CALIFORNIA STATE UNIVERSITY, FRESNO ATHLETIC CORPORATION

2024/25 Miscellaneous Insurance Plans and Costs

Effective July 1, 2024 through June 30, 2025

		Total	**Employer**	**Employee**	**Employee Contribution**
Dental Plan		**Premium**	**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.