

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

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	202.50	(202.50)	0.00	
with 1 Dependent	374.62	(202.50)	172.12	
Two + Dependents	588.24	(202.50)	385.74	
Employee +Domestic Partner	374.62	(202.50)	0.00	172.12
Employee + 1 Dep & Dom. Prtnr	588.24	(202.50)	172.12	213.62
Employee + 2 or more Dep & Dom Ptnr	588.24	(202.50)	385.74	

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	253.12	(202.50)	50.62	
with 1 Dependent	468.28	(202.50)	265.78	
Two + Dependents	735.30	(202.50)	532.80	
Employee +Domestic Partner	468.28	(202.50)	50.62	215.16
Employee + 1 Dep & Dom. Prtnr	735.30	(202.50)	265.78	267.02
Employee + 2 or more Dep & Dom Ptnr	735.30	(202.50)	532.80	

PPO Group #E10064	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	245.93	(202.50)	43.43	
with 1 Dependent	454.96	(202.50)	252.46	
Two + Dependents	715.23	(202.50)	512.73	
Employee +Domestic Partner	454.96	(202.50)	43.43	209.03
Employee + 1 Dep & Dom. Prtnr	715.23	(202.50)	252.46	260.27
Employee + 2 or more Dep & Dom Ptnr	715.23	(202.50)	512.73	

High Deductible PPO (HDHP) Group #E10065	Medical Premium**	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	174.45	(174.45)	0.00	
with 1 Dependent	322.73	(174.45)	148.28	
Two + Dependents	507.36	(174.45)	332.91	
Employee +Domestic Partner	322.73	(174.45)	0.00	148.28
Employee + 1 Dep & Dom. Prtnr	507.36	(174.45)	148.28	184.63
Employee + 2 or more Dep & Dom Ptnr	507.36	(174.45)	332.91	

Santa Barbara County Superior Court
2010 DENTAL & VISION INSURANCE PREMIUMS
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DENTAL PLANS

Golden West Dental PPO					
Group #8059DA	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, Group #561904	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		

VISION PLAN

VISION SERVICE PLAN (VSP)					
	Vision Premium		Pre-Tax Employee Cost	After-Tax Employee Cost	
Employee Only	3.02		3.02		
with 1 Dependent	4.26		4.26		
Two + Dependents	7.46		7.46		
Employee +Domestic Partner	4.26		3.02		1.24
Employee + 1 Dep & Dom. Prtnr	7.46		4.26		3.20
Employee + 2 or more Dep & Dom Ptnr	7.46		7.46		