

**Santa Barbara County Superior Court
2006 MEDICAL & DENTAL COBRA PREMIUMS
Monthly Premiums
Effective July 1, 2007**

MEDICAL PLANS

BLUE SHIELD Low Option HMO \$10 OV Co-Pay		Cobra Rate
\$10 OV Co-Pay, \$250 + 20% Hospital Charge		
Group # H54554		
Employee Only	\$	322.58
with 1 Dependent	\$	600.23
Two + Dependents	\$	935.50
Employee +Domestic Partner	\$	600.23
Employee + 1 Dep & Dom. Prtnr	\$	935.50
Employee + 2 or more Dep & Dom Ptnr	\$	935.50

BLUE SHIELD High Option HMO		Cobra Rate
\$10 OV Co-Pay		
Group #H54493		
Employee Only	\$	479.63
with 1 Dependent	\$	890.76
Two + Dependents	\$	1,393.93
Employee +Domestic Partner	\$	890.76
Employee + 1 Dep & Dom. Prtnr	\$	1,393.93
Employee + 2 or more Dep & Dom Ptnr	\$	1,393.93

BLUE SHIELD POS		Cobra Rate
Group #ZH5838		
Employee Only	\$	692.54
with 1 Dependent	\$	1,286.78
Two + Dependents	\$	2,011.27
Employee +Domestic Partner	\$	1,286.78
Employee + 1 Dep & Dom. Prtnr	\$	2,011.27
Employee + 2 or more Dep & Dom Ptnr	\$	2,011.27

BLUE SHIELD PPO		Cobra Rate
Group #944336		
Employee Only	\$	321.03
with 1 Dependent	\$	596.99
Two + Dependents	\$	930.32
Employee +Domestic Partner	\$	596.99
Employee + 1 Dep & Dom. Prtnr	\$	930.32
Employee + 2 or more Dep & Dom Ptnr	\$	930.32

BLUE SHIELD HIGH DEDUCTIBLE PPO		Cobra Rate
Group #977750		
Employee Only	\$	245.66
with 1 Dependent	\$	456.82
Two + Dependents	\$	711.89
Employee +Domestic Partner	\$	456.82
Employee + 1 Dep & Dom. Prtnr	\$	711.89
Employee + 2 or more Dep & Dom Ptnr	\$	711.89

DENTAL PLANS

County SELF-FUNDED DENTAL PLAN		Cobra Rate
Group #8059DA		
Employee Only	\$	39.79
with 1 Dependent	\$	76.45
Two + Dependents	\$	117.69
Employee +Domestic Partner	\$	16.45
Employee + 1 Dep & Dom. Prtnr	\$	117.69
Employee + 2 or more Dep & Dom Ptnr	\$	117.69

GOLDEN WEST DENTAL HMO		Cobra Rate
Group #561904		
Employee Only	\$	29.02
with 1 Dependent	\$	47.70
Two + Dependents	\$	72.41
Employee +Domestic Partner	\$	47.70
Employee + 1 Dep & Dom. Prtnr	\$	72.41
Employee + 2 or more Dep & Dom Ptnr	\$	72.41

VISION PLAN

VISION SERVICE PLAN (VSP)		Cobra Rate
Employee Only	\$	7.09
with 1 Dependent	\$	10.21
Two + Dependents	\$	18.32
Employee +Domestic Partner	\$	10.21
Employee + 1 Dep & Dom. Prtnr	\$	18.32
Employee + 2 or more Dep & Dom Ptnr	\$	18.32

EMPLOYEE ASSISTANCE PROGRAM

Cost per individual	\$	3.05
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