

**2009 CSUB FOUNDATION
MONTHLY HEALTH CARE COSTS
Effective January 1, 2009 through December 31, 2009**

Plan Name	Enrolled Employee & Eligible Dependents	Plan Premium	Employees Monthly Cost	Plan Name	Plan Premium	Employees Monthly Cost
HEALTH				DENTAL		
<u>HMO Plans</u>				Metlife Dental		
Blue Shield HMO	Employee Only	\$471.18	\$0.00	Employee Only	\$43.71	\$0.00
	Employee + 1 Dep.	\$942.36	\$33.36	Employee + 1 Dep.	\$79.46	\$0.00
	Employee + 2 Dep.	\$1,225.07	\$58.07	Employee + 2 Dep.	\$128.67	\$0.00
Blue Shield Net Value	Employee Only	416.49	\$0.00	<u>VISION</u>		
	Employee + 1 Dep.	832.98	\$0.00	VSP Vision		
	Employee + 2 Dep.	1082.87	\$0.00	Employee Only	\$8.14	\$0.00
Kaiser Permanente	Employee Only	\$425.11	\$0.00	Employee + 1 Dep.	\$11.73	\$0.00
	Employee + 1 Dep.	\$850.22	\$0.00	Employee + 2 Dep.	\$21.03	\$0.00
	Employee + 2 Dep.	\$1,105.29	\$0.00	<u>LIFE</u>		
<u>PPO Plans</u>				Metlife Life		
PERS Care	Employee Only	\$712.71	\$234.71	(Coverage is half employees annual salary rounded to the nearest \$1000 plus \$5000.) Premiums are based on age and salary.		
	Employee + 1 Dep.	\$1,425.42	\$516.42			
	Employee + 2 Dep.	\$1,853.05	\$686.05			
PERS Choice	Employee Only	\$458.59	\$0.00	<u>RETIREMENT</u>		
	Employee + 1 Dep.	\$917.18	\$8.18	PERS		
	Employee + 2 Dep.	\$1,192.33	\$25.33	EMPLOYEE PORTION MONTHLY SALARY LESS \$513.00 TIMES 5%		
PERS Select	Employee Only	\$430.72	\$0.00			
	Employee + 1 Dep.	\$861.44	\$0.00			
	Employee + 2 Dep.	\$1,119.87	\$0.00			
EMPLOYEE TO REVIEW PACKET FOR SUMMARY OF BENEFITS						
CSUB FOUNDATION EMPLOYER CONTRIBUTION						
	Employee Only	\$478.00				
	Employee + 1 Dep.	\$909.00				
	Employee + 2 Dep.	\$1,167.00				