STANISLAUS COUNTY
2027 INSURANCE RATES
Full-Time 40 Hour Employees

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		23.75		47.50	N/A
CONFIDENTIAL		75.00		150.00	N/A
MANAGEMENT		75.00		150.00	N/A
COUNTY HSA CONTRIBUTION	**ANNUAL**	**JANUARY**	**JULY-DEC PP**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	1425.00	1425.00	N/A	N/A	N/A
EMPLOYEE+1 and FAMILY	2650.00	2650.00	N/A	N/A	N/A
HDHP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	515.50	490.00	25.50	1031.00	1051.62
EMPLOYEE + 1	1031.50	980.00	51.50	2063.00	2104.26
FAMILY	1392.50	1323.00	69.50	2785.00	2840.70
EPO	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	616.00	493.00	123.00	1232.00	1256.64
EMPLOYEE + 1	1233.00	986.50	246.50	2466.00	2515.32
FAMILY	1664.50	1332.00	332.50	3329.00	3395.58
DELTA DENTAL CORE	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	16.90	13.90	3.00	33.80	34.48
EMPLOYEE + 1	33.80	27.24	6.56	67.60	68.95
FAMILY	58.85	47.40	11.45	117.70	120.05
DELTA DENTAL BUY UP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	25.65	13.90	11.75	51.30	52.33
EMPLOYEE + 1	51.25	27.24	24.01	102.50	104.55
FAMILY	88.65	47.40	41.25	177.30	180.85
VISION SERVICE PLAN	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	5.45	4.45	1.00	10.90	11.12
EMPLOYEE + 1	10.90	8.72	2.18	21.80	22.24
FAMILY	14.45	11.56	2.89	28.90	29.48
BASIC LIFE & BASIC AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
REGULAR $20,000	0.46	0.00	0.23	0.92	11.04
ATTORNEY $50,000 + AD&D	2.83	0.00	1.42	5.66	67.92
MGMNT $30,000 + AD&D	1.70	0.00	0.85	3.40	40.80
EMPLOYEE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$10,000	1.25	1.25	N/A	2.50	30.00

STANISLAUS COUNTY
2027 INSURANCE RATES
Full-Time 40 Hour Employees

CRITICAL ILLNESS	SEMI-MONTHLY					
EMPLOYEE RATES	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**
AGE 18-24	1.95	3.90	5.85	7.80	9.75	11.70
AGE 25-29	2.50	5.00	7.50	10.00	12.50	15.00
AGE 30-34	2.98	5.95	8.93	11.90	14.88	17.85
AGE 35-39	3.88	7.75	11.63	15.50	19.38	23.25
AGE 40-44	5.48	10.95	16.43	21.90	27.38	32.85
AGE 45-49	7.73	15.45	23.18	30.90	38.63	46.35
AGE 50-54	10.35	20.70	31.05	82.80	51.75	62.10
AGE 55-59	13.10	26.20	39.30	52.40	65.50	78.60
AGE 60-64	16.80	33.60	50.40	67.20	84.00	100.80
AGE 65-69	23.73	47.45	71.18	94.90	118.63	142.35
AGE 70+	34.35	68.70	103.05	137.40	171.75	206.10
SPOUSE RATES	**$5,000**	**$10,000**	**$15,000**			
AGE 18-24	3.18	6.35	9.53			
AGE 25-29	3.25	6.50	9.75			
AGE 30-34	3.88	7.75	11.63			
AGE 35-39	5.10	10.20	15.30			
AGE 40-44	7.33	14.65	21.98			
AGE 45-49	10.73	21.45	32.18			
AGE 50-54	15.20	30.40	45.60			
AGE 55-59	20.25	40.50	60.75			
AGE 60-64	25.98	51.95	77.93			
AGE 65-69	35.30	70.60	105.90			
AGE 70+	44.18	88.35	132.53			
CHILD(REN) RATE						
	N/A	4.76	N/A			

ACCIDENT	SEMI-MONTHLY
EMPLOYEE ONLY	3.77
EMPLOYEE + SPOUSE	6.25
EMPLOYEE + CHILD	6.85
FAMILY	9.33

STANISLAUS COUNTY
2027 INSURANCE RATES
Percentage 35-39 Hour Employees
(Receives 90% Employer Contribution)

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		21.38		42.76	N/A
CONFIDENTIAL		67.50		135.00	N/A
MANAGEMENT		67.50		135.00	N/A
COUNTY HSA CONTRIBUTION	**ANNUAL**	**JANUARY**	**JULY-DEC PP**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	1425.00	1425.00	N/A	N/A	N/A
EMPLOYEE+1 and FAMILY	2650.00	2650.00	N/A	N/A	N/A
HDHP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	515.50	441.00	74.50	1031.00	1051.62
EMPLOYEE + 1	1031.50	882.00	149.50	2063.00	2104.26
FAMILY	1392.50	1190.70	201.80	2785.00	2840.70
EPO	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	616.00	443.70	172.30	1232.00	1256.64
EMPLOYEE + 1	1233.00	887.85	345.15	2466.00	2515.32
FAMILY	1664.50	1198.80	465.70	3329.00	3395.58
DELTA DENTAL CORE	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	16.90	12.51	4.39	33.80	34.48
EMPLOYEE + 1	33.80	24.52	9.28	67.60	68.95
FAMILY	58.85	42.66	16.19	117.70	120.05
DELTA DENTAL BUY UP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	25.65	12.51	13.14	51.30	52.33
EMPLOYEE + 1	51.25	24.52	26.73	102.50	104.55
FAMILY	88.65	42.66	45.99	177.30	180.85
VISION SERVICE PLAN	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	5.45	4.01	1.44	10.90	11.12
EMPLOYEE + 1	10.90	7.85	3.05	21.80	22.24
FAMILY	14.45	10.40	4.05	28.90	29.48
BASIC LIFE & BASIC AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
REGULAR $20,000	0.46	0.00	0.23	0.92	11.04
ATTORNEY $50,000 + AD&D	2.83	0.00	1.42	5.66	67.92
MGMNT $30,000 + AD&D	1.70	0.00	0.85	3.40	40.80
EMPLOYEE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$10,000	1.25	1.25	N/A	2.50	30.00

