SONOMA STATE UNIVERSITY | PAYROLL & BENEFITS

# 2026 Health Care and Insurance Monthly Premium Rate Chart

| EMPLOYEE COLLECTIVE BARGAINING UNITS | | | CSU HEALTH CONTRIBUTIONS BY UNIT | | |
|---|---|---|---|---|---|
| **Represented Units:** | | | **Coverage:** | **All Other Units** | **Unit 6 Only** |
| CFUAPD | Unit 1 | (Physicians) | Employee Only | $1,084.00 | $1,089.00 |
| CFA | Unit 3 | (Faculty) | Employee + 1 Dependent | $2,057.00 | $2,067.00 |
| APC | Unit 4 | (Academic Professionals) | Employee + 2 or more | $2,638.00 | $2,658.00 |
| TEAMSTERS 2010 | Unit 6 | (Skilled Crafts) | **DENTAL, BASIC VISION, LIFE INSURANCE* and LONG TERM DISABILITY* PREMIUMS ARE FULLY COVERED BY THE CSU** | | |
| SUPA | Unit 8 | (Public Safety Officers) | | | |
| CSUEU | Units 2, 5, 7, & 9 | (Health, Operations, Technical & Administrative Support Services) | *** Coverage varies and is not applicable to all Collective Bargaining Units** | | |
| **Non-Representative:** | | MPP, Confidential, and Excluded Classifications | **NOTE:** Premium contributions are subject to change due to Collective Bargaining negotiations. | | |

| Health Plan | Eligible Dependents | Plan Code | 2026 | | | | |
|---|---|---|---|---|---|---|---|
| | | | Total Mo. Premium | Employee Mo. Deduction | Unit 6 Mo. Deduction | While on Leave | While on COBRA |
| **ANTHEM TRADITIONAL (HMO)** | Employee Only | 1801 | $1,372.93 | $288.93 | $283.93 | $1,372.93 | $1,400.39 |
| | Employee + 1 Dependent | 1802 | $2,745.86 | $688.86 | $678.86 | $2,745.86 | $2,800.78 |
| | Employee + 2 or more | 1803 | $3,569.62 | $931.62 | $911.62 | $3,569.62 | $3,641.01 |
| **BLUE SHIELD ACCESS+ (HMO)** | Employee Only | 1411 | $1,088.52 | $4.52 | $0.00 | $1,088.52 | $1,110.29 |
| | Employee + 1 Dependent | 1412 | $2,177.04 | $120.04 | $110.04 | $2,177.04 | $2,220.58 |
| | Employee + 2 or more | 1413 | $2,830.15 | $192.15 | $172.15 | $2,830.15 | $2,886.75 |
| **KAISER (HMO)** | Employee Only | 0561 | $1,097.94 | $13.94 | $8.94 | $1,097.94 | $1,119.90 |
| | Employee + 1 Dependent | 0562 | $2,195.88 | $138.88 | $128.88 | $2,195.88 | $2,239.80 |
| | Employee + 2 or more | 0563 | $2,854.64 | $216.64 | $196.64 | $2,854.64 | $2,911.73 |
| **UNITED HEALTHCARE ALLIANCE (HMO)** | Employee Only | 1871 | $1,048.16 | $0.00 | $0.00 | $1,048.16 | $1,069.12 |
| | Employee + 1 Dependent | 1872 | $2,096.32 | $39.32 | $29.32 | $2,096.32 | $2,138.25 |
| | Employee + 2 or more | 1873 | $2,725.22 | $87.22 | $67.22 | $2,725.22 | $2,779.72 |
| **WESTERN HEALTH ADVANTAGE (HMO)** | Employee Only | 1761 | $969.58 | $0.00 | $0.00 | $969.58 | $988.97 |
| | Employee + 1 Dependent | 1762 | $1,939.16 | $0.00 | $0.00 | $1,939.16 | $1,977.94 |
| | Employee + 2 or more | 1763 | $2,520.91 | $0.00 | $0.00 | $2,520.91 | $2,571.33 |
| **PERS PLATINUM (PPO)** | Employee Only | 6451 | $1,512.13 | $428.13 | $423.13 | $1,512.13 | $1,542.37 |
| | Employee + 1 Dependent | 6452 | $3,024.26 | $967.26 | $957.26 | $3,024.26 | $3,084.75 |
| | Employee + 2 or more | 6453 | $3,931.54 | $1,293.54 | $1,273.54 | $3,931.54 | $4,010.17 |
| **PERS GOLD (PPO)** | Employee Only | 6421 | $1,043.37 | $0.00 | $0.00 | $1,043.37 | $1,064.24 |
| | Employee + 1 Dependent | 6422 | $2,086.74 | $29.74 | $19.74 | $2,086.74 | $2,128.47 |
| | Employee + 2 or more | 6423 | $2,712.76 | $74.76 | $54.76 | $2,712.76 | $2,767.02 |
| | | | | | | | |
| **PORAC** **Unit 8 (SUPA) only** | Employee Only | 2071 | $974.00 | $0.00 | **NOT APPLICABLE** | $974.00 | $993.48 |
| | Employee + 1 Dependent | 2072 | $1,950.00 | $0.00 | | $1,950.00 | $1,989.00 |
| | Employee + 2 or more | 2073 | $2,534.00 | $0.00 | | $2,534.00 | $2,584.68 |
| **KAISER (OUT OF STATE)** | Employee Only | Codes vary by region | $1,398.96 | $314.96 | $309.96 | $1,398.96 | $1,426.94 |
| | Employee + 1 Dependent | | $2,797.92 | $740.92 | $730.92 | $2,797.92 | $2,853.88 |
| | Employee + 2 or more | | $3,637.30 | $999.30 | $979.30 | $3,637.30 | $3,710.05 |



