

**STANISLAUS COUNTY**  
**2024 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
<b>COUNTY HSA CONTRIBUTION</b>	<b>ANNUAL</b>	<b>JANUARY</b>	<b>JULY-DEC PP</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	1350.00	675.00	56.25	112.50	N/A
EMPLOYEE+1 and FAMILY	2500.00	1250.00	104.17	208.33	N/A
<b>HDHP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	432.00	411.00	21.00	864.00	881.28
EMPLOYEE + 1	864.50	822.00	42.50	1729.00	1763.58
FAMILY	1167.00	1109.00	58.00	2334.00	2380.68
<b>EPO</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
EMPLOYEE ONLY	516.50	414.00	102.50	1033.00	1053.66
EMPLOYEE + 1	1033.00	826.50	206.50	2066.00	2107.32
FAMILY	1394.50	1116.50	278.00	2789.00	2844.78
<b>DELTA DENTAL CORE</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
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
<b>DELTA DENTAL BUY UP</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
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
<b>VISION SERVICE PLAN</b>	<b>SEMI-MONTHLY</b>	<b>EMPLOYER</b>	<b>EMPLOYEE</b>	<b>MONTHLY</b>	<b>COBRA</b>
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
<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

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<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