CALIFORNIA STATE UNIVERSITY, FRESNO ASSOCIATION, INC.

2027 Medical Insurance Plans and Cost

Effective January 1, 2027 through December 31, 2027

Health Plans	2027 Monthly Premium	Employer Contribution	Employee Contribution (Monthly)	Employee Contribution (Per Paycheck)
Anthem HMO Select				
Employee	$1,140.20	$898.00	$242.20	$121.10
Employee + 1	$2,280.40	$1,710.00	$570.40	$285.20
Employee + 2 or more	$2,964.52	$2,198.00	$766.52	$383.26
Anthem HMO Traditional				
Employee	$1,263.81	$898.00	$365.81	$182.91
Employee + 1	$2,527.62	$1,710.00	$817.62	$408.81
Employee + 2 or more	$3,285.91	$2,198.00	$1,087.91	$543.96
Blue Shield Access + HMO				
Employee	$1,177.77	$898.00	$279.77	$139.89
Employee + 1	$2,355.54	$1,710.00	$645.54	$322.77
Employee + 2 or more	$3,062.20	$2,198.00	$864.20	$432.10
KAISER PERMANENTE				
Employee	$1,030.94	$898.00	$132.94	$66.47
Employee + 1	$2,061.88	$1,710.00	$351.88	$175.94
Employee + 2 or more	$2,680.44	$2,198.00	$482.44	$241.22
PERS-Platinum				
Employee	$1,538.57	$898.00	$640.57	$320.29
Employee + 1	$3,077.14	$1,710.00	$1,367.14	$683.57
Employee + 2 or more	$4,000.28	$2,198.00	$1,802.28	$901.14
PERS-Gold				
Employee	$1,010.12	$898.00	$112.12	$56.06
Employee + 1	$2,020.24	$1,710.00	$310.24	$155.12
Employee + 2 or more	$2,626.31	$2,198.00	$428.31	$214.16

(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.

2027 Miscellaneous Insurance Plans and Cost

Effective January 1, 2027 through December 31, 2027

		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, the following benefits are provided at no cost to the employee:					
		Non-Exempt - $25,000 in coverage			
		Exempt - $50,000 in coverage			

TO MAKE ANY CHANGES, PLEASE CALL HUMAN RESOURCES AT EXT. 80865.