



CHIEF EXECUTIVE OFFICE
 Human Relations Division
 Employee Benefits

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2021 Stanislaus County COBRA Monthly Premium Rates

| Coverage Level | HPNC or UHC High Deductible Health Plan (HDHP) | HPNC or UHC Exclusive Provider Organization (EPO) |
|-------------------------------|--|---|
| Subscriber Only | \$740.52 | \$885.36 |
| Subscriber Plus One Dependent | \$1,481.04 | \$1,770.72 |
| Subscriber Plus Family | \$1,999.20 | \$2,389.86 |

| Coverage Level | Delta Dental Core Plan | Delta Dental Buy-Up Plan |
|-------------------------------|------------------------|--------------------------|
| Subscriber Only | \$29.58 | \$47.94 |
| Subscriber Plus One Dependent | \$60.18 | \$95.88 |
| Subscriber Plus Family | \$104.04 | \$165.24 |

| Coverage Level | Vision Service Plan |
|-------------------------------|---------------------|
| Subscriber Only | \$7.14 |
| Subscriber Plus One Dependent | \$14.28 |
| Subscriber Plus Family | \$19.38 |

All of the above rates include a 2% administrative fee.

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