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| Dental Plan | Eligible Group | Group Numbers | Enrollment | Employer Mo. Premium | While on Leave | While on COBRA |
|---|---|---|---|---|---|---|
| Delta Basic (PPO) | Public Safety (Unit 8) | 4018-2041 | Employee Only | $31.03 | $31.03 | $31.65 |
| | E99 (except Teaching Associates) | 4018-4051 | Employee + 1 Dep. | $58.61 | $58.61 | $59.78 |
| | STRS Annuitants | 4018-2061 | Employee + 2 or more | $117.68 | $117.68 | $120.03 |
| | PERS Annuitants | 4018-2071 | | | | |
| Delta Enhanced Level II (PPO) | Physicians (Unit 1) | 4018-2011 | Employee Only | $46.72 | $46.72 | $47.65 |
| | CSUEU (Unit 2,5,7,9) | 4018-2021 | Employee + 1 Dep. | $88.16 | $88.16 | $89.92 |
| | Faculty (Unit 3) | 4018-3011 | Employee + 2 or more | $172.24 | $172.24 | $175.68 |
| | FERP Annuitants Academic | 4018-3031 | | | | |
| | Support (Unit 4) Skilled | 4018-3021 | | | | |
| | Crafts (Unit 6) | 4018-2031 | | | | |
| | Confidential (C99) | 4018-4011 | | | | |
| | Management Personnel Plan (M80) | 4018-4011 | | | | |
| | Executive (M98) | 4018-4011 | | | | |
| DELTA CARE USA – Basic (HMO) | Public Safety (Unit 8) | 72034-0001 | Employee Only | $18.85 | $18.85 | $19.23 |
| | E99 (except Teaching Associates) | 72034-0001 | Employee + 1 Dep. | $31.08 | $31.08 | $31.70 |
| | STRS Annuitants | 72034-0004 | Employee + 2 or more | $45.97 | $45.97 | $46.89 |
| | PERS Annuitants | 72034-0004 | | | | |
| DELTA CARE USA – Enhanced (HMO) | Physicians (Unit 1) | 72034-0005 | Employee Only | $25.04 | $25.04 | $25.54 |
| | CSUEU (Unit 2,5,7,9) | 72034-0005 | Employee + 1 Dep. | $41.33 | $41.33 | $42.16 |
| | Faculty (Unit 3) | 72034-0005 | Employee + 2 or more | $61.12 | $61.12 | $62.34 |
| | FERP Annuitants | 72034-0008 | | | | |
| | Academic Support (Unit 4) | 72034-0005 | | | | |
| | Skilled Crafts (Unit 6) | 72034-0005 | | | | |
| | Confidential (C99) | 72034-0005 | | | | |
| | Management Personnel Plan (M80) | 72034-0005 | | | | |
| | Executive (M98) | 72034-0005 | | | | |

| Vision by Vison Service Plan (VSP) | Group/Eligible Dependents | Payroll Code | Employer Mo. Premium | Employee Mo. Deduction | While on Leave | While on COBRA |
|---|---|---|---|---|---|---|
| Basic Plan - Group #30059426 | All Groups (except FERP) | 450-003 | $6.96 | $0.00 | $6.96 | $7.09 |
| | FERP | 450-997 | $83.52 (annual) | $0.00 | $83.52 (annual) | $7.09 (per month) |
| Premier Plan - Group #30077022 | Employee Only | 377-001 | $6.96 | $5.06 | $12.02 | $12.26 |
| | Employee + 1 Dependent | 377-001 | $6.96 | $17.08 | $24.04 | $24.52 |
| | Employee + 2 or more | 377-001 | $6.96 | $31.73 | $38.69 | $39.46 |

| Life Insurance and AD&D Plan | Group | Payroll Code | Coverage | Employer Mo. Premium |
|---|---|---|---|---|
| CSU-Paid Life Insurance and AD&D Policy (The Standard) | Physicians (Unit 1) | 250-028 | $25K Life and AD&D | $1.78 |
| | CSUEU (Units 2,5,7,9) | 250-027 | $50K Life & AD&D | $3.55 |
| | Faculty (Unit 3) | 250-021 | $50K Life & AD&D | $3.55 |
| | Academic Support (Unit 4) | 250-024 | $25K Life & AD&D | $1.78 |
| | Public Safety (Unit 8) | 250-023 | $10K Life & AD&D | $3.55 |
| | Confidential (C99) | 250-025 | $50K Life & AD&D | $3.55 |
| | Teaching Associates (R11) | 250-022 | $50K Life only | $3.05 |
| | Management Personnel Plan (M80) | 250-020 | $100K Life & AD&D | $7.10 |
| | Executive (M98) | 250-026 | $250K Life & AD&D | $17.75 |

| Long Term Disability Plan | Group | Payroll Code | Coverage | Employer Mo. Premium |
|---|---|---|---|---|
| CSU-Paid Long Term Disability Policy (The Standard) | Physicians (Unit 1) | 250-103 | See The Standard's Long Term Disability publication for amount of coverage | $54.13 |
| | Faculty (Unit 3) | 250-101 | | $3.56 |
| | Academic Support (Unit 4) | 250-102 | | $1.52 |
| | Confidential (C99) | 250-105 | | $4.90 |
| | Management Personnel Plan (M80) | 250-100 | | $4.98 |
| | Executive (M98) | 250-104 | | $13.21 |



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