

**Santa Barbara County Superior Court
2025 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 75% 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	(358.88)	119.63
with 1 Dependent	886.50	(664.88)	221.63
Two + Dependents	1,391.00	(1,043.25)	347.75

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	423.00	(317.25)	105.75
with 1 Dependent	781.50	(586.13)	195.38
Two + Dependents	1,229.00	(921.75)	307.25

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Delta Dental PPO-Group 16479			
Employee Only	23.45	(17.59)	5.86
with 1 Dependent	45.00	(28.69)	16.31
Two + Dependents	69.15	(44.08)	25.07

Delta Dental HMO	Dental Premium	Court Contribution	Employee Cost*
DeltaCare USA			
Employee Only	20.17	(15.12)	5.04
with 1 Dependent	33.16	(21.14)	12.02
Two + Dependents	50.32	(32.08)	18.24

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