

CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION

Health Insurance Plans and Costs

Effective July 1, 2026 through June 30, 2027

				Employee	Deduction
		Total	Employer	Pays	Each
Medical Plans		Premium	Contribution	Monthly	Paycheck
Blue Shield HMO					
Employee		\$923.28	\$923.28	\$0.00	\$0.00
Employee + 1		\$2,151.25	\$2,151.25	\$0.00	\$0.00
Employee + 2 or more		\$2,954.32	\$2,954.32	\$0.00	\$0.00
Blue Shield PPO					
Employee		\$1,012.60	\$1,012.60	\$0.00	\$0.00
Employee + 1		\$2,359.44	\$2,359.44	\$0.00	\$0.00
Employee + 2 or more		\$3,240.40	\$3,240.40	\$0.00	\$0.00
KAISER					
Employee		\$856.58	\$856.58	\$0.00	\$0.00
Employee + 1		\$1,995.83	\$1,995.83	\$0.00	\$0.00
Employee + 2 or more		\$2,741.06	\$2,741.06	\$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