



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

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

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