

**Santa Barbara County Superior Court
2025 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for Full-Time Regular Employees**

*Court Contribution will be Pro-rated for Part-Time 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	(478.50)	0.00
with 1 Dependent	886.50	(886.50)	0.00
Two + Dependents	1,391.00	(1,391.00)	0.00

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	423.00	(423.00)	0.00
with 1 Dependent	781.50	(781.50)	0.00
Two + Dependents	1,229.00	(1,229.00)	0.00

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Employee Only	23.45	(23.45)	0.00
with 1 Dependent	45.00	(38.25)	6.75
Two + Dependents	69.15	(58.78)	10.37

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution	Employee Cost*
Employee Only	20.17	(20.17)	0.00
with 1 Dependent	33.16	(28.18)	4.97
Two + Dependents	50.32	(42.77)	7.55

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