



**CHIEF EXECUTIVE OFFICE  
Human Relations Division  
Employee Benefits**

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countybenefits@stancounty.com

## **2022 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	\$666.06	\$796.62
Subscriber Plus One Dependent	\$1,333.14	\$1,593.24
Subscriber Plus Family	\$1,799.28	\$2,151.18

Coverage Level	Delta Dental Core Plan	Delta Dental Buy-Up Plan
Subscriber Only	\$34.68	\$58.14
Subscriber Plus One Dependent	\$69.36	\$115.26
Subscriber Plus Family	\$120.36	\$198.90

Coverage Level	Vision Service Plan
Subscriber Only	\$7.65
Subscriber Plus One Dependent	\$15.30
Subscriber Plus Family	\$20.40

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

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