

**Santa Barbara County Superior Court
2024 HEALTH INSURANCE PREMIUMS
Twice-Monthly Premiums for 80% FTE Regular Employees**

Effective January 1, 2024

MEDICAL PLANS

Low Option EPO	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Group #E10063				
Employee Only	455.00	(364.00)	91.00	
with 1 Dependent	843.00	(539.52)	303.48	
Two + Dependents	1,322.50	(846.40)	476.10	
Employee +Domestic Partner	843.00	(539.52)	91.00	212.48
Employee + 1 Dep & Dom. Prtnr	1,322.50	(846.40)	303.48	172.62
Employee + 2 or more Dep & Dom Ptnr	1,322.50	(846.40)	476.10	

High Deductible PPO (HDHP)	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Group #E10065				
Employee Only	402.00	(321.60)	80.40	
with 1 Dependent	743.00	(475.52)	267.48	
Two + Dependents	1,168.50	(747.84)	420.66	
Employee +Domestic Partner	743.00	(475.52)	80.40	187.08
Employee + 1 Dep & Dom. Prtnr	1,168.50	(747.84)	267.48	153.18
Employee + 2 or more Dep & Dom Ptnr	1,168.50	(747.84)	420.66	

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Delta Dental PPO-Group 16479				
Employee Only	25.05	(15.03)	10.02	
with 1 Dependent	48.10	(15.03)	33.07	
Two + Dependents	73.90	(15.03)	58.87	
Employee +Domestic Partner	48.10	(15.03)	10.02	23.05
Employee + 1 Dep & Dom. Prtnr	73.90	(15.03)	33.07	25.80
Employee + 2 or more Dep & Dom Ptnr	73.90	(15.03)	58.87	

Delta Dental HMO	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
DeltaCare USA				
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)	8.07	12.99
Employee + 1 Dep & Dom. Prtnr	50.32	(12.10)	21.06	17.17
Employee + 2 or more Dep & Dom Ptnr	50.32	(12.10)	38.22	

VISION PLAN

VISION SERVICE PLAN (VSP)	Vision Premium	Pre-Tax Employee Cost	After-Tax Employee Cost
VISION SERVICE PLAN (VSP)			
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 + 1 Dep & Dom. Prtnr	8.65	4.90	3.75
Employee + 2 or more Dep & Dom Ptnr	8.65	8.65	