	
with 1 Dependent	843.00	(682.83)	160.17	
Two + Dependents	1,322.50	(1,071.23)	251.28	
Employee +Domestic Partner*	843.00	(682.83)	0.00	160.17
Employee + Dom. Prtnr + Dep*	1,322.50	(1,071.23)	91.10	160.17

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	402.00	(361.80)	40.20	
with 1 Dependent	743.00	(601.83)	141.17	
Two + Dependents	1,168.50	(946.49)	222.02	
Employee +Domestic Partner*	743.00	(601.83)	0.00	141.17
Employee + Dom. Prtnr + Dep*	1,168.50	(946.49)	80.84	141.17

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(21.87)	2.43	
with 1 Dependent	46.65	(21.87)	24.78	
Two + Dependents	71.65	(21.87)	49.78	
Employee +Domestic Partner*	46.65	(21.87)	0.00	24.78
Employee + Dom. Prtnr + Dep*	71.65	(21.87)	25.00	24.78

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	20.17	(18.15)	2.02	
with 1 Dependent	33.16	(18.15)	15.01	
Two + Dependents	50.32	(18.15)	32.17	
Employee +Domestic Partner*	33.16	(18.15)	0.00	15.01
Employee + Dom. Prtnr + Dep*	50.32	(18.15)	17.17	15.01

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