2024 Medical Insurance Plans and Cost Effective January 1, 2024 through December 31, 2024									
<u>Health Plans</u>	2024 Monthly Premium	Employer Contribution	Employee Contribution (Monthly)	Employee Contribution (Per Paycheck)					
Anthem HMO Select									
Employee	\$807.71	\$682.00	\$125.71	\$62.86					
Employee + 1	\$1,615.42	\$1,298.00	\$317.42	\$158.71					
Employee + 2 or more	\$2,100.05	\$1,669.00	\$431.05	\$215.53					
Anthem HMO Traditional									
Employee	\$1,034.38	\$682.00	\$352.38	\$176.19					
Employee + 1	\$2,068.76	\$1,298.00	\$770.76	\$385.38					
Employee + 2 or more	\$2,689.39	\$1,669.00	\$1,020.39	\$510.20					
Blue Shield Access + HMO									
Employee	\$869.14	\$682.00	\$187.14	\$93.57					
Employee + 1	\$1,738.28	\$1,298.00	\$440.28	\$220.14					
Employee + 2 or more	\$2,259.76	\$1,669.00	\$590.76	\$295.38					
KAISER PERMANENTE									
Employee	\$904.95	\$682.00	\$222.95	\$111.48					
Employee + 1	\$1,809.90	\$1,298.00	\$511.90	\$255.95					
Employee + 2 or more	\$2,352.87	\$1,669.00	\$683.87	\$341.94					
UNITEDHEALTHCARE ALLIANCE HN	10								
Employee	\$837.88	\$682.00	\$155.88	\$77.94					
Employee + 1	\$1,675.76	\$1,298.00	\$377.76	\$188.88					
Employee + 2 or more	\$2,178.49	\$1,669.00	\$509.49	\$254.75					
PERS-Platinum (formerly Choice)									
Employee	\$1,151.50	\$682.00	\$469.50	\$234.75					
Employee + 1	\$2,303.00	\$1,298.00	\$1,005.00	\$502.50					
Employee + 2 or more	\$2,993.90	\$1,669.00	\$1,324.90	\$662.45					
PERS-Gold (formerly Select)									
Employee	\$799.44	\$682.00	\$117.44	\$58.72					
Employee + 1	\$1,598.88	\$1,298.00	\$300.88	\$150.44					
Employee + 2 or more	\$2,078.54	\$1,669.00	\$409.54	\$204.77					
(1) For HMO plans, must select a c	octor for each fam	ily member at the	e time of enrollme	ent.					

CALIFORNIA S	TATE	UNIVERSITY, FR	ESNO ASSOCIATIO	DN, INC.			
2024 N	/liscell	aneous Insuran	ce Plans and Costs				
Effective Ja	anuar	y 1, 2024 throug	h December 31, 2	024			
Dental Plan		Total Premium	Employer Contribution	Employee Contribution	Employee Contribution Per Paycheck		
		Tremum					
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		
<u>Vision Plan</u>							
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,	the fo	llowing benefit:	s 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	GES, P	LEASE CALL HU	MAN RESOURCES	AT EXT. 80865.			