

**Santa Barbara County Superior Court
2025 HEALTH INSURANCE PREMIUMS
Twice Monthly Premiums for 90% 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	(430.65)	47.85
with 1 Dependent	886.50	(797.85)	88.65
Two + Dependents	1,391.00	(1,251.90)	139.10

High Deductible PPO (HDHP)	Medical Premium	Court Contribution	Employee Cost*
Group #E10065			
Employee Only	423.00	(380.70)	42.30
with 1 Dependent	781.50	(703.35)	78.15
Two + Dependents	1,229.00	(1,106.10)	122.90

DENTAL PLANS

Delta Dental PPO-Group 16479	Dental Premium	Court Contribution	Employee Cost*
Employee Only	23.45	(21.11)	2.35
with 1 Dependent	45.00	(34.43)	10.58
Two + Dependents	69.15	(52.90)	16.25

Delta Dental HMO DeltaCare USA	Dental Premium	Court Contribution	Employee Cost*
Employee Only	20.17	(18.15)	2.02
with 1 Dependent	33.16	(25.36)	7.79
Two + Dependents	50.32	(38.49)	11.83

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