

**STANISLAUS COUNTY**  
**2018 INSURANCE RATES**  
**Full-Time 40 Hour Employees**

<b>MEDICAL WAIVE CREDIT</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
REGULAR EMPLOYEE		23.75			N/A
CONFIDENTIAL		75.00			N/A
MANAGEMENT		75.00			N/A
<b>COUNTY HSA CONTRIBUTION</b>	<b>ANNUAL</b>	<b>JANUARY</b>	<b>JULY-DEC PP</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	1250.00	625.00	52.08	104.16	N/A
EMPLOYEE+1 and FAMILY	2100.00	1050.00	87.50	175.00	N/A
<b>HDHP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	337.42	320.55	16.87	674.84	688.34
EMPLOYEE + 1	674.84	641.10	33.74	1349.68	1376.67
FAMILY	911.05	865.50	45.55	1822.10	1858.54
<b>EPO</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	403.46	322.77	80.69	806.92	823.06
EMPLOYEE + 1	806.92	645.54	161.38	1613.84	1646.12
FAMILY	1089.35	871.48	217.87	2178.70	2222.27
<b>OE-3 MED,DEN,VIS (BU 3 ONLY)</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	421.50	340.15	81.35	843.00	859.86
EMPLOYEE + 1	843.50	680.09	163.41	1687.00	1720.74
FAMILY	1138.50	928.83	209.67	2277.00	2322.54
<b>DELTA DENTAL CORE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	17.77	14.22	3.55	35.54	36.25
EMPLOYEE + 1	35.54	28.43	7.11	71.08	72.50
FAMILY	60.88	48.71	12.17	121.76	124.20
<b>DELTA DENTAL BUY UP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	29.63	14.22	15.41	59.26	60.45
EMPLOYEE + 1	59.26	28.43	30.83	118.52	120.89
FAMILY	101.51	48.71	52.80	203.02	207.08
<b>VISION SERVICE PLAN</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	3.96	3.17	0.79	7.92	8.08
EMPLOYEE + 1	7.65	6.12	1.53	15.30	15.61
FAMILY	10.80	8.64	2.16	21.60	22.03
<b>BASIC LIFE &amp; BASIC AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
REGULAR \$10,000	0.45	0.00	0.23	0.90	10.80
ATTORNEY \$50,000 + AD&D	2.73	0.00	1.37	5.46	65.52
MGMNT \$30,000 + AD&D	1.64	0.00	0.82	3.28	39.36
<b>EMPLOYEE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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	2.81	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	14.06	56.26	675.12
\$300,000 + AD&D	33.75	33.75	16.88	67.50	810.00
<b>SPOUSE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>CHILD SUPPLEMENTAL LIFE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$10,000	1.25	1.25	N/A	2.50	30.00

