

**Santa Barbara County Superior Court
2025 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 80% 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	(382.80)	95.70
with 1 Dependent	886.50	(709.20)	177.30
Two + Dependents	1,391.00	(1,112.80)	278.20

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	423.00	(338.40)	84.60
with 1 Dependent	781.50	(625.20)	156.30
Two + Dependents	1,229.00	(983.20)	245.80

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Delta Dental PPO-Group 16479			
Employee Only	23.45	(18.76)	4.69
with 1 Dependent	45.00	(30.60)	14.40
Two + Dependents	69.15	(47.02)	22.13

Delta Dental HMO	Dental Premium	Court Contribution	Employee Cost*
DeltaCare USA			
Employee Only	20.17	(16.13)	4.03
with 1 Dependent	33.16	(22.55)	10.61
Two + Dependents	50.32	(34.22)	16.10

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