



CHIEF EXECUTIVE OFFICE

Jody L. Hayes
CHIEF EXECUTIVE OFFICER

Patrice M. Dietrich
ASSISTANT EXECUTIVE OFFICER/
CHIEF OPERATIONS OFFICER

Tina M. Rocha
ASSISTANT EXECUTIVE OFFICER

Ruben Imperial
ASSISTANT EXECUTIVE OFFICER

2025 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	\$920.04	\$1,099.56
Subscriber Plus One Dependent	\$1,841.10	\$2,200.14
Subscriber Plus Family	\$2,485.74	\$2,970.24

Coverage Level	Delta Dental Core Plan	Delta Dental Buy-Up Plan
Subscriber Only	\$31.62	\$51.00
Subscriber Plus One Dependent	\$63.24	\$102.00
Subscriber Plus Family	\$110.16	\$176.46

Coverage Level	Vision Service Plan
Subscriber Only	\$8.06
Subscriber Plus One Dependent	\$16.12
Subscriber Plus Family	\$21.42

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

Rev. 10/1/2024