

**Santa Barbara County Superior Court
2024 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for Full-Time Regular Employees**
*Court Contribution will be Pro-rated for Part-Time Employees
Effective January 1, 2024

MEDICAL PLANS

| EPO | Medical Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|-----------------|---------------------|-----------------------|-------------------------|
| Group #E10063 | | | | |
| Employee Only | 455.00 | (455.00) | 0.00 | |
| with 1 Dependent | 843.00 | (758.70) | 84.30 | |
| Two + Dependents | 1,322.50 | (1,190.25) | 132.25 | |
| Employee +Domestic Partner | 843.00 | (758.70) | 0.00 | 84.30 |
| Employee + 1 Dep & Dom. Prtnr | 1,322.50 | (1,190.25) | 84.30 | 47.95 |
| Employee + 2 or more Dep & Dom Ptnr | 1,322.50 | (1,190.25) | 132.25 | |

| High Deductible PPO (HDHP) | Medical Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|-----------------|---------------------|-----------------------|-------------------------|
| Group #E10065 | | | | |
| Employee Only | 402.00 | (402.00) | 0.00 | |
| with 1 Dependent | 743.00 | (668.70) | 74.30 | |
| Two + Dependents | 1,168.50 | (1,051.65) | 116.85 | |
| Employee +Domestic Partner | 743.00 | (668.70) | 0.00 | 74.30 |
| Employee + 1 Dep & Dom. Prtnr | 1,168.50 | (1,051.65) | 74.30 | 42.55 |
| Employee + 2 or more Dep & Dom Ptnr | 1,168.50 | (1,051.65) | 116.85 | |

DENTAL PLANS

| Delta Dental PPO-Group 16479 | Dental Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|----------------|---------------------|-----------------------|-------------------------|
| Employee Only | 25.05 | (25.05) | 0.00 | |
| with 1 Dependent | 48.10 | (25.05) | 23.05 | |
| Two + Dependents | 73.90 | (25.05) | 48.85 | |
| Employee +Domestic Partner | 48.10 | (25.05) | 0.00 | 23.05 |
| Employee + 1 Dep & Dom. Prtnr | 73.90 | (25.05) | 23.05 | 25.80 |
| Employee + 2 or more Dep & Dom Ptnr | 73.90 | (25.05) | 48.85 | |

| Delta Dental HMO | Dental Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|----------------|---------------------|-----------------------|-------------------------|
| DeltaCare USA | | | | |
| Employee Only | 20.17 | (20.17) | 0.00 | |
| with 1 Dependent | 33.16 | (20.17) | 12.99 | |
| Two + Dependents | 50.32 | (20.17) | 30.16 | |
| Employee +Domestic Partner | 33.16 | (20.17) | 0.00 | 12.99 |
| Employee + 1 Dep & Dom. Prtnr | 50.32 | (20.17) | 12.99 | 17.17 |
| Employee + 2 or more Dep & Dom Ptnr | 50.32 | (20.17) | 30.16 | |

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 + 1 Dep & Dom. Prtnr | 8.65 | 4.90 | 3.75 |
| Employee + 2 or more Dep & Dom Ptnr | 8.65 | 8.65 | |