

2024 CSUB Auxiliary for Sponsored Programs Administration (SPA)
MONTHLY HEALTH CARE COSTS
Effective March 1, 2024 through February 29, 2025

Plan Name	Plan Premium	Employee Monthly Cost	Employer Monthly Cost	Plan Name	Plan Premium	Employee Monthly Cost
HEALTH				DENTAL		
Kaiser Permanente Employee Only				Delta Dental		
<30	\$479.00	\$71.85	\$407.15	Employee Only	\$42.20	\$0.00
30-39	\$530.00	\$79.50	\$450.50	Employee + 1 Dep.	\$84.40	\$0.00
40-49	\$683.00	\$102.45	\$580.55	Employee + 2 Dep.	\$130.70	\$0.00
50-54	\$889.00	\$133.35	\$755.65	VISION		
55-59	\$1,124.00	\$168.60	\$955.40	VSP Vision		
60-64	\$1,386.00	\$207.90	\$1,178.10	Employee Only	\$9.90	\$0.00
65+	\$1,572.00	\$235.80	\$1,336.20	Employee + 1 Dep.	\$13.90	\$0.00
Employee + Spouse				Employee + 2 Dep.	\$24.10	\$0.00
<30	\$1,339.00	\$200.85	\$1,138.15	LIFE		
30-39	\$1,439.00	\$215.85	\$1,223.15	The Hartford Employee Only	\$20,000	\$0.00
40-49	\$1,572.00	\$235.80	\$1,336.20	VOLUNTARY LIFE		
50-54	\$1,848.00	\$277.20	\$1,570.80	The Hartford PER \$1,000		
55-59	\$2,360.00	\$354.00	\$2,006.00	< 25		0.0500
60-64	\$2,633.00	\$394.95	\$2,238.05	25 -29		0.0600
65+	\$3,397.00	\$509.55	\$2,887.45	30 - 34		0.0800
Employee + Child(ren)				35 - 39		0.1000
<30	\$1,316.00	\$197.40	\$1,118.60	40 - 44		0.1300
30-39	\$1,354.00	\$203.10	\$1,150.90	45 - 49		0.1900
40-49	\$1,298.00	\$194.70	\$1,103.30	50 - 54		0.3000
50-54	\$1,466.00	\$219.90	\$1,246.10	55 - 59		0.5100
55-59	\$1,680.00	\$252.00	\$1,428.00	60 - 64		0.7200
60-64	\$1,854.00	\$278.10	\$1,575.90	65 - 69		1.2900
65+	\$2,363.00	\$354.45	\$2,008.55	70 - 84		2.1300
Employee + Family				85 & Over		2.13
<30	\$1,863.00	\$279.45	\$1,583.55	Spouse Dependent Life		2.3000
30-39	\$2,060.00	\$309.00	\$1,751.00	Child Dependent Life		0.8200
40-49	\$2,075.00	\$311.25	\$1,763.75	VOLUNTARY AD&D		
50-54	\$2,362.00	\$354.30	\$2,007.70	Employee		0.0300
55-59	\$2,714.00	\$407.10	\$2,306.90	Employee and Family		0.0400
60-64	\$3,074.00	\$461.10	\$2,612.90			
65+	\$3,734.00	\$560.10	\$3,173.90			