

**Santa Barbara County Superior Court
2026 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for Full-Time Regular Employees**

*Court Contribution will be Pro-rated for Part-Time Employees

*Domestic Partner Coverage May Incur Imputed Income for Employee

Effective January 1, 2026

MEDICAL PLANS

EPO	Medical Premium	Court Contribution	Employee Cost*
Group #E10063			
Employee Only	548.50	(548.50)	0.00
with 1 Dependent	1,016.50	(1,016.50)	0.00
Two + Dependents	1,595.00	(1,595.00)	0.00

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	485.00	(485.00)	0.00
with 1 Dependent	896.00	(896.00)	0.00
Two + Dependents	1,409.00	(1,409.00)	0.00

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Delta Dental PPO-Group 16479			
Employee Only	23.45	(23.45)	0.00
with 1 Dependent	45.00	(45.00)	0.00
Two + Dependents	69.15	(69.15)	0.00

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution	Employee Cost*
Delta Dental HMO DeltaCare USA			
Employee Only	20.17	(20.17)	0.00
with 1 Dependent	33.16	(33.16)	0.00
Two + Dependents	50.32	(50.32)	0.00

VISION PLANS

VSP Core	Vision Premium	Employee Cost*
VSP Core		
Employee Only	3.65	3.65
with 1 Dependent	5.20	5.20
Two + Dependents	9.30	9.30

VSP Buy Up	Vision Premium	Employee Cost*
VSP Buy Up		
Employee Only	5.15	5.15
with 1 Dependent	7.30	7.30
Two + Dependents	13.05	13.05