

**Santa Barbara County Superior Court**  
**2008-2009 MEDICAL & VISION INSURANCE PREMIUMS**  
**Biweekly Premiums for Full-Time Regular Employees**

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

**Effective July 1, 2008**

**MEDICAL PLANS**

Aetna Low Option HMO \$20 OV Co-Pay, \$250 + 20% Hospital Charge	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	153.43	(153.43)	0.00	
with 1 Dependent	283.59	(153.43)	130.16	
Two + Dependents	440.75	(153.43)	287.32	
Employee +Domestic Partner	283.59	(153.43)	0.00	130.16
Employee + 1 Dep & Dom. Prtnr	440.75	(153.43)	130.16	157.16
Employee + 2 or more Dep & Dom Ptnr	440.75	(153.43)	287.32	

Aetna High Option HMO \$15 OV Co-Pay, \$100 Hospital	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	227.06	(153.43)	73.63	
with 1 Dependent	419.78	(153.43)	266.35	
Two + Dependents	655.65	(153.43)	502.22	
Employee +Domestic Partner	419.78	(153.43)	73.63	192.72
Employee + 1 Dep & Dom. Prtnr	655.65	(153.43)	266.35	235.87
Employee + 2 or more Dep & Dom Ptnr	655.65	(153.43)	502.22	

Aetna Managed Choice POS	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	348.60	(153.43)	195.17	
with 1 Dependent	643.01	(153.43)	489.58	
Two + Dependents	1,006.69	(153.43)	853.26	
Employee +Domestic Partner	643.01	(153.43)	195.17	294.41
Employee + 1 Dep & Dom. Prtnr	1,006.69	(153.43)	489.58	363.68
Employee + 2 or more Dep & Dom Ptnr	1,006.69	(153.43)	853.26	

Aetna Open Access Plan Formerly PPO Plan	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	178.64	(153.43)	25.21	
with 1 Dependent	328.58	(153.43)	175.15	
Two + Dependents	513.82	(153.43)	360.39	
Employee +Domestic Partner	328.58	(153.43)	25.21	149.94
Employee + 1 Dep & Dom. Prtnr	513.82	(153.43)	175.15	185.24
Employee + 2 or more Dep & Dom Ptnr	513.82	(153.43)	360.39	

Aetna High Deductible PPO (HDHP)	Medical Premium**	Court Contribution*	Pre-Tax Employee	After-Tax Employee
Employee Only	117.38	(117.38)	0.00	
with 1 Dependent	216.36	(117.38)	98.98	
Two + Dependents	335.93	(117.38)	218.55	
Employee +Domestic Partner	216.36	(117.38)	0.00	98.98
Employee + 1 Dep & Dom. Prtnr	335.93	(117.38)	98.98	119.57
Employee + 2 or more Dep & Dom Ptnr	335.93	(117.38)	218.55	

**KAISER PLANS OFFERED TO VENTURA COUNTY RESIDENTS IN CERTAIN ZIP CODES ONLY  
SEE HR WEB PAGE FOR MORE DETAILS**

Kaiser Buenaventura Low Option HMO \$20 OV Co-Pay, \$250 + 20% Hospital Charge Group - 229297-0101	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	141.15	(141.15)	0.00	
with 1 Dependent	266.18	(141.15)	125.03	
Two + Dependents	405.10	(141.15)	263.95	
Employee +Domestic Partner	266.18	(141.15)	0.00	125.03
Employee + 1 Dep & Dom. Prtnr	405.10	(141.15)	125.03	138.92
Employee + 2 or more Dep & Dom Ptnr	405.10	(141.15)	263.95	

Kaiser Buenaventura High Option HMO \$15 OV Co-Pay, \$100 Hospital Group - 229297-0001	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	146.59	(146.59)	0.00	
with 1 Dependent	276.52	(146.59)	129.93	
Two + Dependents	420.88	(146.59)	274.29	
Employee +Domestic Partner	276.52	(146.59)	0.00	129.93
Employee + 1 Dep & Dom. Prtnr	420.88	(146.59)	129.93	144.36
Employee + 2 or more Dep & Dom Ptnr	420.88	(146.59)	274.29	

\*\*= Medical Premiums and Court Contributions reflect costs for CareCounsel and the Employee Assistance Program.

## VISION PLAN

VISION SERVICE PLAN (VSP)	Vision Premium	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	3.21	3.21	
with 1 Dependent	4.62	4.62	
Two + Dependents	8.29	8.29	
Employee +Domestic Partner	4.62	3.21	1.41
Employee + 1 Dep & Dom. Prtnr	8.29	4.62	3.67
Employee + 2 or more Dep & Dom Ptnr	8.29	8.29	

**Santa Barbara County Superior Court**  
**2008-2009 DENTAL INSURANCE PREMIUMS**  
**Biweekly Premiums for Full-Time Regular Employees**  
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**Effective July 1, 2008**

**DENTAL PLANS**

<b>County SELF-FUNDED DENTAL PLAN</b>				
<b>Group #8059DA</b>	<b>Dental Premium</b>	<b>Court Contribution*</b>	<b>Pre-Tax Employee Cost</b>	<b>After-Tax Employee Cost</b>
Employee Only	18.01	(12.02)	5.99	
with 1 Dependent	34.60	(12.02)	22.58	
Two + Dependents	53.26	(12.02)	41.24	
Employee +Domestic Partner	34.60	(12.02)	5.99	16.59
Employee + 1 Dep & Dom. Ptnr	53.26	(12.02)	22.58	18.66
Employee + 2 or more Dep & Dom Ptnr	53.26	(12.02)	41.24	

<b>GOLDEN WEST DENTAL HMO</b>				
<b>Group #561904</b>	<b>Dental Premium</b>	<b>Court Contribution*</b>	<b>Pre-Tax Employee Cost</b>	<b>After-Tax Employee Cost</b>
Employee Only	14.45	(12.02)	2.43	
with 1 Dependent	23.75	(12.02)	11.73	
Two + Dependents	36.05	(12.02)	24.03	
Employee +Domestic Partner	23.75	(12.02)	2.43	9.30
Employee + 1 Dep & Dom. Ptnr	36.05	(12.02)	11.73	12.30
Employee + 2 or more Dep & Dom Ptnr	36.05	(12.02)	24.03	