

**Santa Barbara County Superior Court
2024 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 80% 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	(364.00)	91.00	
with 1 Dependent	843.00	(606.96)	236.04	
Two + Dependents	1,322.50	(952.20)	370.30	
Employee +Domestic Partner*	843.00	(606.96)	0.00	236.04
Employee + Dom. Prtnr + Dep*	1,322.50	(952.20)	134.26	236.04

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	402.00	(321.60)	80.40	
with 1 Dependent	743.00	(534.96)	208.04	
Two + Dependents	1,168.50	(841.32)	327.18	
Employee +Domestic Partner*	743.00	(534.96)	0.00	208.04
Employee + Dom. Prtnr + Dep*	1,168.50	(841.32)	119.14	208.04

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(19.44)	4.86	
with 1 Dependent	46.65	(19.44)	27.21	
Two + Dependents	71.65	(19.44)	52.21	
Employee +Domestic Partner*	46.65	(19.44)	0.00	27.21
Employee + Dom. Prtnr + Dep*	71.65	(19.44)	25.00	27.21

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	20.17	(16.13)	4.03	
with 1 Dependent	33.16	(16.13)	17.02	
Two + Dependents	50.32	(16.13)	34.19	
Employee +Domestic Partner*	33.16	(16.13)	0.00	17.02
Employee + Dom. Prtnr + Dep*	50.32	(16.13)	17.17	17.02

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