

Santa Barbara County Superior Court
2023 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for Full-Time Regular Employees
 *Court Contribution will be Pro-rated for Part-Time Employees
Effective January 1, 2023

MEDICAL PLANS

| EPO | Medical Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|-----------------|---------------------|-----------------------|-------------------------|
| Group #E10063 | | | | |
| Employee Only | 418.00 | (418.00) | 0.00 | |
| with 1 Dependent | 774.00 | (619.20) | 154.80 | |
| Two + Dependents | 1,214.50 | (971.60) | 242.90 | |
| Employee +Domestic Partner | 774.00 | (619.20) | 0.00 | 154.80 |
| Employee + 1 Dep & Dom. Prtnr | 1,214.50 | (971.60) | 154.80 | 88.10 |
| Employee + 2 or more Dep & Dom Ptnr | 1,214.50 | (971.60) | 242.90 | |

| High Deductible PPO (HDHP) | Medical Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|-----------------|---------------------|-----------------------|-------------------------|
| Group #E10065 | | | | |
| Employee Only | 369.00 | (369.00) | 0.00 | |
| with 1 Dependent | 682.50 | (546.00) | 136.50 | |
| Two + Dependents | 1,073.00 | (858.40) | 214.60 | |
| Employee +Domestic Partner | 682.50 | (546.00) | 0.00 | 136.50 |
| Employee + 1 Dep & Dom. Prtnr | 1,073.00 | (858.40) | 136.50 | 78.10 |
| Employee + 2 or more Dep & Dom Ptnr | 1,073.00 | (858.40) | 214.60 | |

DENTAL PLANS

| Delta Dental PPO-Group 16479 | Dental Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|----------------|---------------------|-----------------------|-------------------------|
| Employee Only | 25.05 | (18.79) | 6.26 | |
| with 1 Dependent | 48.10 | (18.79) | 29.31 | |
| Two + Dependents | 73.90 | (18.79) | 55.11 | |
| Employee +Domestic Partner | 48.10 | (18.79) | 6.26 | 23.05 |
| Employee + 1 Dep & Dom. Prtnr | 73.90 | (18.79) | 29.31 | 25.80 |
| Employee + 2 or more Dep & Dom Ptnr | 73.90 | (18.79) | 55.11 | |

| Delta Dental HMO | Dental Premium | Court Contribution* | Pre-Tax Employee Cost | After-Tax Employee Cost |
|-------------------------------------|----------------|---------------------|-----------------------|-------------------------|
| DeltaCare USA | | | | |
| Employee Only | 20.17 | (15.12) | 5.04 | |
| with 1 Dependent | 33.16 | (15.12) | 18.03 | |
| Two + Dependents | 50.32 | (15.12) | 35.20 | |
| Employee +Domestic Partner | 33.16 | (15.12) | 5.04 | 12.99 |
| Employee + 1 Dep & Dom. Prtnr | 50.32 | (15.12) | 18.03 | 17.17 |
| Employee + 2 or more Dep & Dom Ptnr | 50.32 | (15.12) | 35.20 | |

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 | |