



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

