



2025 Stanislaus County Employee Insurance Rates Full-Time 40 Hour Employees

	Semi-Monthly Share of Cost		Full Monthly Premium	
Coverage Level	HPNC or UHC High Deductible Health Plan (HDHP)	HPNC or UHC Exclusive Provider Organization (EPO)	HPNC or UHC High Deductible Health Plan (HDHP)	HPNC or UHC Exclusive Provider Organization (EPO)
Employee Only	\$22.50	\$107.50	\$902.00	\$1,078.00
Employee Plus One Dependent	\$45.00	\$215.50	\$1,805.00	\$2,157.00
Employee Plus Family	\$60.50	\$291.00	\$2,437.00	\$2,912.00
Coverage Level	Delta Dental Core	Delta Dental Buy-Up	Delta Dental Core	Delta Dental Buy-Up
Employee Only	\$2.75	\$12.25	\$31.00	\$50.00
Employee Plus One Dependent	\$6.00	\$25.00	\$62.00	\$100.00
Employee Plus Family	\$10.50	\$43.00	\$108.00	\$173.00
Coverage Level	VSP Vision		VSP Vision	
Employee Only	\$0.70		\$7.90	
Employee Plus One Dependent	\$1.58		\$15.80	
Employee Plus Family	\$2.10		\$21.00	

Rev. 10/01/2024