

STANISLAUS COUNTY
2025 INSURANCE RATES
Full-Time 40 Hour Employees

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		23.75		47.50	N/A
CONFIDENTIAL		75.00		150.00	N/A
MANAGEMENT		75.00		150.00	N/A
COUNTY HSA CONTRIBUTION	ANNUAL	JANUARY	JULY-DEC PP	MONTHLY	COBRA
EMPLOYEE ONLY	1350.00	675.00	56.25	112.50	N/A
EMPLOYEE+1 and FAMILY	2600.00	1300.00	108.33	216.66	N/A
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	451.00	428.50	22.50	902.00	920.04
EMPLOYEE + 1	902.50	857.50	45.00	1805.00	1841.10
FAMILY	1218.50	1158.00	60.50	2437.00	2485.74
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	539.00	431.50	107.50	1078.00	1099.56
EMPLOYEE + 1	1078.50	863.00	215.50	2157.00	2200.14
FAMILY	1456.00	1165.00	291.00	2912.00	2970.24
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	15.50	12.75	2.75	31.00	31.62
EMPLOYEE + 1	31.00	25.00	6.00	62.00	63.24
FAMILY	54.00	43.50	10.50	108.00	110.16
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	25.00	12.75	12.25	50.00	51.00
EMPLOYEE + 1	50.00	25.00	25.00	100.00	102.00
FAMILY	86.50	43.50	43.00	173.00	176.46
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	3.95	3.25	0.70	7.90	8.06
EMPLOYEE + 1	7.90	6.32	1.58	15.80	16.12
FAMILY	10.50	8.40	2.10	21.00	21.42
BASIC LIFE & BASIC AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
REGULAR \$10,000	0.46	0.00	0.23	0.92	11.04
ATTORNEY \$50,000 + AD&D	2.83	0.00	1.42	5.66	67.92
MGMNT \$30,000 + AD&D	1.70	0.00	0.85	3.40	40.80
EMPLOYEE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
\$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
\$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
\$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
\$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
\$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
\$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$10,000	1.25	1.25	N/A	2.50	30.00

STANISLAUS COUNTY
2025 INSURANCE RATES
Full-Time 40 Hour Employees

CRITICAL ILLNESS	SEMI-MONTHLY					
EMPLOYEE RATES	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
AGE 18-24	1.95	3.90	5.85	7.80	9.75	11.70
AGE 25-29	2.50	5.00	7.50	10.00	12.50	15.00
AGE 30-34	2.98	5.95	8.93	11.90	14.88	17.85
AGE 35-39	3.88	7.75	11.63	15.50	19.38	23.25
AGE 40-44	5.48	10.95	16.43	21.90	27.38	32.85
AGE 45-49	7.73	15.45	23.18	30.90	38.63	46.35
AGE 50-54	10.35	20.70	31.05	42.80	51.75	62.10
AGE 55-59	13.10	26.20	39.30	52.40	65.50	78.60
AGE 60-64	16.80	33.60	50.40	67.20	84.00	100.80
AGE 65-69	23.73	47.45	71.18	94.90	118.63	142.35
AGE 70+	34.35	68.70	103.05	137.40	171.75	206.10
SPOUSE RATES	\$5,000	\$10,000	\$15,000			
AGE 18-24	3.18	6.35	9.53			
AGE 25-29	3.25	6.50	9.75			
AGE 30-34	3.88	7.75	11.63			
AGE 35-39	5.10	10.20	15.30			
AGE 40-44	7.33	14.65	21.98			
AGE 45-49	10.73	21.45	32.18			
AGE 50-54	15.20	30.40	45.60			
AGE 55-59	20.25	40.50	60.75			
AGE 60-64	25.98	51.95	77.93			
AGE 65-69	35.30	70.60	105.90			
AGE 70+	44.18	88.35	132.53			
CHILD(REN) RATE						
	N/A	4.76	N/A			

ACCIDENT	SEMI-MONTHLY
EMPLOYEE ONLY	3.77
EMPLOYEE + SPOUSE	6.25
EMPLOYEE + CHILD	6.85
FAMILY	9.33

**STANISLAUS COUNTY
2025 INSURANCE RATES**

**Percentage 35-39 Hour Employees
(Receives 90% Employer Contribution)**

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		21.38		42.76	N/A
CONFIDENTIAL		67.50		135.00	N/A
MANAGEMENT		67.50		135.00	N/A
COUNTY HSA CONTRIBUTION	ANNUAL	JANUARY	JULY-DEC PP	MONTHLY	COBRA
EMPLOYEE ONLY	1350.00	675.00	56.25	112.50	N/A
EMPLOYEE+1 and FAMILY	2600.00	1300.00	108.33	216.66	N/A
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	451.00	385.65	65.35	902.00	920.04
EMPLOYEE + 1	902.50	771.75	130.75	1805.00	1841.10
FAMILY	1218.50	1042.20	176.30	2437.00	2485.74
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	539.00	388.35	150.65	1078.00	1099.56
EMPLOYEE + 1	1078.50	776.70	301.80	2157.00	2200.14
FAMILY	1456.00	1048.50	407.50	2912.00	2970.24
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	15.50	11.48	4.02	31.00	31.62
EMPLOYEE + 1	31.00	22.50	8.50	62.00	63.24
FAMILY	54.00	39.15	14.85	108.00	110.16
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	25.00	11.48	13.52	50.00	51.00
EMPLOYEE + 1	50.00	22.50	27.50	100.00	102.00
FAMILY	86.50	39.15	47.35	173.00	176.46
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	3.95	2.93	1.02	7.90	8.06
EMPLOYEE + 1	7.90	5.69	2.21	15.80	16.12
FAMILY	10.50	7.56	2.94	21.00	21.42
BASIC LIFE & BASIC AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
REGULAR \$10,000	0.46	0.00	0.23	0.92	11.04
ATTORNEY \$50,000 + AD&D	2.83	0.00	1.42	5.66	67.92
MGMNT \$30,000 + AD&D	1.70	0.00	0.85	3.40	40.80
EMPLOYEE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
\$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
\$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
\$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
\$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
\$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
\$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$10,000	1.25	1.25	N/A	2.50	30.00

