

**Santa Barbara County Superior Court**  
**2011 Monthly COBRA Rates**

Medical Coverage	COBRA Rates
<b>Low EPO</b>	<i>EPO</i>
Employee Only	\$500.33
Employee + 1	\$925.61
Family	\$1,453.41
<b>High EPO</b>	<i>EPO</i>
Employee Only	\$625.40
Employee + 1	\$1,157.01
Family	\$1,816.76
<b>PPO</b>	<i>PPO</i>
Employee Only	\$607.63
Employee + 1	\$1,124.11
Family	\$1,767.18
<b>HDHP</b>	<i>HDHP</i>
Employee Only	\$431.02
Employee + 1	\$797.40
Family	\$1,253.58
Dental Coverage	COBRA Rates
<b>Pacesetter - DHMO</b>	
Employee Only	\$35.53
Employee + 1	\$58.41
Family	\$88.66
<b>True Advantage PPO</b>	
Employee Only	\$56.75
Employee + 1	\$109.03
Family	\$167.83
Vision Coverage	COBRA Rates
<b>VSP</b>	
Employee Only	\$6.89
Employee + 1	\$9.69
Family	\$17.00
Employee Assistance Program	COBRA Rates
Family	\$2.92