STANISLAUS COUNTY
2027 INSURANCE RATES
Percentage 30-34 Hour Employees
(Receives 75% Employer Contribution)

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		17.81		35.62	N/A
CONFIDENTIAL		56.25		112.50	N/A
MANAGEMENT		56.25		112.50	N/A
COUNTY HSA CONTRIBUTION	**ANNUAL**	**JANUARY**	**JULY-DEC PP**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	1425.00	1425.00	N/A	N/A	N/A
EMPLOYEE+1 and FAMILY	2650.00	2650.00	N/A	N/A	N/A
HDHP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	515.50	367.50	148.00	1031.00	1051.62
EMPLOYEE + 1	1031.50	735.00	296.50	2063.00	2104.26
FAMILY	1392.50	992.30	400.20	2785.00	2840.70
EPO	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	616.00	369.75	246.25	1232.00	1256.64
EMPLOYEE + 1	1233.00	739.88	493.12	2466.00	2515.32
FAMILY	1664.50	999.00	665.50	3329.00	3395.58
DELTA DENTAL CORE	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	16.90	10.43	6.47	33.80	34.48
EMPLOYEE + 1	33.80	20.43	13.37	67.60	68.95
FAMILY	58.85	35.55	23.30	117.70	120.05
DELTA DENTAL BUY UP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	25.65	10.43	15.22	51.30	52.33
EMPLOYEE + 1	51.25	20.43	30.82	102.50	104.55
FAMILY	88.65	35.55	53.10	177.30	180.85
VISION SERVICE PLAN	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	5.45	3.34	2.11	10.90	11.12
EMPLOYEE + 1	10.90	6.54	4.36	21.80	22.24
FAMILY	14.45	8.70	5.75	28.90	29.48
BASIC LIFE & BASIC AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
REGULAR $20,000	0.46	0.00	0.23	0.92	11.04
ATTORNEY $50,000 + AD&D	2.83	0.00	1.42	5.66	67.92
MGMNT $30,000 + AD&D	1.70	0.00	0.85	3.40	40.80
EMPLOYEE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$10,000	1.25	1.25	N/A	2.50	30.00

STANISLAUS COUNTY
2027 INSURANCE RATES
Job Share Employees
(Receives 50% Employer Contribution)

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		11.88		23.76	N/A
CONFIDENTIAL		37.50		75.00	N/A
MANAGEMENT		37.50		75.00	N/A
COUNTY HSA CONTRIBUTION	**ANNUAL**	**JANUARY**	**JULY-DEC PP**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	712.50	712.50	N/A	N/A	N/A
EMPLOYEE+1 and FAMILY	1325.00	1325.00	N/A	N/A	N/A
HDHP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	515.50	245.00	270.50	1031.00	1051.62
EMPLOYEE + 1	1031.50	490.00	541.50	2063.00	2104.26
FAMILY	1392.50	661.50	731.00	2785.00	2840.70
EPO	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	616.00	246.50	369.50	1232.00	1256.64
EMPLOYEE + 1	1233.00	493.25	739.75	2466.00	2515.32
FAMILY	1664.50	666.00	998.50	3329.00	3395.58
DELTA DENTAL CORE	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	16.90	6.95	9.95	33.80	34.48
EMPLOYEE + 1	33.80	13.62	20.18	67.60	68.95
FAMILY	58.85	23.70	35.15	117.70	120.05
DELTA DENTAL BUY UP	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	25.65	6.95	18.70	51.30	52.33
EMPLOYEE + 1	51.25	13.62	37.63	102.50	104.55
FAMILY	88.65	23.70	64.95	177.30	180.85
VISION SERVICE PLAN	**SEMI-MONTHLY**	**EMPLOYER**	**EMPLOYEE**	**MONTHLY**	**COBRA**
EMPLOYEE ONLY	5.45	2.23	3.22	10.90	11.12
EMPLOYEE + 1	10.90	4.36	6.54	21.80	22.24
FAMILY	14.45	5.78	8.67	28.90	29.48
BASIC LIFE & BASIC AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
REGULAR $10,000	0.46	0.00	0.23	0.92	11.04
ATTORNEY $25,000 + AD&D	2.83	0.00	1.42	5.66	67.92
MGMNT $15,000 + AD&D	1.70	0.00	0.85	3.40	40.80
EMPLOYEE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	**SEMI-MONTHLY**	**EMPLOYEE**	**EMPLOYEE 70+**	**MONTHLY**	**ANNUAL**
$10,000	1.25	1.25	N/A	2.50	30.00