

**Santa Barbara County Superior Court
2025 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 60% FTE Employees**

*Domestic Partner Coverage May Incur Imputed Income for Employee
Effective January 1, 2025

MEDICAL PLANS

EPO	Medical Premium	Court Contribution	Employee Cost*
Group #E10063			
Employee Only	478.50	(287.10)	191.40
with 1 Dependent	886.50	(531.90)	354.60
Two + Dependents	1,391.00	(834.60)	556.40

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	423.00	(253.80)	169.20
with 1 Dependent	781.50	(468.90)	312.60
Two + Dependents	1,229.00	(737.40)	491.60

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Delta Dental PPO-Group 16479			
Employee Only	23.45	(14.07)	9.38
with 1 Dependent	45.00	(22.95)	22.05
Two + Dependents	69.15	(35.27)	33.88

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution	Employee Cost*
Delta Dental HMO DeltaCare USA			
Employee Only	20.17	(12.10)	8.07
with 1 Dependent	33.16	(16.91)	16.25
Two + Dependents	50.32	(25.66)	24.66

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