



2024 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	\$881.28	\$1,053.66
Subscriber Plus One Dependent	\$1,763.58	\$2,107.32
Subscriber Plus Family	\$2,380.68	\$2,844.78

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

Rev. 10/03/2023