

Welcome!



Human Resources



AGENDA

- Core Benefit Plans
- Voluntary Benefit Plans
- CalPERS Retirement
- Employee Self Service
- Enrollment Process

Human Resources

Joyal Administration Room 211 | 559-278-2032

Benefits Team:

Debra Penner, Benefits Analyst (Last names A-L)

Rosie Ricca, Benefits Analyst (Last names M-Z)

Sarah Confer, Benefits Manager

Jennifer Olsen, Confidential Leave Coordinator



BENEFITS ANALYSTS

Debra Penner (last names A-L): dpenner@csufresno.edu


Magdalen “Rosie” Ricca (last names M-Z): magdalen@csufresno.edu

- Review and process benefit-related transactions (enrollments/changes) and serve as your direct point of contact for general benefit related questions.
- Management of your services is up to you and the Provider.
- Make and save information of your online accounts for Medical, Dental, Vision, Life/LTD insurance, Retirement, and voluntary elections.



HEALTH BENEFIT ENROLLMENT & MEMBER INFO

- Provider Contact information.
- QR code, phone numbers, links.
- What happens after you enroll.



Discovery. Diversity. Distinction.

Health Benefit Enrollment & Member Information


Who do I contact if I have a question about benefits?

Contact the Human Resources Benefit Team
559.278.2032 | hr@csufresno.edu | adminfinance.fresnostate.edu/hr/benefits

Last name ends in A-L: contact Debra Penner | dpenner@csufresno.edu
Last name ends in M-Z: contact Rosie Ricca | magdalen@csufresno.edu
Confidential Leave Coordinator: Jennifer Olsen | jennolsen@csufresno.edu
Benefits Manager: contact Sarah Confer | sarahconfer@csufresno.edu

Am I eligible to enroll?
You are eligible to enroll if your appointment exceeds six months and one day.

How long do I have to enroll?
You have 60 calendar days from your hire date to enroll in a medical, dental, or FlexCash plan. Your medical



CSU Fresno Benefits page

See Handout





[See Handout: Benefits Summary](#)

CORE BENEFITS:

- **Medical**
- **Dental**
- **Vision**
- **Life/AD&D and LTD insurance**
- **FlexCash Option**



WHO CAN BE INCLUDED IN MY BENEFITS?

- Spouse
- Domestic Partner
- Children under the age of 26
- Can also include stepchildren, a parent-child relationship, and dependent children over the age of 26 with a disability
- If spouse or partner is also a CSU employee, please let us know.

**Documentation required to enroll dependents.
Please contact us for assistance.**





MEDICAL PLANS

HEALTH MAINTENANCE ORGANIZATION (HMO)

- 5 plans to choose from
- Less out of pocket expenses
- Smaller network based on zip code
- No deductibles
- Must establish a primary care physician
- Primary Care Physician gives referral to a specialist
- Limited coverage areas for non-emergency
- \$15 office visit co-pay

PREFERRED PROVIDER ORGANIZATION (PPO)

- 2 Plans available (3 for Peace Officers)
- Larger network, more geographical coverage
- More out of pocket expenses
- Annual deductible must be met before benefits apply
- Go to in network doctor for maximum coverage
- Do not need referrals
- PERS Platinum is global, PERS Gold is statewide
- \$10-\$35 office co-pays

HMO

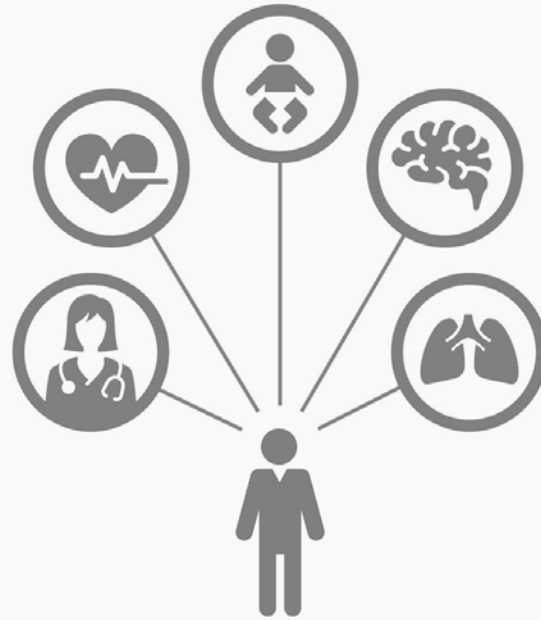
VS.

