CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC. 2022 Medical Insurance Plans and Cost Effective January 1, 2022 through December 31, 2022							
Blue Shield HMO Select							
Employee	\$712.43	\$590.00	\$122.43	\$61.22			
Employee + 1	\$1,424.86	\$1,124.00	\$300.86	\$150.43			
Employee + 2 or more	\$1,852.32	\$1,445.00	\$407.32	\$203.66			
Blue Shield HMO Traditional							
Employee	\$1,007.13	\$590.00	\$417.13	\$208.57			
Employee + 1	\$2,014.26	\$1,124.00	\$890.26	\$445.13			
Employee + 2 or more	\$2,618.54	\$1,445.00	\$1,173.54	\$586.77			
Plus Chield Assess & UNAO							
Blue Shield Access + HMO Employee	\$900.22	\$590.00	\$310.22	\$155.11			
Employee + 1	\$900.22	\$1,124.00	\$676.44	\$338.22			
Employee + 2 or more	\$1,800.44 \$2,340.57	\$1,124.00 \$1,445.00	\$895.57	\$338.22 \$447.79			
KAISER PERMANENTE	6705.00	¢500.00	¢110.00	ĆE 0.01			
Employee	\$706.02	\$590.00	\$116.02	\$58.01			
Employee + 1	\$1,412.04	\$1,124.00	\$288.04	\$144.02			
Employee + 2 or more	\$1,835.65	\$1,445.00	\$390.65	\$195.33			
UNITEDHEALTHCARE ALLIANCE H	мо						
Employee	\$775.09	\$590.00	\$185.09	\$92.55			
Employee + 1	\$1,550.18	\$1,124.00	\$426.18	\$213.09			
Employee + 2 or more	\$2,015.23	\$1,445.00	\$570.23	\$285.12			
Health Net SmartCare HMO							
Employee	\$845.69	\$590.00	\$255.69	\$127.85			
Employee + 1	\$1,691.38	\$1,124.00	\$567.38	\$283.69			
Employee + 2 or more	\$2,198.79	\$1,445.00	\$753.79	\$376.90			
PERS-Platinum (formerly Choice)							
Employee	\$882.18	\$590.00	\$292.18	\$146.09			
Employee + 1	\$1,764.36	\$1,124.00	\$640.36	\$320.18			
Employee + 2 or more	\$2,293.67	\$1,445.00	\$848.67	\$424.34			
DERC Cold (formorily Coloct)							
PERS-Gold (formerly Select)	\$587.78	\$590.00	\$0.00	\$0.00			
Employee Employee + 1	-	\$1,124.00	\$0.00	\$0.00 \$25.78			
Employee + 1 Employee + 2 or more	\$1,175.56 \$1,528.23	\$1,124.00 \$1,445.00	\$51.56	\$25.78 \$41.62			
		. •					
PERS-Platinum (formerly Care) Employee	\$882.18	\$590.00	\$292.18	\$146.09			
Employee + 1	\$1,764.36	\$1,124.00	\$640.36	\$146.09			
Employee + 2 or more	\$2,293.67	\$1,124.00	\$848.67	\$424.34			
(1) For HMO plans, must select a							
TO MAKE ANY CHANGE	S PLEASE CALL AUX		FSOURCES AT EX	T 80865			

CALIFORNIA ST	ATE UNIVERSITY, F	RESNO ASSOCIATIO	ON, INC.		
2022 M	iscellaneous Insura	ance Plans and Costs	5		
Effective Ja	nuary 1, 2022 thro	ugh December 31, 2	2022		
Dental Plan	Total Premium	Employer Contribution	Employee Contribution	Employee Contribution Per Paycheck	
<u> </u>					
PREMIER ACCESS					
Employee	\$25.00	\$25.00	\$0.00	\$0.00	
Employee + 1	\$75.00	\$50.00	\$25.00	\$12.50	
Employee + 2 or more	\$90.00	\$50.00	\$40.00	\$20.00	
Vision Plan					
VSP					
Employee	\$9.90	\$9.90	\$0.00	\$0.00	
Employee + 1	\$13.90	\$9.90	\$4.00	\$2.00	
Employee + 2 or more	\$24.10	\$9.90	\$14.20	\$7.10	
Life Insurance Plan					
SUN LIFE INSURANCE					
Under the Life Insurance Plan structure, t	he following benef	its are provided			
at no cost to the employee:		·			
	Reg./Professional/Sup/Confidential - \$25,000 in coverage.				
	Manager Classification - \$50,000 in coverage.				
TO MAKE ANY CHANG	ES, PLEASE CALL H	UMAN RESOURCES	AT EXT. 80865.		