Human Relations Division EMPLOYEE BENEFITS



2023 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	\$766.02	\$915.96
Subscriber Plus One Dependent	\$1,533.06	\$1,831.92
Subscriber Plus Family	\$2,069.58	\$2,473.50

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.

Rev. 10/4/2022



1010 10[™] STREET, STE. 6800, MODESTO, CA 95354 POST OFFICE BOX 3404, MODESTO, CA 95353 PHONE: 209.525.6333, FAX: 209.558.4423 STANCOUNTY.COM