

**Santa Barbara County Superior Court
2024 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 62.5% 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	(284.38)	170.63	
with 1 Dependent	843.00	(474.19)	368.81	
Two + Dependents	1,322.50	(743.91)	578.59	
Employee +Domestic Partner*	843.00	(474.19)	0.00	368.81
Employee + Dom. Prtnr + Dep*	1,322.50	(743.91)	209.78	368.81

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	402.00	(251.25)	150.75	
with 1 Dependent	743.00	(417.94)	325.06	
Two + Dependents	1,168.50	(657.28)	511.22	
Employee +Domestic Partner*	743.00	(417.94)	0.00	325.06
Employee + Dom. Prtnr + Dep*	1,168.50	(657.28)	186.16	325.06

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(15.19)	9.11	
with 1 Dependent	46.65	(15.19)	31.46	
Two + Dependents	71.65	(15.19)	56.46	
Employee +Domestic Partner*	46.65	(15.19)	0.00	31.46
Employee + Dom. Prtnr + Dep*	71.65	(15.19)	25.00	31.46

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	20.17	(12.60)	7.56	
with 1 Dependent	33.16	(12.60)	20.55	
Two + Dependents	50.32	(12.60)	37.72	
Employee +Domestic Partner*	33.16	(12.60)	0.00	20.55
Employee + Dom. Prtnr + Dep*	50.32	(12.60)	17.17	20.55

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