

**CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION**

Health Insurance Plans and Costs (Option C)

Effective July 1, 2024 through June 30, 2025

|                        |  |                |                     | <b>Employee</b> | <b>Deduction</b>  |
|------------------------|--|----------------|---------------------|-----------------|-------------------|
|                        |  | <b>Total</b>   | <b>Employer</b>     | <b>Pays</b>     | <b>Each</b>       |
| <b>Medical Plans</b>   |  | <b>Premium</b> | <b>Contribution</b> | <b>Monthly</b>  | <b>Paycheck</b>   |
| <b>Blue Shield HMO</b> |  |                |                     |                 |                   |
| Employee Only          |  | \$809.97       | \$809.97            | \$0.00          | <b>\$0.00</b>     |
| Employee + 1           |  | \$1,887.24     | \$809.97            | \$1,077.27      | <b>\$538.64</b>   |
| Employee + 2 or more   |  | \$2,591.77     | \$809.97            | \$1,781.80      | <b>\$890.90</b>   |
| <b>Blue Shield PPO</b> |  |                |                     |                 |                   |
| Employee Only          |  | \$914.68       | \$914.68            | \$0.00          | <b>\$0.00</b>     |
| Employee + 1           |  | \$2,131.31     | \$914.68            | \$1,216.63      | <b>\$608.32</b>   |
| Employee + 2 or more   |  | \$2,927.09     | \$914.68            | \$2,012.41      | <b>\$1,006.21</b> |
| <b>KAISER</b>          |  |                |                     |                 |                   |
| Employee Only          |  | \$723.18       | \$723.18            | \$0.00          | <b>\$0.00</b>     |
| Employee + 1           |  | \$1,685.01     | \$723.18            | \$961.83        | <b>\$480.92</b>   |
| Employee + 2 or more   |  | \$2,314.18     | \$723.18            | \$1,591.00      | <b>\$795.50</b>   |
| <b>Dental Plan</b>     |  |                |                     |                 |                   |
| <b>PREMIER ACCESS</b>  |  |                |                     |                 |                   |
| Employee Only          |  | \$43.17        | \$43.17             | \$0.00          | <b>\$0.00</b>     |
| Employee + Spouse      |  | \$92.83        | \$43.17             | \$49.66         | <b>\$24.83</b>    |
| Employee + Children    |  | \$94.52        | \$43.17             | \$51.35         | <b>\$25.68</b>    |
| Employee + Family      |  | \$144.32       | \$43.17             | \$101.15        | <b>\$50.58</b>    |
| <b>VSP</b>             |  |                |                     |                 |                   |
| Employee Only          |  | \$9.90         | \$9.90              | \$0.00          | <b>\$0.00</b>     |
| Employee + 1           |  | \$13.90        | \$9.90              | \$4.00          | <b>\$2.00</b>     |
| Employee + 2 or more   |  | \$24.10        | \$9.90              | \$14.20         | <b>\$7.10</b>     |