

STANISLAUS COUNTY 2017 INSURANCE RATES	WAIVE MEDICAL-	REG EMP	CONF	MGMNT/DH	
	SEMI-MONTHLY CREDIT-	23.75	75.00	75.00	
FULL TIME 40 HOUR EMPLOYEES		HSA Annual Cont.= EE- \$1250 FAM- \$2100			
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	320.74	304.70	16.04	641.48	654.31
EMPLOYEE + 1	641.48	609.41	32.07	1282.96	1308.62
FAMILY	866.02	822.72	43.30	1732.04	1766.68
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	383.52	306.82	76.70	767.04	782.38
EMPLOYEE + 1	767.03	613.62	153.41	1534.06	1564.74
FAMILY	1035.50	828.40	207.10	2071.00	2112.42
OE-3 MED,DEN,VIS (BU 3 ONLY)	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	421.50	324.84	96.66	843.00	859.86
EMPLOYEE + 1	843.50	649.44	194.06	1687.00	1720.74
FAMILY	1138.50	887.76	250.74	2277.00	2322.54
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	18.25	14.60	3.65	36.50	37.23
EMPLOYEE + 1	36.50	29.20	7.30	73.00	74.46
FAMILY	62.53	50.02	12.51	125.06	127.56
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	32.89	14.60	18.29	65.78	67.10
EMPLOYEE + 1	65.79	29.20	36.59	131.58	134.21
FAMILY	112.70	50.02	62.68	225.40	229.91
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	4.28	3.42	0.86	8.56	8.73
EMPLOYEE + 1	8.27	6.62	1.65	16.54	16.87
FAMILY	11.67	9.34	2.33	23.34	23.81
BASIC LIFE & BASIC AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
REGULAR \$10,000	0.43	0.00	0.22	0.86	10.32
ATTORNEY \$50,000 + AD&D	2.63	0.00	1.32	5.26	63.12
MGMNT \$30,000 + AD&D	1.58	0.00	0.79	3.16	37.92
EMPLOYEE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.25	2.25	1.13	4.50	54.00
\$30,000 + AD&D	3.38	3.38	1.69	6.76	81.12
\$50,000 + AD&D	5.63	5.63	2.82	11.26	135.12
\$100,000 + AD&D	11.25	11.25	5.63	22.50	270.00
\$150,000 + AD&D	16.88	16.88	8.44	33.76	405.12
\$200,000 + AD&D	22.50	22.50	11.25	45.00	540.00
\$250,000 + AD&D	28.13	28.13	14.07	56.26	675.12
\$300,000 + AD&D	33.75	33.75	16.88	67.50	810.00
SPOUSE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.25	2.25	1.13	4.50	54.00
\$30,000 + AD&D	3.38	3.38	1.69	6.76	81.12
CHILD SUPPLEMENTAL LIFE	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$10,000	1.25	1.25	N/A	2.50	30.00

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STANISLAUS COUNTY 2017 INSURANCE RATES	WAIVE MEDICAL- SEMI-MONTHLY CREDIT-	REG EMP	CONF	MGMNT/DH	
		21.38	67.50	67.50	
PERCENTAGE 35-39 HOUR EMPLOYEES (Receives 90% of employer contribution)		HSA Annual Cont.= EE- \$1250 FAM- \$2100			
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	320.74	274.23	46.51	641.48	654.31
EMPLOYEE + 1	641.48	548.47	93.01	1282.96	1308.62
FAMILY	866.02	740.45	125.57	1732.04	1766.68
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	383.52	276.13	107.39	767.04	782.38
EMPLOYEE + 1	767.03	552.26	214.77	1534.06	1564.74
FAMILY	1035.50	745.56	289.94	2071.00	2112.42
OE-3 MED,DEN,VIS (BU 3 ONLY)	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	421.50	292.36	129.14	843.00	859.86
EMPLOYEE + 1	843.50	584.50	259.00	1687.00	1720.74
FAMILY	1138.50	798.98	339.52	2277.00	2322.54
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	18.25	13.14	5.11	36.50	37.23
EMPLOYEE + 1	36.50	26.28	10.22	73.00	74.46
FAMILY	62.53	45.02	17.51	125.06	127.56
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	32.89	13.14	19.75	65.78	67.10
EMPLOYEE + 1	65.79	26.28	39.51	131.58	134.21
FAMILY	112.70	45.02	67.68	225.40	229.91
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	4.28	3.08	1.20	8.56	8.73
EMPLOYEE + 1	8.27	5.95	2.32	16.54	16.87
FAMILY	11.67	8.40	3.27	23.34	23.81

STANISLAUS COUNTY 2017 INSURANCE RATES	WAIVE MEDICAL- SEMI-MONTHLY CREDIT-	REG EMP 17.82	CONF 56.25	MGMNT/DH 56.25	
PERCENTAGE 30-34 HOUR EMPLOYEES (Receives 75% of employer contribution)					
HSA Annual Cont.= EE- \$1250 FAM- \$2100					
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	320.74	228.53	92.21	641.48	654.31
EMPLOYEE + 1	641.48	457.05	184.43	1282.96	1308.62
FAMILY	866.02	617.04	248.98	1732.04	1766.68
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	383.52	230.11	153.41	767.04	782.38
EMPLOYEE + 1	767.03	460.22	306.81	1534.06	1564.74
FAMILY	1035.50	621.30	414.20	2071.00	2112.42
OE-3 MED,DEN,VIS (BU 3 ONLY)	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	421.50	243.63	177.87	843.00	859.86
EMPLOYEE + 1	843.50	487.08	356.42	1687.00	1720.74
FAMILY	1138.50	665.82	472.68	2277.00	2322.54
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	18.25	10.95	7.30	36.50	37.23
EMPLOYEE + 1	36.50	21.90	14.60	73.00	74.46
FAMILY	62.53	37.52	25.01	125.06	127.56
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	32.89	10.95	21.94	65.78	67.10
EMPLOYEE + 1	65.79	21.90	43.89	131.58	134.21
FAMILY	112.70	37.52	75.18	225.40	229.91
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	4.28	2.57	1.71	8.56	8.73
EMPLOYEE + 1	8.27	4.96	3.31	16.54	16.87
FAMILY	11.67	7.00	4.67	23.34	23.81