

CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION					
2025/26 Miscellaneous Insurance Plans and Costs					
Effective July 1, 2025 through June 30, 2026					
		Total	Employer	Employee	Employee
Dental Plan		Premium	Contribution	Contribution	Contribution Per Paycheck
PREMIER ACCESS					
Employee Only		\$43.17	\$43.17	\$0.00	\$0.00
Employee + Spouse		\$92.83	\$92.83	\$0.00	\$0.00
Employee + Children		\$94.52	\$94.52	\$0.00	\$0.00
Employee + Family		\$144.32	\$144.32	\$0.00	\$0.00
Vision Plan					
VSP					
Employee		\$8.06	\$8.06	\$0.00	\$0.00
Employee + 1		\$16.84	\$16.84	\$0.00	\$0.00
Employee + 2 or more		\$24.18	\$24.18	\$0.00	\$0.00
TO MAKE ANY CHANGES, PLEASE CALL HUMAN RESOURCES AT EXT. 80865.					

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