PPO



Health Maintenance Organization (HMO)

With an HMO your primary care physician, or PCP, provides most of your health care and coordinates care you need from other providers.



Preferred Provider Organization (PPO)

With a PPO, you can self-refer to specialists. While you're encouraged to stay in network, you can go out-of-network for care, but this flexibility comes with higher premiums and out-of-pocket costs than with an HMO.

HMOs (health maintenance organizations) are typically cheaper than PPOs, but they tend to have smaller networks. You need to see your primary care physician before getting a referral to a specialist.

PPOs (preferred provider organizations) are usually more expensive. In exchange, you will likely get a larger network and the ability to see a provider outside that network. You can also see specialists without a referral.

Networks typically do not overlap!

2025 CALPERS HEALTH PLAN RATES

HMO California	Enrolled	2025 Monthly Amount
Anthem Blue Cross Select	Employee Only	\$0.00
	Employee + 1	\$4.42
	Employee +2 or more	\$105.45
Anthem Blue Cross Traditional	Employee Only	\$249.07
	Employee + 1	\$579.14
	Employee +2 or more	\$852.58
Blue Shield Access+	Employee Only	\$0.00
	Employee + 1	\$0.00
	Employee +2 or more	\$0.00
Kaiser Permanente	Employee Only	\$0.00
	Employee + 1	\$51.40
	Employee +2 or more	\$166.52
UnitedHealth Care Alliance	Employee Only	\$0.00
	Employee + 1	\$0.00
	Employee +2 or more	\$0.00

PPO	Enrolled	2025 Monthly Amount
PERS Gold (Statewide)	Employee Only	\$0.00
	Employee + 1	\$0.00
	Employee +2 or more	\$0.00
PERS Platinum (Nationwide)	Employee Only	\$275.30
	Employee + 1	\$631.60
	Employee +2 or more	\$920.78
PORAC (Peace Officers)	Employee Only	\$0.00
	Employee + 1	\$0.00
	Employee +2 or more	\$0.00



2025 CALPERS HEALTH PLAN RATES

Monthly Insurance Premium – Employer Contribution = Monthly Deduction from Paycheck

Coverage Level	Employer Contribution (except Unit 6)	Employer Contribution (Unit 6)
Employee Only	\$1,060	\$1,065
Employee + 1	\$2,039	\$2,049
Employee + Family	\$2,551	\$2,571

PPO MEDICAL PLANS - BLUE SHIELD

PERS Platinum (Nationwide, Traditional 90/10 Plan)

- \$500 deductible per person | \$1,000 per family (in network)
- After deductible is met, there is a maximum out-of-pocket annually
 - Individual: \$2,000
 - Family: \$4,000

PERS Gold (Statewide, 80/20 Plan)

- \$1,000 deductible per person | \$2,000 per family (in network)
- After deductible is met, there is a maximum out-of-pocket annually
 - Individual: \$3,000
 - Family: \$6,000

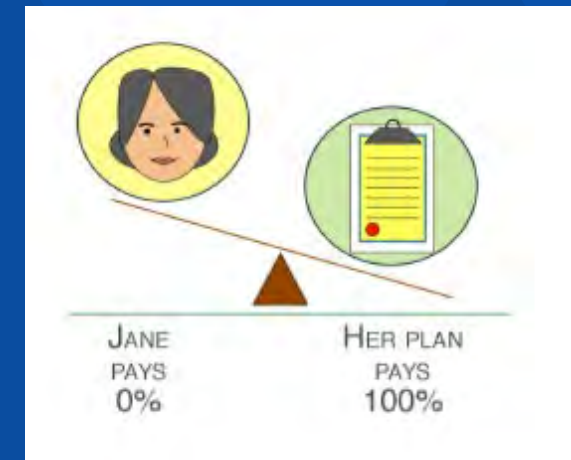
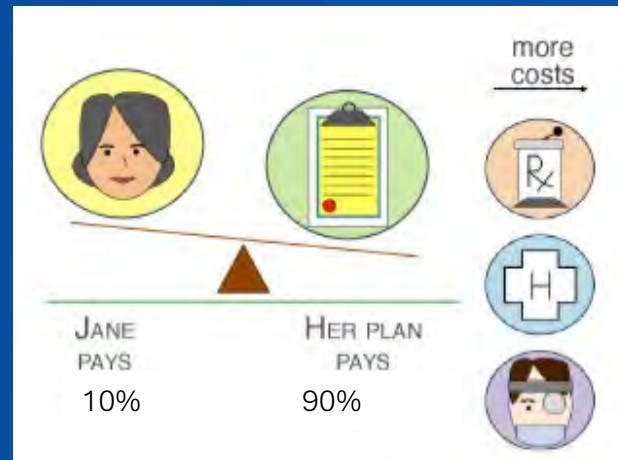
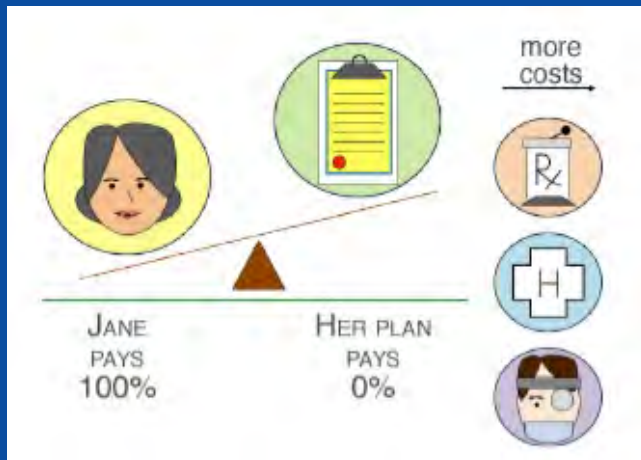
EXAMPLE