**STANISLAUS COUNTY  
2018 INSURANCE RATES**

**Percentage 35-39 Hour Employees  
(Receives 90% Employer Contribution)**

<b>MEDICAL WAIVE CREDIT</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
REGULAR EMPLOYEE		21.38			N/A
CONFIDENTIAL		67.50			N/A
MANAGEMENT		67.50			N/A
<b>COUNTY HSA CONTRIBUTION</b>	<b>ANNUAL</b>	<b>JANUARY</b>	<b>JULY-DEC PP</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	1250.00	625.00	52.08	104.16	N/A
EMPLOYEE+1 and FAMILY	2100.00	1050.00	87.50	175.00	N/A
<b>HDHP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	337.42	288.49	48.93	674.84	688.34
EMPLOYEE + 1	674.84	576.99	97.85	1349.68	1376.67
FAMILY	911.05	778.95	132.10	1822.10	1858.54
<b>EPO</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	403.46	290.49	112.97	806.92	823.06
EMPLOYEE + 1	806.92	580.98	225.94	1613.84	1646.12
FAMILY	1089.35	784.33	305.02	2178.70	2222.27
<b>OE-3 MED,DEN,VIS (BU 3 ONLY)</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	421.50	306.13	115.37	843.00	859.86
EMPLOYEE + 1	843.50	612.08	231.42	1687.00	1720.74
FAMILY	1138.50	835.95	302.55	2277.00	2322.54
<b>DELTA DENTAL CORE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	17.77	12.79	4.98	35.54	36.25
EMPLOYEE + 1	35.54	25.59	9.95	71.08	72.50
FAMILY	60.88	43.84	17.04	121.76	124.20
<b>DELTA DENTAL BUY UP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	29.63	12.79	16.84	59.26	60.45
EMPLOYEE + 1	59.26	25.59	33.67	118.52	120.89
FAMILY	101.51	43.84	57.67	203.02	207.08
<b>VISION SERVICE PLAN</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	3.96	2.85	1.11	7.92	8.08
EMPLOYEE + 1	7.65	5.51	2.14	15.30	15.61
FAMILY	10.80	7.78	3.02	21.60	22.03
<b>BASIC LIFE &amp; BASIC AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
REGULAR \$10,000	0.45	0.00	0.23	0.90	10.80
ATTORNEY \$50,000 + AD&D	2.73	0.00	1.37	5.46	65.52
MGMNT \$30,000 + AD&D	1.64	0.00	0.82	3.28	39.36
<b>EMPLOYEE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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	2.81	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	14.06	56.26	675.12
\$300,000 + AD&D	33.75	33.75	16.88	67.50	810.00
<b>SPOUSE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>CHILD SUPPLEMENTAL LIFE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$10,000	1.25	1.25	N/A	2.50	30.00

**STANISLAUS COUNTY**  
**2018 INSURANCE RATES**  
**Percentage 30-34 Hour Employees**  
**(Receives 75% Employer Contribution)**

<b>MEDICAL WAIVE CREDIT</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
REGULAR EMPLOYEE		17.81			N/A
CONFIDENTIAL		56.25			N/A
MANAGEMENT		56.25			N/A
<b>COUNTY HSA CONTRIBUTION</b>	<b>ANNUAL</b>	<b>JANUARY</b>	<b>JULY-DEC PP</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	1250.00	625.00	52.08	104.16	N/A
EMPLOYEE+1 and FAMILY	2100.00	1050.00	87.50	175.00	N/A
<b>HDHP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	337.42	240.41	97.01	674.84	688.34
EMPLOYEE + 1	674.84	480.82	194.02	1349.68	1376.67
FAMILY	911.05	649.12	261.93	1822.10	1858.54
<b>EPO</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	403.46	242.08	161.38	806.92	823.06
EMPLOYEE + 1	806.92	484.15	322.77	1613.84	1646.12
FAMILY	1089.35	653.61	435.74	2178.70	2222.27
<b>OE-3 MED,DEN,VIS (BU 3 ONLY)</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	421.50	255.12	166.38	843.00	859.86
EMPLOYEE + 1	843.50	510.06	333.44	1687.00	1720.74
FAMILY	1138.50	696.62	441.88	2277.00	2322.54
<b>DELTA DENTAL CORE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	17.77	10.66	7.11	35.54	36.25
EMPLOYEE + 1	35.54	21.32	14.22	71.08	72.50
FAMILY	60.88	36.53	24.35	121.76	124.20
<b>DELTA DENTAL BUY UP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	29.63	10.66	18.97	59.26	60.45
EMPLOYEE + 1	59.26	21.32	37.94	118.52	120.89
FAMILY	101.51	36.53	64.98	203.02	207.08
<b>VISION SERVICE PLAN</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	3.96	2.38	1.58	7.92	8.08
EMPLOYEE + 1	7.65	4.59	3.06	15.30	15.61
FAMILY	10.80	6.48	4.32	21.60	22.03
<b>BASIC LIFE &amp; BASIC AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
REGULAR \$10,000	0.45	0.00	0.23	0.90	10.80
ATTORNEY \$50,000 + AD&D	2.73	0.00	1.37	5.46	65.52
MGMNT \$30,000 + AD&D	1.64	0.00	0.82	3.28	39.36
<b>EMPLOYEE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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	2.81	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	14.06	56.26	675.12
\$300,000 + AD&D	33.75	33.75	16.88	67.50	810.00
<b>SPOUSE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>CHILD SUPPLEMENTAL LIFE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$10,000	1.25	1.25	N/A	2.50	30.00