

**STANISLAUS COUNTY**  
**2021 INSURANCE RATES**  
**Full-Time 40 Hour Employees**

<b>MEDICAL WAIVE CREDIT</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
REPRESENTED EMPLOYEE		23.75			N/A
CONFIDENTIAL		75.00			N/A
MANAGEMENT		75.00			N/A
<b>COUNTY HSA CONTRIBUTION</b>	<b>ANNUAL</b>	<b>JANUARY</b>	<b>JULY-DEC PP</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	1250.00	625.00	52.08	104.16	N/A
EMPLOYEE+1 and FAMILY	2100.00	1050.00	87.50	175.00	N/A
<b>HDHP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	363.00	345.00	18.00	726.00	740.52
EMPLOYEE + 1	726.00	690.00	36.00	1452.00	1481.04
FAMILY	980.00	931.00	49.00	1960.00	1999.20
<b>EPO</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	434.00	347.50	86.50	868.00	885.36
EMPLOYEE + 1	868.00	694.50	173.50	1736.00	1770.72
FAMILY	1171.50	937.50	234.00	2343.00	2389.86
<b>OE-3 MED,DEN,VIS (BU 3 ONLY)</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	444.50	347.50	97.00	889.00	N/A
EMPLOYEE + 1	888.50	694.50	194.00	1777.00	N/A
FAMILY	1200.00	937.50	262.50	2400.00	N/A
<b>DELTA DENTAL CORE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	14.50	12.00	2.50	29.00	29.58
EMPLOYEE + 1	29.50	24.00	5.50	59.00	60.18
FAMILY	51.00	41.50	9.50	102.00	104.04
<b>DELTA DENTAL BUY UP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	23.50	12.00	11.50	47.00	47.94
EMPLOYEE + 1	47.00	24.00	23.00	94.00	95.88
FAMILY	81.00	41.50	39.50	162.00	165.24
<b>VISION SERVICE PLAN</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	3.50	3.00	0.50	7.00	7.14
EMPLOYEE + 1	7.00	5.50	1.50	14.00	14.28
FAMILY	9.50	7.50	2.00	19.00	19.38
<b>BASIC LIFE &amp; BASIC AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
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
<b>EMPLOYEE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>SPOUSE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>CHILD SUPPLEMENTAL LIFE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$10,000	1.25	1.25	N/A	2.50	30.00

**STANISLAUS COUNTY**  
**2021 INSURANCE RATES**  
**Full-Time 40 Hour Employees**

<b>CRITICAL ILLNESS</b>	<b>SEMI-MONTHLY</b>					
<b>EMPLOYEE RATES</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>	<b>\$20,000</b>	<b>\$25,000</b>	<b>\$30,000</b>
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
<b>SPOUSE RATES</b>	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$15,000</b>			
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			
<b>CHILD(REN) RATE</b>						
	N/A	4.76	N/A			

