

**Santa Barbara County Superior Court  
2024 HEALTH INSURANCE PREMIUMS  
Twice Monthly Premiums for 50% 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	(227.50)	227.50	
with 1 Dependent	843.00	(379.35)	463.65	
Two + Dependents	1,322.50	(595.13)	727.38	
Employee +Domestic Partner*	843.00	(379.35)	0.00	463.65
Employee + Dom. Prtnr + Dep*	1,322.50	(595.13)	263.73	463.65

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	402.00	(201.00)	201.00	
with 1 Dependent	743.00	(334.35)	408.65	
Two + Dependents	1,168.50	(525.83)	642.68	
Employee +Domestic Partner*	743.00	(334.35)	0.00	408.65
Employee + Dom. Prtnr + Dep*	1,168.50	(525.83)	234.03	408.65

**DENTAL PLANS**

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(12.15)	12.15	
with 1 Dependent	46.65	(12.15)	34.50	
Two + Dependents	71.65	(12.15)	59.50	
Employee +Domestic Partner*	46.65	(12.15)	0.00	34.50
Employee + Dom. Prtnr + Dep*	71.65	(12.15)	25.00	34.50

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	20.17	(10.08)	10.08	
with 1 Dependent	33.16	(10.08)	23.07	
Two + Dependents	50.32	(10.08)	40.24	
Employee +Domestic Partner*	33.16	(10.08)	0.00	23.07
Employee + Dom. Prtnr + Dep*	50.32	(10.08)	17.17	23.07

**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