

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

Health Insurance Plans and Costs (Option B)

Effective July 1, 2024 through June 30, 2025

				Employee	Deduction
		Total	Employer	Pays	Each
Medical Plans		Premium	Contribution	Monthly	Paycheck
Blue Shield HMO					
Employee Only		\$809.97	\$809.97	\$0.00	\$0.00
Employee + 1		\$1,887.24	\$1,348.61	\$538.64	\$269.32
Employee + 2 or more		\$2,591.77	\$1,700.87	\$890.90	\$445.45
Blue Shield PPO					
Employee Only		\$914.68	\$914.68	\$0.00	\$0.00
Employee + 1		\$2,131.31	\$1,523.00	\$608.32	\$304.16
Employee + 2 or more		\$2,927.09	\$1,920.89	\$1,006.21	\$503.10
KAISER					
Employee Only		\$723.18	\$723.18	\$0.00	\$0.00
Employee + 1		\$1,685.01	\$1,204.10	\$480.92	\$240.46
Employee + 2 or more		\$2,314.18	\$1,518.68	\$795.50	\$397.75
Dental Plan					
PREMIER ACCESS					
Employee Only		\$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
VSP					
Employee Only		\$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