CHIEF EXECUTIVE OFFICE

PO Box 3404
Modesto, CA 95353-3404

2027 Stanislaus County Early Retiree Monthly Premium Rates

Coverage Level	HPNC or UHC High Deductible Health Plan (HDHP)	HPNC or UHC Exclusive Provider Organization (EPO)
Subscriber Only	$1,051.62	$1,256.64
Subscriber Plus One Dependent	$2,104.26	$2,515.32
Subscriber Plus Family	$2,840.70	$3,395.58

The above rates include a 2% administrative fee, identical to the COBRA administrative fee.

Revised 09/23/2026