

**Santa Barbara County Superior Court
2012 MEDICAL INSURANCE PREMIUMS
Biweekly Premiums for Full-Time Regular Employees**
*Court Contribution will be Pro-rated for Part-Time Employees
Effective January 1, 2012

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	244.28	(244.28)	0.00	
with 1 Dependent	451.92	(244.28)	207.64	
Two + Dependents	709.61	(244.28)	465.33	
Employee +Domestic Partner	451.92	(244.28)	0.00	207.64
Employee + 1 Dep & Dom. Prtnr	709.61	(244.28)	207.64	257.69
Employee + 2 or more Dep & Dom Ptnr	709.61	(244.28)	465.33	

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	305.34	(244.28)	61.06	
with 1 Dependent	564.90	(244.28)	320.62	
Two + Dependents	887.01	(244.28)	642.73	
Employee +Domestic Partner	564.90	(244.28)	61.06	259.56
Employee + 1 Dep & Dom. Prtnr	887.01	(244.28)	320.62	322.11
Employee + 2 or more Dep & Dom Ptnr	887.01	(244.28)	642.73	

PPO Group #E10064	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	296.67	(244.28)	52.39	
with 1 Dependent	548.83	(244.28)	304.55	
Two + Dependents	862.80	(244.28)	618.52	
Employee +Domestic Partner	548.83	(244.28)	52.39	252.16
Employee + 1 Dep & Dom. Prtnr	862.80	(244.28)	304.55	313.97
Employee + 2 or more Dep & Dom Ptnr	862.80	(244.28)	618.52	

High Deductible PPO (HDHP) Group #E10065	Medical Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost
Employee Only	210.44	(210.44)	0.00	
with 1 Dependent	389.32	(210.44)	178.88	
Two + Dependents	612.05	(210.44)	401.61	
Employee +Domestic Partner	389.32	(210.44)	0.00	178.88
Employee + 1 Dep & Dom. Prtnr	612.05	(210.44)	178.88	222.73
Employee + 2 or more Dep & Dom Ptnr	612.05	(210.44)	401.61	

Santa Barbara County Superior Court
2012 DENTAL & VISION INSURANCE PREMIUMS
Biweekly Premiums for Full-Time Regular Employees
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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	25.68	(12.02)	13.66		
with 1 Dependent	49.33	(12.02)	37.31		
Two + Dependents	75.94	(12.02)	63.92		
Employee +Domestic Partner	49.33	(12.02)	13.66		23.65
Employee + 1 Dep & Dom. Prtnr	75.94	(12.02)	37.31		26.61
Employee + 2 or more Dep & Dom Ptnr	75.94	(12.02)	63.92		

GOLDEN WEST DENTAL HMO					
Pacesetter, Group #561904	Dental Premium	Court Contribution*	Pre-Tax Employee Cost	After-Tax Employee Cost	
Employee Only	16.08	(12.02)	4.06		
with 1 Dependent	26.43	(12.02)	14.41		
Two + Dependents	40.12	(12.02)	28.10		
Employee +Domestic Partner	26.43	(12.02)	4.06		10.35
Employee + 1 Dep & Dom. Prtnr	40.12	(12.02)	14.41		13.69
Employee + 2 or more Dep & Dom Ptnr	40.12	(12.02)	28.10		

VISION PLAN

VISION SERVICE PLAN (VSP)					
	Vision Premium		Pre-Tax Employee Cost	After-Tax Employee Cost	
Employee Only	3.12		3.12		
with 1 Dependent	4.38		4.38		
Two + Dependents	7.69		7.69		
Employee +Domestic Partner	4.38		3.12		1.26
Employee + 1 Dep & Dom. Prtnr	7.69		4.38		3.31
Employee + 2 or more Dep & Dom Ptnr	7.69		7.69		