

**Santa Barbara County Superior Court
2025 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 62.5% 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	(299.06)	179.44
with 1 Dependent	886.50	(554.06)	332.44
Two + Dependents	1,391.00	(869.38)	521.63

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	423.00	(264.38)	158.63
with 1 Dependent	781.50	(488.44)	293.06
Two + Dependents	1,229.00	(768.13)	460.88

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Employee Only	23.45	(14.66)	8.79
with 1 Dependent	45.00	(23.91)	21.09
Two + Dependents	69.15	(36.74)	32.41

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution	Employee Cost*
Employee Only	20.17	(12.60)	7.56
with 1 Dependent	33.16	(17.61)	15.54
Two + Dependents	50.32	(26.73)	23.59

VISION PLANS

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