PPO: PERS PLATINUM \$275.30 MONTHLY FOR INDIVIDUAL

Jane's in-network deductible:
\$500*

Coinsurance: 10%

Out-of-Pocket Limit:
\$2,000**



*co-pays do not count toward the deductible.

**does not include premiums, deductible, copay, and health care this plan doesn't cover.

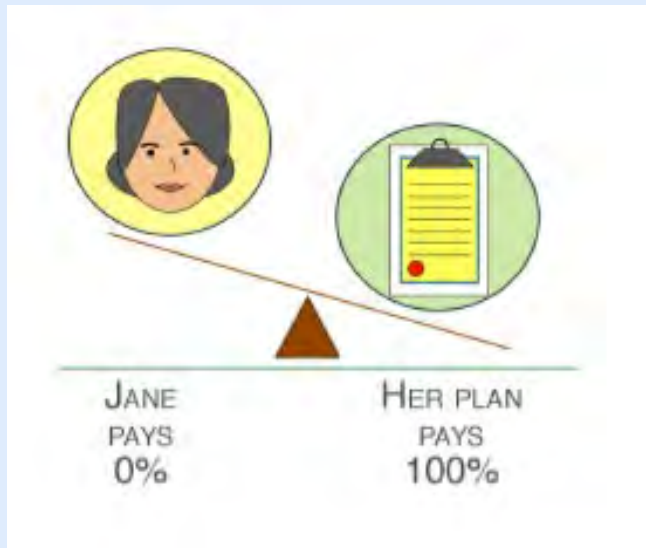
HMO Plans: \$0 Deductible

<i>Plan</i>	<i>Co-Pays</i>	<i>Out of Pocket Max (not including Rx)</i>	<i>Rx Out of Pocket Max</i>	<i>Pharmacy</i>
Anthem Blue Cross Select	Visits: \$15 ER: \$50	Individual: \$1,500 Family: \$3,000	Individual: \$7,950 Family: \$15,900	Optum RX Walgreens
Anthem Blue Cross Traditional	Visits: \$15 ER: \$50	Individual: \$1,500 Family: \$3,000	Individual: \$7,950 Family: \$15,900	Optum RX Walgreens
Blue Shield Access+	Visits: \$15 ER: \$50	Individual: \$1,500 Family: \$3,000	Individual: \$7,950 Family: \$15,900	CVS Target
Kaiser Permanente CA	Visits: \$15 ER: \$50	Individual: \$1,500 Family: \$3,000	Individual: \$7,950 Family: \$15,900	Kaiser Pharmacy
United Healthcare	Visits: \$15 ER: \$50	Individual: \$1,500 Family: \$3,000	Individual: \$7,950 Family: \$15,900	Optum RX Walgreens

