

**Santa Barbara County Superior Court
2025 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 87.5% 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	(418.69)	59.81
with 1 Dependent	886.50	(775.69)	110.81
Two + Dependents	1,391.00	(1,217.13)	173.88

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	423.00	(370.13)	52.88
with 1 Dependent	781.50	(683.81)	97.69
Two + Dependents	1,229.00	(1,075.38)	153.63

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Delta Dental PPO-Group 16479			
Employee Only	23.45	(20.52)	2.93
with 1 Dependent	45.00	(33.47)	11.53
Two + Dependents	69.15	(51.43)	17.72

Delta Dental HMO	Dental Premium	Court Contribution	Employee Cost*
DeltaCare USA			
Employee Only	20.17	(17.64)	2.52
with 1 Dependent	33.16	(24.66)	8.50
Two + Dependents	50.32	(37.43)	12.89

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