

CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION

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	\$990.00	\$0.00	\$0.00
Employee + 1	\$1,615.42	\$990.00	\$625.42	\$312.71
Employee + 2 or more	\$2,100.05	\$990.00	\$1,110.05	\$555.03
<i>Anthem HMO Traditional</i>				
Employee	\$1,034.38	\$990.00	\$44.38	\$22.19
Employee + 1	\$2,068.76	\$990.00	\$1,078.76	\$539.38
Employee + 2 or more	\$2,689.39	\$990.00	\$1,699.39	\$849.70
<i>Blue Shield Access+</i>				
Employee	\$869.14	\$990.00	\$0.00	\$0.00
Employee + 1	\$1,738.28	\$990.00	\$748.28	\$374.14
Employee + 2 or more	\$2,259.76	\$990.00	\$1,269.76	\$634.88
<i>KAISER PERMANENTE</i>				
Employee	\$904.95	\$990.00	\$0.00	\$0.00
Employee + 1	\$1,809.90	\$990.00	\$819.90	\$409.95
Employee + 2 or more	\$2,352.87	\$990.00	\$1,362.87	\$681.44
<i>UNITEDHEALTHCARE ALLIANCE HMO</i>				
Employee	\$837.88	\$990.00	\$0.00	\$0.00
Employee + 1	\$1,675.76	\$990.00	\$685.76	\$342.88
Employee + 2 or more	\$2,178.49	\$990.00	\$1,188.49	\$594.25
<i>PERS-Platinum (formerly Choice)</i>				
Employee	\$1,151.50	\$990.00	\$161.50	\$80.75
Employee + 1	\$2,303.00	\$990.00	\$1,313.00	\$656.50
Employee + 2 or more	\$2,993.90	\$990.00	\$2,003.90	\$1,001.95
<i>PERS-Gold (formerly Select)</i>				
Employee	\$799.44	\$990.00	\$0.00	\$0.00
Employee + 1	\$1,598.88	\$990.00	\$608.88	\$304.44
Employee + 2 or more	\$2,078.54	\$990.00	\$1,088.54	\$544.27

(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.