AG FOUNDATION OF CALIFORNIA STATE UNIVERSITY, FRESNO

Health Insurance Plans and Costs Effective July 1, 2024 through June 30, 2025

		Employer Contribution	Employee Pays Monthly	Deduction Each Paycheck
Medical Plans	Total Premium			
Employee	\$809.97	\$809.97	\$0.00	\$0.00
Employee + 1	\$1,887.24	\$1,887.24	\$0.00	\$0.00
Employee + 2 or more	\$2,591.77	\$2,591.77	\$0.00	\$0.00
Blue Shield PPO				
Employee	\$914.68	\$914.68	\$0.00	\$0.00
Employee + 1	\$2,131.31	\$2,131.31	\$0.00	\$0.00
Employee + 2 or more	\$2,927.09	\$2,927.09	\$0.00	\$0.00
KAISER				
Employee	\$723.18	\$723.18	\$0.00	\$0.00
Employee + 1	\$1,685.01	\$1,685.01	\$0.00	\$0.00
Employee + 2 or more	\$2,314.18	\$2,314.18	\$0.00	\$0.00
Dental Plan				
PREMIER ACCESS				
Employee	\$43.17	\$43.17	\$0.00	\$0.00
Employee + Spouse	\$92.83	\$43.17	\$49.66	\$24.83
Employee + Children	\$94.52	\$43.17	\$51.35	\$25.68
Employee + Family	\$144.32	\$43.17	\$101.15	\$50.58
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