## AG FOUNDATION OF CALIFORNIA STATE UNIVERSITY, FRESNO

Health Insurance Plans and Costs Effective July 1, 2021 through June 30, 2022

			Employee	Deduction
	Total	Employer	Pays	Each
Medical Plans	Premium	Contribution	Monthly	Paycheck
Blue Shield HMO				
Employee	\$623.61	\$623.61	\$0.00	\$0.00
Employee + 1	\$1,453.02	\$1,453.02	\$0.00	\$0.00
Employee + 2 or more	\$1,995.45	\$1,995.45	\$0.00	\$0.00
Blue Shield PPO				
Employee	\$704.24	\$704.24	\$0.00	\$0.00
Employee + 1	\$1,640.96	\$1,640.96	\$0.00	\$0.00
Employee + 2 or more	\$2,253.66	\$2,253.66	\$0.00	\$0.00
KAISER				
Employee	\$527.27	\$527.27	\$0.00	\$0.00
Employee + 1	\$1,228.54	\$1,228.54	\$0.00	\$0.00
Employee + 2 or more	\$1,687.27	\$1,687.27	\$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