

**Santa Barbara County Superior Court  
2025 HEALTH INSURANCE PREMIUMS  
Twice Monthly Premiums for 50% FTE Employees**

\*Domestic Partner Coverage May Incur Imputed Income for Employee  
**Effective January 1, 2025**

**MEDICAL PLANS**

<b>EPO</b>	<b>Medical Premium</b>	<b>Court Contribution</b>	<b>Employee Cost*</b>
<b>Group #E10063</b>			
Employee Only	478.50	(239.25)	239.25
with 1 Dependent	886.50	(443.25)	443.25
Two + Dependents	1,391.00	(695.50)	695.50

<b>High Deductible PPO (HDHP)</b>	<b>Medical Premium</b>	<b>Court Contribution</b>	<b>Employee Cost*</b>
<b>Group #E10065</b>			
Employee Only	423.00	(211.50)	211.50
with 1 Dependent	781.50	(390.75)	390.75
Two + Dependents	1,229.00	(614.50)	614.50

**DENTAL PLANS**

<b>Delta Dental PPO-Group 16479</b>	<b>Dental Premium</b>	<b>Court Contribution</b>	<b>Employee Cost*</b>
Employee Only	23.45	(11.73)	11.73
with 1 Dependent	45.00	(19.13)	25.88
Two + Dependents	69.15	(29.39)	39.76

<b>Delta Dental HMO</b>	<b>Dental Premium</b>	<b>Court Contribution</b>	<b>Employee Cost*</b>
<b>DeltaCare USA</b>			
Employee Only	20.17	(10.08)	10.08
with 1 Dependent	33.16	(14.09)	19.06
Two + Dependents	50.32	(21.39)	28.93

**VISION PLANS**

<b>VSP Core</b>	<b>Vision Premium</b>	<b>Employee Cost*</b>
Employee Only	3.65	3.65
with 1 Dependent	5.20	5.20
Two + Dependents	9.30	9.30

<b>VSP Buy Up</b>	<b>Vision Premium</b>	<b>Employee Cost*</b>
Employee Only	5.15	5.15
with 1 Dependent	7.30	7.30
Two + Dependents	13.05	13.05