

**Santa Barbara County Superior Court  
2024 HEALTH INSURANCE PREMIUMS  
Twice Monthly Premiums for 87.5% 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	(398.13)	56.88	
with 1 Dependent	843.00	(663.86)	179.14	
Two + Dependents	1,322.50	(1,041.47)	281.03	
Employee +Domestic Partner*	843.00	(663.86)	0.00	179.14
Employee + Dom. Prtnr + Dep*	1,322.50	(1,041.47)	101.89	179.14

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	402.00	(351.75)	50.25	
with 1 Dependent	743.00	(585.11)	157.89	
Two + Dependents	1,168.50	(920.19)	248.31	
Employee +Domestic Partner*	743.00	(585.11)	0.00	157.89
Employee + Dom. Prtnr + Dep*	1,168.50	(920.19)	90.42	157.89

**DENTAL PLANS**

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.30	(21.26)	3.04	
with 1 Dependent	46.65	(21.26)	25.39	
Two + Dependents	71.65	(21.26)	50.39	
Employee +Domestic Partner*	46.65	(21.26)	0.00	25.39
Employee + Dom. Prtnr + Dep*	71.65	(21.26)	25.00	25.39

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	20.17	(17.64)	2.52	
with 1 Dependent	33.16	(17.64)	15.51	
Two + Dependents	50.32	(17.64)	32.68	
Employee +Domestic Partner*	33.16	(17.64)	0.00	15.51
Employee + Dom. Prtnr + Dep*	50.32	(17.64)	17.17	15.51

**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