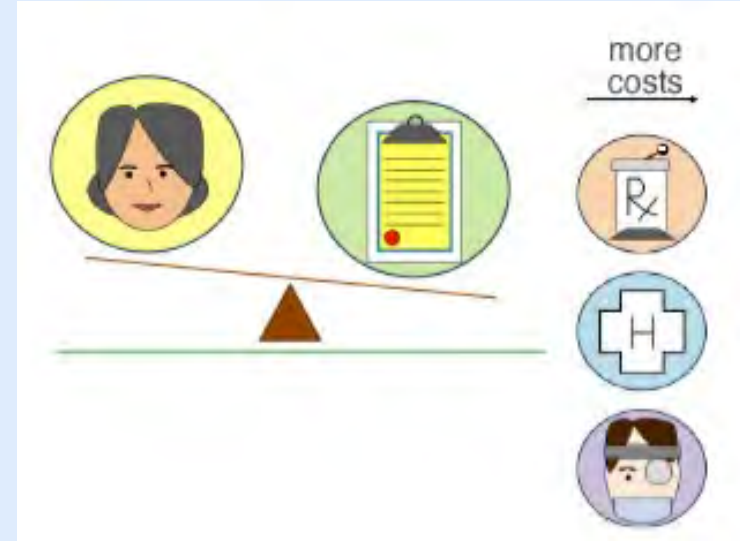
EXAMPLE

HMO: KAISER \$0 MONTHLY FOR INDIVIDUAL COVERAGE

Overall Deductible: \$0



Out of Pocket Maximums:
\$1500 / Rx \$7,950



ER \$50
Urgent Care \$15
Office Visit Co-pay \$15
Infertility Treatments
50/50



Chiropractic & Acupuncture Services

20 combined visits per year, including dependents

✓ Anthem Blue Cross

✓ Blue Shield

✓ Kaiser

American Specialty Health Plans of California,
Inc. (ASH Plans)

(800) 678-9133

www.ashcompanies.com

✓ UnitedHealth Care

OptumHealth Physical Health of California

(800) 428-6337

www.myoptumhealthphysicalhealthofca.com

✓ PERS Gold

✓ PERS Platinum

✓ PORAC

Included Health

(855) 633-4436

<https://includedhealth.com/microsite/calpers/>

DENTAL PLANS: \$0 MONTHLY PREMIUM

[See Handout](#)



DeltaCare USA (HMO) Plan

- ☐ Assigned a Dentist
- ☐ Plan restricted to provider listing
- ☐ Must contact DeltaCare HMO to change Dentists or request emergency referral
- ☐ Orthodontic benefit
- ☐ No claim form required
- ☐ No deductible
- ☐ No maximum limit on benefit

Delta Dental (PPO) Plan

- ☐ Delta Dental Network (Nationwide)
- ☐ Each family member may choose a different Dentist
- ☐ Plan pays percent (%) of services based on usual, customary and reasonable (UCR)
- ☐ Orthodontic benefit
- ☐ No claim form required
- ☐ Deductible for Basic and Prosthetic dentistry (\$50 individual/\$150 family)
- ☐ \$1,500 - \$2,000 max benefit per calendar year per person
- ☐ Smile Way Program



Vision Service Plan (VSP)

BASIC:

Enrollment is automatic

No monthly cost to you
for you or your dependents!

PREMIER:

Enrollment emailed upon election

2025 Cost per month:
• \$5.06 Employee only
• \$17.08 Employee + one
• \$31.73 Employee + family

BENEFIT	DESCRIPTION	COPAY
BASIC PLAN Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$10
	• Routine retinal imaging	Up to \$39
	• Every calendar year	
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full	\$20 per exam
	• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.	
	• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	
	• Available as needed	

BENEFIT	DESCRIPTION	COPAY
PREMIER PLAN Coverage with a VSP Provider		
WELLVISION EXAM	• Focuses on your eyes and overall wellness	\$10
	• Routine retinal imaging	Up to \$39
	• Every calendar year	
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full	\$20 per exam
	• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.	
	• Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	
	• Available as needed	

VSP BASIC VS. VSP PREMIER

BENEFIT	DESCRIPTION	COPAY	BENEFIT	DESCRIPTION	COPAY
BASIC PLAN Coverage with a VSP Provider			PREMIER PLAN Coverage with a VSP Provider		
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal imaging Every calendar year 	\$10 Up to \$39	WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal imaging Every calendar year 	\$10 Up to \$39
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam	ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. Available as needed 	\$20 per exam
PRESCRIPTION GLASSES			PRESCRIPTION GLASSES		
FRAME*	<ul style="list-style-type: none"> \$130 Featured Frame Brands allowance \$110 frame allowance 20% savings on the amount over your allowance Every other calendar year 	\$0	FRAME*	<ul style="list-style-type: none"> \$230 Featured Frame Brands allowance \$210 frame allowance 20% savings on the amount over your allowance \$115 Walmart/Sam's Club/Costco frame allowance Every calendar year 	\$0
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every other calendar year† 		LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children Every calendar year 	
	<ul style="list-style-type: none"> UV protection Standard progressive lenses 	\$0 \$55			

How do I choose?

