



## 2023 Stanislaus County Early Retiree 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

The above rates include a 2% administrative fee, identical to the COBRA administrative fee.

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