

2024 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 | \$983.00 | \$988.00 | | |
| CFA | Unit 3 | (Faculty) | Employee + 1 Dependent | \$1,890.00 | \$1,900.00 | | |
| APC | Unit 4 | (Academic Professionals) | Employee + 2 or more | \$2,366.00 | \$2,386.00 | | |
| TEAMSTERS 2010 Unit 6 (Skilled Crafts) | | | DENTAL, BASIC VISION, LIFE INSURANCE* and LONG TERM | | | | |
| SUPA | Unit 8 | (Public Safety Officers) | DISABILITY* PREMIUMS ARE FULLY COVERED BY THE CSU | | | | |
| 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. | | | | |

| | | Plan Code | 2024 | | | | |
|-----------------------------|------------------------|--------------|----------------------|---------------------------|----------------------|----------------|----------------|
| Health Plan | Eligible Dependents | | Total Mo. Premium | Employee Mo. Deduction | Unit 6 Mo. Deduction | While on Leave | While on COBRA |
| ANTHEM TRADITIONAL | Employee Only | 1801 | \$1,197.94 | \$214.94 | \$209.94 | \$1,197.94 | \$1,221.90 |
| (HMO) | Employee + 1 Dependent | 1802 | \$2,395.88 | \$505.88 | \$495.88 | \$2,395.88 | \$2,443.80 |
| (TIMO) | Employee + 2 or more | 1803 | \$3,114.64 | \$748.64 | \$728.64 | \$3,114.64 | \$3,176.93 |
| | Employee Only | 1411 | \$892.49 | \$0.00 | \$0.00 | \$892.49 | \$910.34 |
| BLUE SHIELD ACCESS+ | Employee + 1 Dependent | 1412 | \$1,784.98 | \$0.00 | \$0.00 | \$1,784.98 | \$1,820.68 |
| | Employee + 2 or more | 1413 | \$2,320.47 | \$0.00 | \$0.00 | \$2,320.47 | \$2,366.88 |
| | Employee Only | 0561 | \$964.15 | \$0.00 | \$0.00 | \$964.15 | \$983.43 |
| KAISER (HMO) | Employee + 1 Dependent | 0562 | \$1,928.30 | \$38.30 | \$28.30 | \$1,928.30 | \$1,966.87 |
| | Employee + 2 or more | 0563 | \$2,506.79 | \$140.79 | \$120.79 | \$2,506.79 | \$2,556.93 |
| | Employee Only | 1871 | \$882.98 | \$0.00 | \$0.00 | \$882.98 | \$900.64 |
| UNITED HEALTHCARE | Employee + 1 Dependent | 1872 | \$1,765.96 | \$0.00 | \$0.00 | \$1,765.96 | \$1,801.28 |
| ALLIANCE (HMO) | Employee + 2 or more | 1873 | \$2,295.75 | \$0.00 | \$0.00 | \$2,295.75 | \$2,341.67 |
| | Employee Only | 1761 | \$807.23 | \$0.00 | \$0.00 | \$807.23 | \$823.37 |
| WESTERN HEALTH | Employee + 1 Dependent | 1762 | \$1,614.46 | \$0.00 | \$0.00 | \$1,614.46 | \$1,646.75 |
| ADVANTAGE (HMO) | Employee + 2 or more | 1763 | \$2,098.80 | \$0.00 | \$0.00 | \$2,098.80 | \$2,140.78 |
| | Employee Only | 4341 | \$1,215.87 | \$232.87 | \$227.87 | \$1,215.87 | \$1,240.19 |
| PERS PLATINUM (PPO) | Employee + 1 Dependent | 4342 | \$2,431.74 | \$541.74 | \$531.74 | \$2,431.74 | \$2,480.37 |
| | Employee + 2 or more | 4343 | \$3,161.26 | \$795.26 | \$775.26 | \$3,161.26 | \$3,224.49 |
| | Employee Only | 4371 | \$859.31 | \$0.00 | \$0.00 | \$859.31 | \$876.50 |
| PERS GOLD (PPO) | Employee + 1 Dependent | 4372 | \$1,718.62 | \$0.00 | \$0.00 | \$1,718.62 | \$1,752.99 |
| | Employee + 2 or more | 4373 | \$2,234.21 | \$0.00 | \$0.00 | \$2,234.21 | \$2,278.89 |
| | | • | | | | , , | . , , |
| PORAC Unit 8 (SUPA) only | Employee Only | 2071 | \$853.00 | \$0.00 | | \$853.00 | \$870.06 |
| | Employee + 1 Dependent | 2072 | \$1,708.00 | \$0.00 | NOT APPLICABLE | \$1,708.00 | \$1,742.16 |
| | Employee + 2 or more | 2073 | \$2,220.00 | \$0.00 | | \$2,220.00 | \$2,264.40 |
| | Employee Only | Codes | \$1,312.45 | \$329.45 | \$324.45 | \$1,312.45 | \$1,338.70 |
| KAISER (OUT OF STATE) | Employee + 1 Dependent | vary by | \$2,624.90 | \$734.90 | \$724.90 | \$2,624.90 | \$2,677.40 |
| | Employee + 2 or more | region | \$3,412.37 | \$1,046.37 | \$1,026.37 | \$3,412.37 | \$3,480.62 |



