

CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION				
2027 Medical Insurance Plans and Cost				
Effective January 1, 2027 through December 31, 2027				
<u>Health Plans</u>	2027 Monthly Premium	Employer Contribution	Employee Contribution (Monthly)	Employee Contribution (Per Paycheck)
<i>Anthem HMO Select</i>				
Employee	\$1,140.20	\$990.00	\$150.20	\$75.10
Employee + 1	\$2,280.40	\$990.00	\$1,290.40	\$645.20
Employee + 2 or more	\$2,964.52	\$990.00	\$1,974.52	\$987.26
<i>Anthem HMO Traditional</i>				
Employee	\$1,263.81	\$990.00	\$273.81	\$136.91
Employee + 1	\$2,527.62	\$990.00	\$1,537.62	\$768.81
Employee + 2 or more	\$3,285.91	\$990.00	\$2,295.91	\$1,147.96
<i>Blue Shield Access+ HMO</i>				
Employee	\$1,177.77	\$990.00	\$187.77	\$93.89
Employee + 1	\$2,355.54	\$990.00	\$1,365.54	\$682.77
Employee + 2 or more	\$3,062.20	\$990.00	\$2,072.20	\$1,036.10
<i>KAISER PERMANENTE</i>				
Employee	\$1,030.94	\$990.00	\$40.94	\$20.47
Employee + 1	\$2,061.88	\$990.00	\$1,071.88	\$535.94
Employee + 2 or more	\$2,680.44	\$990.00	\$1,690.44	\$845.22
<i>PERS-Platinum</i>				
Employee	\$1,538.57	\$990.00	\$548.57	\$274.29
Employee + 1	\$3,077.14	\$990.00	\$2,087.14	\$1,043.57
Employee + 2 or more	\$4,000.28	\$990.00	\$3,010.28	\$1,505.14
<i>PERS-Gold</i>				
Employee	\$1,010.12	\$990.00	\$20.12	\$10.06
Employee + 1	\$2,020.24	\$990.00	\$1,030.24	\$515.12
Employee + 2 or more	\$2,626.31	\$990.00	\$1,636.31	\$818.16
(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 ATHLETIC CORPORATION				
2027 Miscellaneous Insurance Plans and Costs				
Effective January 1, 2027 through December 31, 2027				
	Total Premium	Employer Contribution	Employee Contribution (Monthly)	Employee Contribution (Per Paycheck)
<u>Dental Plan</u>				
<i>PREMIER ACCESS</i>				
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
<u>Vision Plan</u>				
<i>VSP</i>				
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.				