

Chico State Enterprises

*** Rates Effective January 1, 2024 through December 31, 2024 ***

EPO

	MONTHLY PREMIUM			Per Pay Period (24)	Per Pay Period (22)	Per Pay Period (20)
	<u>Total</u>	<u>Company</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
Employee Only	\$1,100.00	\$770.00	\$330.00	\$165.00	\$180.00	\$198.00
Employee + One	\$2,370.00	\$1,730.00	\$640.00	\$320.00	\$349.09	\$384.00
Employee + Family	\$3,037.00	\$2,217.00	\$820.00	\$410.00	\$447.27	\$492.00

PPO 1000

	MONTHLY			Per Pay Period (24)	Per Pay Period (22)	Per Pay Period (20)
	<u>Total</u>	<u>Company</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
Employee Only	\$1,312.00	\$892.00	\$420.00	\$210.00	\$229.09	\$252.00
Employee + One	\$2,916.00	\$2,086.00	\$830.00	\$415.00	\$452.73	\$498.00
Employee + Family	\$3,780.00	\$2,720.00	\$1,060.00	\$530.00	\$578.18	\$636.00

PPO 2800

	MONTHLY			Per Pay Period (24)	Per Pay Period (22)	Per Pay Period (20)
	<u>Total</u>	<u>Company</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
Employee Only	\$874.00	\$700.00	\$174.00	\$87.00	\$94.91	\$104.40
Employee + One	\$1,910.00	\$1,410.00	\$500.00	\$250.00	\$272.73	\$300.00
Employee + Family	\$2,500.00	\$1,820.00	\$680.00	\$340.00	\$370.91	\$408.00

Kaiser HMO

(limited availability based on Kaiser service area)

	MONTHLY			Per Pay Period (24)	Per Pay Period (22)	Per Pay Period (20)
	<u>Total</u>	<u>Company</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
Employee Only	\$837.06	\$552.06	\$285.00	\$142.50	\$155.45	\$171.00
Employee + One	\$1,841.53	\$1,287.53	\$554.00	\$277.00	\$302.18	\$332.40
Employee + Family	\$2,385.62	\$1,669.62	\$716.00	\$358.00	\$390.55	\$429.60

SunLife Dental

	MONTHLY			Per Pay Period (24)	Per Pay Period (22)	Per Pay Period (20)
	<u>Total</u>	<u>Company</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
Employee Only	\$37.89	\$19.05	\$18.84	\$9.42	\$10.28	\$11.30
Employee + Spouse	\$74.04	\$37.02	\$37.02	\$18.51	\$20.19	\$22.21
Employee + Child(ren)	\$93.74	\$46.88	\$46.86	\$23.43	\$25.56	\$28.12
Employee + Family	\$129.89	\$64.95	\$64.94	\$32.47	\$35.42	\$38.96

Principal VSP Vision

	MONTHLY			Per Pay Period (24)	Per Pay Period (22)	Per Pay Period (20)
	<u>Total</u>	<u>Company</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>	<u>Employee</u>
Employee Only	\$8.24	\$4.12	\$4.12	\$2.06	\$2.25	\$2.47
Employee + Spouse	\$16.50	\$8.26	\$8.24	\$4.12	\$4.49	\$4.94
Employee + Child(ren)	\$18.14	\$9.08	\$9.06	\$4.53	\$4.94	\$5.44
Employee + Family	\$26.39	\$13.21	\$13.18	\$6.59	\$7.19	\$7.91