

CSULB RESEARCH FOUNDATION (RFND)

2024 MEDICAL RATES 01-01-2024 – 12-31-2024

Blue Cross HMO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Blue Cross HMO EE Only	\$782.50	\$782.50	\$0.00
Blue Cross HMO EE +1	\$1,564.50	\$1,564.50	\$0.00
Blue Cross HMO EE +2	\$2,215.50	\$2,215.50	\$0.00

Kaiser HMO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Kaiser EE Only	\$624.50	\$624.50	\$0.00
Kaiser EE +1	\$1,287.50	\$1,287.50	\$0.00
Kaiser EE +2	\$1,683.50	\$1,683.50	\$0.00

Blue Cross PPO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Blue Cross PPO EE Only	\$976.50	\$976.50	\$0.00
Blue Cross PPO EE +1	\$1,956.50	\$1,890.00	\$66.50
Blue Cross PPO EE +2	\$2,767.50	\$2,366.00	\$401.50

2024 DENTAL RATES 01-01-2024 – 12-31-2024

Delta (Dental)	Total Monthly Carrier Premium	RFND Max Monthly Contribution	Employee Out-of-Pocket per Month
Delta EE Only	\$41.50	\$41.50	\$0.00
Delta EE +1	\$82.90	\$82.90	\$20.70
Delta EE +2	\$128.30	\$128.30	\$43.40

2024 VISION RATES 01-01-2024 – 12-31-2024

VSP (Vision)	Total Monthly Carrier Premium	RFND Max Monthly Contribution	Employee Out-of-Pocket per Month
VSP EE Only	\$11.20	\$11.20	\$0.00
VSP EE +1	\$14.80	\$13.00	\$1.80
VSP EE +2	\$24.10	\$17.66	\$6.44

For Vision and Dental, Research Foundation Contribution is: Single Rate + 50% of Dependent Rate
Some Rates are rounded to nearest \$0.01

07-11-2023