<b>ACCIDENT</b>	<b>SEMI-MONTHLY</b>
EMPLOYEE ONLY	3.77
EMPLOYEE + SPOUSE	6.25
EMPLOYEE + CHILD	6.85
FAMILY	9.33

**STANISLAUS COUNTY  
2021 INSURANCE RATES**

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

<b>MEDICAL WAIVE CREDIT</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
REPRESENTED EMPLOYEE		21.38			N/A
CONFIDENTIAL		67.50			N/A
MANAGEMENT		67.50			N/A
<b>COUNTY HSA CONTRIBUTION</b>	<b>ANNUAL</b>	<b>JANUARY</b>	<b>JULY-DEC PP</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	1250.00	625.00	52.08	104.16	N/A
EMPLOYEE+1 and FAMILY	2100.00	1050.00	87.50	175.00	N/A
<b>HDHP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	363.00	310.50	52.50	726.00	740.52
EMPLOYEE + 1	726.00	621.00	105.00	1452.00	1481.04
FAMILY	980.00	837.90	142.10	1960.00	1999.20
<b>EPO</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	434.00	312.75	121.25	868.00	885.36
EMPLOYEE + 1	868.00	625.05	242.95	1736.00	1770.72
FAMILY	1171.50	843.75	327.75	2343.00	2389.86
<b>OE-3 MED,DEN,VIS (BU 3 ONLY)</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	444.50	312.75	131.75	889.00	N/A
EMPLOYEE + 1	888.50	625.05	263.45	1777.00	N/A
FAMILY	1200.00	843.75	356.25	2400.00	N/A
<b>DELTA DENTAL CORE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	14.50	10.80	3.70	29.00	29.58
EMPLOYEE + 1	29.50	21.60	7.90	59.00	60.18
FAMILY	51.00	37.35	13.65	102.00	104.04
<b>DELTA DENTAL BUY UP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	23.50	10.80	12.70	47.00	47.94
EMPLOYEE + 1	47.00	21.60	25.40	94.00	95.88
FAMILY	81.00	37.35	43.65	162.00	165.24
<b>VISION SERVICE PLAN</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	3.50	2.70	0.80	7.00	7.14
EMPLOYEE + 1	7.00	4.95	2.05	14.00	14.28
FAMILY	9.50	6.75	2.75	19.00	19.38
<b>BASIC LIFE &amp; BASIC AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
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
<b>EMPLOYEE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>SPOUSE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>CHILD SUPPLEMENTAL LIFE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$10,000	1.25	1.25	N/A	2.50	30.00

**STANISLAUS COUNTY  
2021 INSURANCE RATES**

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

<b>MEDICAL WAIVE CREDIT</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
REPRESENTED EMPLOYEE		17.81			N/A
CONFIDENTIAL		56.25			N/A
MANAGEMENT		56.25			N/A
<b>COUNTY HSA CONTRIBUTION</b>	<b>ANNUAL</b>	<b>JANUARY</b>	<b>JULY-DEC PP</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	1250.00	625.00	52.08	104.16	N/A
EMPLOYEE+1 and FAMILY	2100.00	1050.00	87.50	175.00	N/A
<b>HDHP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	363.00	258.75	104.25	726.00	740.52
EMPLOYEE + 1	726.00	517.50	208.50	1452.00	1481.04
FAMILY	980.00	698.30	281.70	1960.00	1999.20
<b>EPO</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	434.00	260.63	173.37	868.00	885.36
EMPLOYEE + 1	868.00	520.90	347.10	1736.00	1770.72
FAMILY	1171.50	703.13	468.37	2343.00	2389.86
<b>OE-3 MED,DEN,VIS (BU 3 ONLY)</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	444.50	260.63	183.87	889.00	N/A
EMPLOYEE + 1	888.50	520.90	367.60	1777.00	N/A
FAMILY	1200.00	703.13	496.87	2400.00	N/A
<b>DELTA DENTAL CORE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	14.50	9.00	5.50	29.00	29.58
EMPLOYEE + 1	29.50	18.00	11.50	59.00	60.18
FAMILY	51.00	31.13	19.87	102.00	104.04
<b>DELTA DENTAL BUY UP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	23.50	9.00	14.50	47.00	47.94
EMPLOYEE + 1	47.00	18.00	29.00	94.00	95.88
FAMILY	81.00	31.13	49.87	162.00	165.24
<b>VISION SERVICE PLAN</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	3.50	2.25	1.25	7.00	7.14
EMPLOYEE + 1	7.00	4.10	2.90	14.00	14.28
FAMILY	9.50	5.60	3.90	19.00	19.38
<b>BASIC LIFE &amp; BASIC AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
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
<b>EMPLOYEE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>SPOUSE SUPP LIFE AD&amp;D</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$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
<b>CHILD SUPPLEMENTAL LIFE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYEE</b>	<b>EMPLOYEE 70+</b>	<b>MONTHLY</b>	<b>ANNUAL</b>
\$10,000	1.25	1.25	N/A	2.50	30.00