

CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

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)
<i>Anthem HMO Select</i>				
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
<i>Anthem HMO Traditional</i>				
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
<i>Blue Shield Access + HMO</i>				
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
<i>KAISER PERMANENTE</i>				
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
<i>UNITEDHEALTHCARE ALLIANCE HMO</i>				
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
<i>PERS-Platinum (formerly Choice)</i>				
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
<i>PERS-Gold (formerly Select)</i>				
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 doctor for each family member at the time of enrollment.				
TO MAKE ANY CHANGES, PLEASE CALL AUXILIARY HUMAN RESOURCES AT EXT. 80865.				

