

CSULB RESEARCH FOUNDATION (RFND)

2023 MEDICAL RATES 01-01-2023 – 12-31-2023

Blue Cross HMO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Blue Cross HMO EE Only	\$692.50	\$692.50	\$0.00
Blue Cross HMO EE +1	\$1,384.50	\$1,384.50	\$0.00
Blue Cross HMO EE +2	\$1,960.50	\$1,960.50	\$0.00

Kaiser HMO	Total Monthly Carrier Premium	RFND Max Monthly Employer Contribution	Employee Out-of-Pocket per Month
Kaiser EE Only	\$552.50	\$552.50	\$0.00
Kaiser EE +1	\$1,139.50	\$1,139.50	\$0.00
Kaiser EE +2	\$1,489.50	\$1,489.50	\$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	\$864.50	\$864.50	\$0.00
Blue Cross PPO EE +1	\$1,731.50	\$1,699.00	\$32.50
Blue Cross PPO EE +2	\$2,449.50	\$2,124.00	\$325.50

2023 DENTAL RATES 01-01-2023 – 12-31-2023

Delta (Dental)	Total Monthly Carrier Premium	RFND Max Monthly Contribution	Employee Out-of-Pocket per Month
Delta EE Only	\$42.20	\$42.20	\$0.00
Delta EE +1	\$84.40	\$63.30	\$21.10
Delta EE +2	\$130.70	\$86.46	\$44.24

2023 VISION RATES 01-01-2023 – 12-31-2023

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

09-15-2022