

STANISLAUS COUNTY
2023 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	2400.00	1200.00	100.00	200.00	N/A
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	375.50	357.00	18.50	751.00	766.02
EMPLOYEE + 1	751.50	714.50	37.00	1503.00	1533.06
FAMILY	1014.50	964.00	50.50	2029.00	2069.58
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	449.00	360.00	89.00	898.00	915.96
EMPLOYEE + 1	898.00	718.50	179.50	1796.00	1831.92
FAMILY	1212.50	970.00	242.50	2425.00	2473.50
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	17.00	14.00	3.00	34.00	34.68
EMPLOYEE + 1	34.00	27.50	6.50	68.00	69.36
FAMILY	59.00	47.50	11.50	118.00	120.36
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	28.50	14.00	14.50	57.00	58.14
EMPLOYEE + 1	56.50	27.50	29.00	113.00	115.26
FAMILY	97.50	47.50	50.00	195.00	198.90
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	3.75	3.25	0.50	7.50	7.65
EMPLOYEE + 1	7.50	6.00	1.50	15.00	15.30
FAMILY	10.00	8.00	2.00	20.00	20.40
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
2023 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
2023 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	2400.00	1200.00	100.00	200.00	N/A
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	375.50	321.30	54.20	751.00	766.02
EMPLOYEE + 1	751.50	643.05	108.45	1503.00	1533.06
FAMILY	1014.50	867.60	146.90	2029.00	2069.58
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	449.00	324.00	125.00	898.00	915.96
EMPLOYEE + 1	898.00	646.65	251.35	1796.00	1831.92
FAMILY	1212.50	873.00	339.50	2425.00	2473.50
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	17.00	12.60	4.40	34.00	34.68
EMPLOYEE + 1	34.00	24.75	9.25	68.00	69.36
FAMILY	59.00	42.75	16.25	118.00	120.36
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	28.50	12.60	15.90	57.00	58.14
EMPLOYEE + 1	56.50	24.75	31.75	113.00	115.26
FAMILY	97.50	42.75	54.75	195.00	198.90
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	3.75	2.93	0.82	7.50	7.65
EMPLOYEE + 1	7.50	5.40	2.10	15.00	15.30
FAMILY	10.00	7.20	2.80	20.00	20.40
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
2023 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	2400.00	1200.00	100.00	200.00	N/A
HDHP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	375.50	267.75	107.75	751.00	766.02
EMPLOYEE + 1	751.50	535.88	215.62	1503.00	1533.06
FAMILY	1014.50	723.00	291.50	2029.00	2069.58
EPO	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	449.00	270.00	179.00	898.00	915.96
EMPLOYEE + 1	898.00	538.88	359.12	1796.00	1831.92
FAMILY	1212.50	727.50	485.00	2425.00	2473.50
DELTA DENTAL CORE	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	17.00	10.50	6.50	34.00	34.68
EMPLOYEE + 1	34.00	20.63	13.37	68.00	69.36
FAMILY	59.00	35.63	23.37	118.00	120.36
DELTA DENTAL BUY UP	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	28.50	10.50	18.00	57.00	58.14
EMPLOYEE + 1	56.50	20.63	35.87	113.00	115.26
FAMILY	97.50	35.63	61.87	195.00	198.90
VISION SERVICE PLAN	SEMI-MONTHLY	EMPLOYER	EMPLOYEE	MONTHLY	COBRA
EMPLOYEE ONLY	3.75	2.44	1.31	7.50	7.65
EMPLOYEE + 1	7.50	4.50	3.00	15.00	15.30
FAMILY	10.00	6.00	4.00	20.00	20.40
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