

**Santa Barbara County Superior Court
2010 DENTAL INSURANCE PREMIUMS
Biweekly Premiums for Full-Time Regular Employees**
*Court Contribution will be Pro-rated for Part-Time Employees
Effective January 1, 2010

DENTAL PLANS

Golden West Dental PPO	Dental Premium	Court Contribution	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	24.69	(12.02)	12.67	
with 1 Dependent	47.44	(12.02)	35.42	
Two + Dependents	73.02	(12.02)	61.00	
Employee +Domestic Partner	47.44	(12.02)	12.67	22.75
Employee + 1 Dep & Dom. Prtnr	73.02	(12.02)	35.42	25.58
Employee + 2 or more Dep & Dom Ptnr	73.02	(12.02)	61.00	

GOLDEN WEST DENTAL HMO Pacesetter	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	15.31	(12.02)	3.29	
with 1 Dependent	25.17	(12.02)	13.15	
Two + Dependents	38.21	(12.02)	26.19	
Employee +Domestic Partner	25.17	(12.02)	3.29	9.86
Employee + 1 Dep & Dom. Prtnr	38.21	(12.02)	13.15	13.04
Employee + 2 or more Dep & Dom Ptnr	38.21	(12.02)	26.19	