

**Santa Barbara County Superior Court  
2012 MEDICAL INSURANCE PREMIUMS  
Biweekly Premiums for 87.5% FTE Regular Employees**

\*Court Contribution will be Pro-rated for Part-Time Employees

**Effective January 1, 2012**

**MEDICAL PLANS**

Low Option EPO \$20 OV Co-Pay, \$250 + 20% Hospital Charge Group #E10063	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	244.28	(213.75)	30.54	
with 1 Dependent	451.92	(213.75)	238.18	
Two + Dependents	709.61	(213.75)	495.87	
Employee +Domestic Partner	451.92	(213.75)	30.54	207.64
Employee + 1 Dep & Dom. Prtnr	709.61	(213.75)	238.18	257.69
Employee + 2 or more Dep & Dom Ptnr	709.61	(213.75)	495.87	

High Option EPO \$15 OV Co-Pay, \$100 Hospital Group #E10062	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	305.34	(213.75)	91.60	
with 1 Dependent	564.90	(213.75)	351.16	
Two + Dependents	887.01	(213.75)	673.27	
Employee +Domestic Partner	564.90	(213.75)	91.60	259.56
Employee + 1 Dep & Dom. Prtnr	887.01	(213.75)	351.16	322.11
Employee + 2 or more Dep & Dom Ptnr	887.01	(213.75)	673.27	

PPO Group #E10064	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	296.67	(213.75)	82.93	
with 1 Dependent	548.83	(213.75)	335.09	
Two + Dependents	862.80	(213.75)	649.06	
Employee +Domestic Partner	548.83	(213.75)	82.93	252.16
Employee + 1 Dep & Dom. Prtnr	862.80	(213.75)	335.09	313.97
Employee + 2 or more Dep & Dom Ptnr	862.80	(213.75)	649.06	

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	210.44	(184.14)	26.31	
with 1 Dependent	389.32	(184.14)	205.19	
Two + Dependents	612.05	(184.14)	427.92	
Employee +Domestic Partner	389.32	(184.14)	26.31	178.88
Employee + 1 Dep & Dom. Prtnr	612.05	(184.14)	205.19	222.73
Employee + 2 or more Dep & Dom Ptnr	612.05	(184.14)	427.92	

**Santa Barbara County Superior Court**  
**2012 DENTAL & VISION INSURANCE PREMIUMS**  
**Biweekly Premiums for 87.5% FTE Regular Employees**  
 \*Court Contribution will be Pro-rated for Part-Time Employees  
**Effective January 1, 2012**

**DENTAL PLANS**

Golden West Dental PPO					
Group #8059DA	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost	
Employee Only	25.68	(10.52)	15.16		
with 1 Dependent	49.33	(10.52)	38.81		
Two + Dependents	75.94	(10.52)	65.42		
Employee +Domestic Partner	49.33	(10.52)	15.16		23.65
Employee + 1 Dep & Dom. Prtnr	75.94	(10.52)	38.81		26.61
Employee + 2 or more Dep & Dom Ptnr	75.94	(10.52)	65.42		

GOLDEN WEST DENTAL HMO					
Pacesetter, Group #561904	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost	
Employee Only	16.08	(10.52)	5.56		
with 1 Dependent	26.43	(10.52)	15.91		
Two + Dependents	40.12	(10.52)	29.60		
Employee +Domestic Partner	26.43	(10.52)	5.56		10.35
Employee + 1 Dep & Dom. Prtnr	40.12	(10.52)	15.91		13.69
Employee + 2 or more Dep & Dom Ptnr	40.12	(10.52)	29.60		

**VISION PLAN**

VISION SERVICE PLAN (VSP)					
	Vision Premium		Pre-Tax Employee Cost	After-Tax Employee Cost	
Employee Only	3.12		3.12		
with 1 Dependent	4.38		4.38		
Two + Dependents	7.69		7.69		
Employee +Domestic Partner	4.38		3.12		1.26
Employee + 1 Dep & Dom. Prtnr	7.69		4.38		3.31
Employee + 2 or more Dep & Dom Ptnr	7.69		7.69		