**STANISLAUS COUNTY
2025 INSURANCE RATES**

**Percentage 30-34 Hour Employees
(Receives 75% Employer Contribution)**

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		17.81		35.62	N/A
CONFIDENTIAL		56.25		112.50	N/A
MANAGEMENT		56.25		112.50	N/A
COUNTY HSA CONTRIBUTION	ANNUAL	JANUARY	JULY-DEC PP	MONTHLY	COBRA
EMPLOYEE ONLY	1350.00	675.00	56.25	112.50	N/A
EMPLOYEE+1 and FAMILY	2600.00	1300.00	108.33	216.66	N/A
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	451.00	321.38	129.62	902.00	920.04
EMPLOYEE + 1	902.50	643.13	259.37	1805.00	1841.10
FAMILY	1218.50	868.50	350.00	2437.00	2485.74
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	539.00	323.63	215.37	1078.00	1099.56
EMPLOYEE + 1	1078.50	647.25	431.25	2157.00	2200.14
FAMILY	1456.00	873.75	582.25	2912.00	2970.24
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	15.50	9.56	5.94	31.00	31.62
EMPLOYEE + 1	31.00	18.75	12.25	62.00	63.24
FAMILY	54.00	32.63	21.37	108.00	110.16
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	25.00	9.56	15.44	50.00	51.00
EMPLOYEE + 1	50.00	18.75	31.25	100.00	102.00
FAMILY	86.50	32.63	53.87	173.00	176.46
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	3.95	2.44	1.51	7.90	8.06
EMPLOYEE + 1	7.90	4.74	3.16	15.80	16.12
FAMILY	10.50	6.30	4.20	21.00	21.42
BASIC LIFE & BASIC AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
REGULAR \$10,000	0.45	0.00	0.23	0.90	10.80
ATTORNEY \$50,000 + AD&D	2.73	0.00	1.37	5.46	65.52
MGMNT \$30,000 + AD&D	1.64	0.00	0.82	3.28	39.36
EMPLOYEE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
\$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
\$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
\$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
\$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
\$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
\$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$10,000	1.25	1.25	N/A	2.50	30.00

**STANISLAUS COUNTY
2025 INSURANCE RATES**

**Job Share Employees
(Receives 50% Employer Contribution)**

MEDICAL WAIVE CREDIT	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
REPRESENTED EMPLOYEE		11.88		23.76	N/A
CONFIDENTIAL		37.50		75.00	N/A
MANAGEMENT		37.50		75.00	N/A
COUNTY HSA CONTRIBUTION	ANNUAL	JANUARY	JULY-DEC PP	MONTHLY	COBRA
EMPLOYEE ONLY	675.00	337.50	28.12	56.24	N/A
EMPLOYEE+1 and FAMILY	1300.00	650.00	54.16	108.32	N/A
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	451.00	214.25	236.75	902.00	920.04
EMPLOYEE + 1	902.50	428.75	473.75	1805.00	1841.10
FAMILY	1218.50	579.00	639.50	2437.00	2485.74
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	539.00	215.75	323.25	1078.00	1099.56
EMPLOYEE + 1	1078.50	431.50	647.00	2157.00	2200.14
FAMILY	1456.00	582.50	873.50	2912.00	2970.24
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	15.50	6.38	9.12	31.00	31.62
EMPLOYEE + 1	31.00	12.50	18.50	62.00	63.24
FAMILY	54.00	21.75	32.25	108.00	110.16
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	25.00	6.38	18.62	50.00	51.00
EMPLOYEE + 1	50.00	12.50	37.50	100.00	102.00
FAMILY	86.50	21.75	64.75	173.00	176.46
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	3.95	1.63	2.32	7.90	8.06
EMPLOYEE + 1	7.90	3.16	4.74	15.80	16.12
FAMILY	10.50	4.20	6.30	21.00	21.42
BASIC LIFE & BASIC AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
REGULAR \$5,000	0.46	0.00	0.23	0.92	11.04
ATTORNEY \$25,000 + AD&D	2.83	0.00	1.42	5.66	67.92
MGMNT \$15,000 + AD&D	1.70	0.00	0.85	3.40	40.80
EMPLOYEE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
\$50,000 + AD&D	5.25	5.25	2.63	10.50	126.00
\$100,000 + AD&D	10.50	10.50	5.25	21.00	252.00
\$150,000 + AD&D	15.75	15.75	7.88	31.50	378.00
\$200,000 + AD&D	21.00	21.00	10.50	42.00	504.00
\$250,000 + AD&D	26.25	26.25	13.13	52.50	630.00
\$300,000 + AD&D	31.50	31.50	15.75	63.00	756.00
SPOUSE SUPP LIFE AD&D	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$20,000 + AD&D	2.10	2.10	1.05	4.20	50.40
\$30,000 + AD&D	3.15	3.15	1.58	6.30	75.60
CHILD SUPPLEMENTAL LIFE	SEMI-MONTHLY	EMPLOYEE	EMPLOYEE 70+	MONTHLY	ANNUAL
\$10,000	1.25	1.25	N/A	2.50	30.00