2024 Health Care and Insurance Monthly Premium Rate Chart

| Dental Plan | Eligible Group | Group Numbers | Enrollment | Employer Mo. Premium | While on Leave | While on COBRA |
|---|--|---|--|--------------------------------|--------------------------------|--------------------------------|
| Delta Basic (PPO) | Public Safety (Unit 8) E99 (except Teaching Associates) STRS Annuitants PERS Annuitants | 4018-2041 4018-4051 4018-2061 4018-2071 | Employee Only Employee + 1 Dep. Employee + 2 or more | \$30.45 \$57.52 \$115.49 | \$30.45 \$57.52 \$115.49 | \$31.06 \$58.67 \$117.80 |
| Delta Enhanced Level II (PPO) DELTA CARE USA – Basic | Physicians (Unit 1) CSUEU (Unit 2,5,7,9) Faculty (Unit 3) FERP Annuitants Academic Support (Unit 4) Skilled Crafts (Unit 6) Confidential (C99) Management Personnel Plan (M80) Executive (M98) Public Safety (Unit 8) E99 (except Teaching Associates) | 4018-2011 4018-2021 4018-3011 4018-3031 4018-3021 4018-2031 4018-4011 4018-4011 4018-4011 72034-0001 72034-0001 | Employee Only Employee + 1 Dep. Employee + 2 or more | \$45.85 \$86.52 \$169.03 | \$45.85 \$86.52 \$169.03 | \$46.77 \$88.25 \$172.41 |
| (HMO) | STRS Annuitants PERS Annuitants | 72034-0004 72034-0004 | Employee + 1 Dep. Employee + 2 or more | \$31.08 \$45.97 | \$31.08 \$45.97 | \$31.70 \$46.89 |
| DELTA CARE USA – Enhanced (HMO) | Physicians (Unit 1) CSUEU (Unit 2,5,7,9) Faculty (Unit 3) FERP Annuitants Academic Support (Unit 4) Skilled Crafts (Unit 6) Confidential (C99) Management Personnel Plan (M80) Executive (M98) | 72034-0005 72034-0005 72034-0005 72034-0008 72034-0005 72034-0005 72034-0005 72034-0005 | Employee Only Employee + 1 Dep. Employee + 2 or more | \$25.04 \$41.33 \$61.12 | \$25.04 \$41.33 \$61.12 | \$25.54 \$42.16 \$62.34 |

| 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 - | All Groups (except FERP) | 450-003 | \$6.96 | \$0.00 | \$6.96 | \$7.09 |
| Group #30059426 | FERP | 450-997 | \$83.52 (annual) | \$0.00 | \$83.52 (annual) | \$7.09 (per month) |
| | Employee Only | 377-001 | \$6.96 | \$4.03 | \$10.99 | \$11.20 |
| Premier Plan | Employee + 1 Dependent | 377-001 | \$6.96 | \$15.01 | \$21.97 | \$22.40 |
| | Employee + 2 or more | 377-001 | \$6.96 | \$28.41 | \$35.37 | \$36.07 |

| Life Insurance and AD&D Plan | Group | Payroll Code | Coverage | Employer Mo. Premium |
|--|---------------------------------|-----------------|---------------------|-------------------------|
| | Physicians (Unit 1) | 250-028 | \$25K Life and AD&D | \$1.53 |
| CSU-Paid Life Insurance and AD&D Policy (The Standard) | CSUEU (Units 2,5,7,9) | 250-027 | \$50K Life & AD&D | \$3.05 |
| | Faculty (Unit 3) | 250-021 | \$50K Life & AD&D | \$3.05 |
| | Academic Support (Unit 4) | 250-024 | \$25K Life & AD&D | \$1.53 |
| | Public Safety (Unit 8) | 250-023 | \$10K Life & AD&D | \$3.05 |
| | Confidential (C99) | 250-025 | \$50K Life & AD&D | \$3.05 |
| | Teaching Associates (R11) | 250-022 | \$50K Life only | \$2.55 |
| | Management Personnel Plan (M80) | 250-020 | \$100K Life & AD&D | \$6.10 |
| | Executive (M98) | 250-026 | \$250K Life & AD&D | \$15.25 |

| Long Term Disability Plan | Group | Payroll Code | Coverage | Employer Mo. Premium |
|---|---------------------------------|-----------------|-----------------------------------|-------------------------|
| | Physicians (Unit 1) | 250-103 | | \$46.22 |
| CSU-Paid Long Term Disability Policy (The Standard) | Faculty (Unit 3) | 250-101 | See The Standard's Long Term | \$3.02 |
| | Academic Support (Unit 4) | 250-102 | Disability publication for amount | \$1.33 |
| | Confidential (C99) | 250-105 | of coverage | \$4.32 |
| | Management Personnel Plan (M80) | 250-100 | | \$4.35 |
| | Executive (M98) | 250-104 | | \$7.23 |