AG FOUNDATION OF CALIFORNIA STATE UNIVERSITY, FRESNO

Health Insurance Plans and Costs Effective July 1, 2025 through June 30, 2026

Medical Plans	Total Premium	Employer Contribution	Employee Pays Monthly	Deduction Each Paycheck					
					Blue Shield HMO				
					Employee	\$843.18	\$843.18	\$0.00	\$0.00
Employee + 1	\$1,964.62	\$1,964.62	\$0.00	\$0.00					
Employee + 2 or more	\$2,698.01	\$2,698.01	\$0.00	\$0.00					
Blue Shield PPO									
Employee	\$924.74	\$924.74	\$0.00	\$0.00					
Employee + 1	\$2,154.75	\$2,154.75	\$0.00	\$0.00					
Employee + 2 or more	\$2,959.28	\$2,959.28	\$0.00	\$0.00					
KAISER									
Employee	\$794.22	\$794.22	\$0.00	\$0.00					
Employee + 1	\$1,850.53	\$1,850.53	\$0.00	\$0.00					
Employee + 2 or more	\$2,541.50	\$2,541.50	\$0.00	\$0.00					
Dental Plan									
PREMIER ACCESS	¢42.47	¢42.17	¢0.00	¢0.00					
Employee + Spouse	\$43.17 \$92.83	\$43.17 \$43.17	\$0.00 \$49.66	\$0.00 \$24.83					
Employee + Children	\$94.52	\$43.17	\$49.00	\$25.68					
Employee + Family	\$144.32	\$43.17	\$101.15	\$50.58					
Employee Frammy	ÿ111.32	ψ13.17	7101.13	ψ30.30					
VII - 21									
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					