

STANISLAUS COUNTY	WAIVE MEDICAL-	REG EMP	CONF	MGMNT/DH	
2015 INSURANCE RATES	SEMI-MONTHLY CREDIT-	21.38	67.50	67.50	
PERCENTAGE 35-39 HOUR EMPLOYEES (Receives 90% of employer contribution)		HSA Annual Cont.= EE- \$1200 FAM- \$2000			
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	302.74	258.84	43.90	605.48	617.59
EMPLOYEE + 1	605.48	517.69	87.79	1210.96	1235.18
FAMILY	817.41	698.89	118.52	1634.82	1667.52
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	361.99	260.63	101.36	723.98	738.46
EMPLOYEE + 1	723.98	521.27	202.71	1447.96	1476.92
FAMILY	977.38	703.71	273.67	1954.76	1993.86
OE-3 MED,DEN,VIS (BU 3 ONLY)	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	395.00	276.01	118.99	790.00	805.80
EMPLOYEE + 1	790.00	551.83	238.17	1580.00	1611.60
FAMILY	1066.50	754.33	312.17	2133.00	2175.66
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	17.21	12.39	4.82	34.42	35.11
EMPLOYEE + 1	34.42	24.78	9.64	68.84	70.22
FAMILY	58.97	42.46	16.51	117.94	120.30
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	23.94	12.39	11.55	47.88	48.84
EMPLOYEE + 1	47.88	24.78	23.10	95.76	97.68
FAMILY	82.03	42.46	39.57	164.06	167.34
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	4.15	2.99	1.16	8.30	8.47
EMPLOYEE + 1	8.03	5.78	2.25	16.06	16.38
FAMILY	11.33	8.16	3.17	22.66	23.11

STANISLAUS COUNTY	WAIVE MEDICAL-	REG EMP	CONF	MGMNT/DH	
2015 INSURANCE RATES	SEMI-MONTHLY CREDIT-	17.82	56.25	56.25	
PERCENTAGE 30-34 HOUR EMPLOYEES (Receives 75% of employer contribution)		HSA Annual Cont.= EE- \$1200 FAM- \$2000			
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	302.74	215.70	87.04	605.48	617.59
EMPLOYEE + 1	605.48	431.40	174.08	1210.96	1235.18
FAMILY	817.41	582.40	235.01	1634.82	1667.52
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	361.99	217.19	144.80	723.98	738.46
EMPLOYEE + 1	723.98	434.39	289.59	1447.96	1476.92
FAMILY	977.38	586.43	390.95	1954.76	1993.86
OE-3 MED,DEN,VIS (BU 3 ONLY)	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	395.00	230.01	164.99	790.00	805.80
EMPLOYEE + 1	790.00	459.86	330.14	1580.00	1611.60
FAMILY	1066.50	628.61	437.89	2133.00	2175.66
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	17.21	10.33	6.88	34.42	35.11
EMPLOYEE + 1	34.42	20.65	13.77	68.84	70.22
FAMILY	58.97	35.38	23.59	117.94	120.30
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	23.94	10.33	13.61	47.88	48.84
EMPLOYEE + 1	47.88	20.65	27.23	95.76	97.68
FAMILY	82.03	35.38	46.65	164.06	167.34
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	4.15	2.49	1.66	8.30	8.47
EMPLOYEE + 1	8.03	4.82	3.21	16.06	16.38
FAMILY	11.33	6.80	4.53	22.66	23.11