CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.				
2026 Medical Insurance Plans and Cost				
Effective January 1, 2026 through December 31, 2026				
Health Plans	**2026 Monthly Premium**	**Employer Contribution**	**Employee Contribution (Monthly)**	**Employee Contribution (Per Paycheck)**
Anthem HMO Select				
Employee	$1,016.32	$781.00	$235.32	$117.66
Employee + 1	$2,032.64	$1,487.00	$545.64	$272.82
Employee + 2 or more	$2,642.43	$1,911.00	$731.43	$365.72
Anthem HMO Traditional				
Employee	$1,158.26	$781.00	$377.26	$188.63
Employee + 1	$2,316.52	$1,487.00	$829.52	$414.76
Employee + 2 or more	$3,011.48	$1,911.00	$1,100.48	$550.24
Blue Shield Access + HMO				
Employee	$1,052.89	$781.00	$271.89	$135.95
Employee + 1	$2,105.78	$1,487.00	$618.78	$309.39
Employee + 2 or more	$2,737.51	$1,911.00	$826.51	$413.26
KAISER PERMANENTE				
Employee	$987.69	$781.00	$206.69	$103.35
Employee + 1	$1,975.38	$1,487.00	$488.38	$244.19
Employee + 2 or more	$2,567.99	$1,911.00	$656.99	$328.50
UNITEDHEALTHCARE ALLIANCE HMO				
Employee	$950.99	$781.00	$169.99	$85.00
Employee + 1	$1,901.98	$1,487.00	$414.98	$207.49
Employee + 2 or more	$2,472.57	$1,911.00	$561.57	$280.79
PERS-Platinum				
Employee	$1,426.24	$781.00	$645.24	$322.62
Employee + 1	$2,852.48	$1,487.00	$1,365.48	$682.74
Employee + 2 or more	$3,708.22	$1,911.00	$1,797.22	$898.61
PERS-Gold				
Employee	$956.28	$781.00	$175.28	$87.64
Employee + 1	$1,912.56	$1,487.00	$425.56	$212.78
Employee + 2 or more	$2,486.33	$1,911.00	$575.33	$287.67
(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.				

CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

2026 Miscellaneous Insurance Plans and Costs

Effective January 1, 2026 through December 31, 2026

	Total	Employer	Employee	Employee Contribution
Dental Plan	**Premium**	**Contribution**	**Contribution**	**Per Paycheck**
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, the following benefits 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 CHANGES, PLEASE CALL HUMAN RESOURCES AT EXT. 80865.