Which Health plan is best for you and your family?

Which doctors and hospitals do you want to provide your care?

Cost & Convenience

Look at Summary of Benefits or Evidence of coverage





FLEX CASH

Employees who are eligible for medical/dental insurance and have other non-CSU coverage can elect to waive CSU coverage in exchange for a monthly cash payment:

Medical: \$128

Dental: \$12

- ✓ Cannot be enrolled in Tricare, Medicare, Medi-Cal or Covered California.
- ✓ Provide proof & certify non-CSU coverage.
- ✓ Not covered as the dependent of another CSU employee.
- ✓ Enroll within 60 days.
- ✓ Need before the 10th of the month to start the following month.
- ✓ Note! FlexCash payment is treated as taxable income and is subject to payroll taxes.

CHANGES TO ENROLLMENT

Add people who come into your life: Marriage, Domestic Partnership, Children

Move or change of Address to different service area

Open Enrollment (Effective 1st of the following year)



ENROLLMENT PERIOD

- ❖ Enrollment form and supporting documents due within 60 days of hire date.
- ❖ If you miss the deadline, there is a 90-day waiting period.
- ❖ For some programs, you can only enroll during Open Enrollment.





LIFE & LTD INSURANCE BENEFITS

- Life Insurance for all (amount based on CBU)
- Long-Term Disability Insurance (CBU M80, Units 1, 3, 4, M98, C99)
- Offers additional voluntary programs such as accident & critical illness insurance
- The Standard offers life insurance with Guarantee Issuance of \$150,000 without medical questionnaire (must sign up within 60 days)





VOLUNTARY PLANS

Must enroll within 60 days of hire date directly with each provider.

The Standard (Voluntary Life Insurance)

- Must apply within 60 days of hire/eligibility for Guarantee Issuance of \$150,000 without medical questionnaire
- Premium has a 5-year band (premium will increase every 5 years)
- Guarantee Issuance: Employee 150K, Spouse 50K, child 20K
- Voluntary Accidental Death & Dismemberment also available
- Enroll at: www.standard.com/mybenefits/csu or call (800) 378-5745

ARAG Legal Insurance

- Must apply within 60 days of hire OR may enroll/dis-enroll during the Annual Open Enrollment period
- Enroll at: ARAGlegal.com/CSU or call (800) 247-4184



MORE VOLUNTARY PLANS & PERKS

Employee-paid plan with payroll deduction.

Available for enrollment year-round.

California Casualty Auto/Homeowners Insurance
Renter's Insurance too!

Fidelity - 403(b) Supplemental Retirement Plan
Tax-deferred retirement savings.

Nationwide Pet Insurance
Covers accidents, illness, and wellness services.

Savings Plus Thrift Plan (401k) & Deferred Comp Plan (457)

ScholarShare – California's 529 College Savings Plan

FLEXIBLE SPENDING ACCOUNT (FSA)

Health Care Reimbursement Account (HCRA):

Pay eligible healthcare expenses with pre-tax dollars

- Example: co-pays, over-the-counter drugs, prescriptions
- Minimum of \$20 and maximum of 254.16 per month

Dependent Care Reimbursement Account (DCRA):

Pay eligible dependent care expenses with pre-tax dollars

- Child(ren) under age 13 or dependent adult's care while you work
- Minimum of \$20 and maximum of \$416.66 per month

**\$ Pay
Warrant**

—

\$ FSA

=

\$ Taxable Income

EMPLOYEE ASSISTANCE PROGRAM(EAP)

Available 24/7/365

Offers various work/life services to employees and family members (at no cost)

Call toll-free to 800-367-7474

A professional counselor will answer your call.

mylifematters.com



Guided Experience

[Read More](#)



Caregiving Needs

[Read More](#)



Discount Center

[Read More](#)



Emotional Wellbeing

[Read More](#)



Financial Wellness

[Read More](#)



Grief, Coping & Resiliency

[Read More](#)



Legal Resources

[Read More](#)



Life Balance Resources

[Read More](#)



FEE WAIVER BENEFIT

- Enroll in CSU general-fund courses at reduced rates
- For you or your dependents (children must be under age 25)
- Can be used at any CSU
- Enroll first and then apply for a Fee Waiver each semester



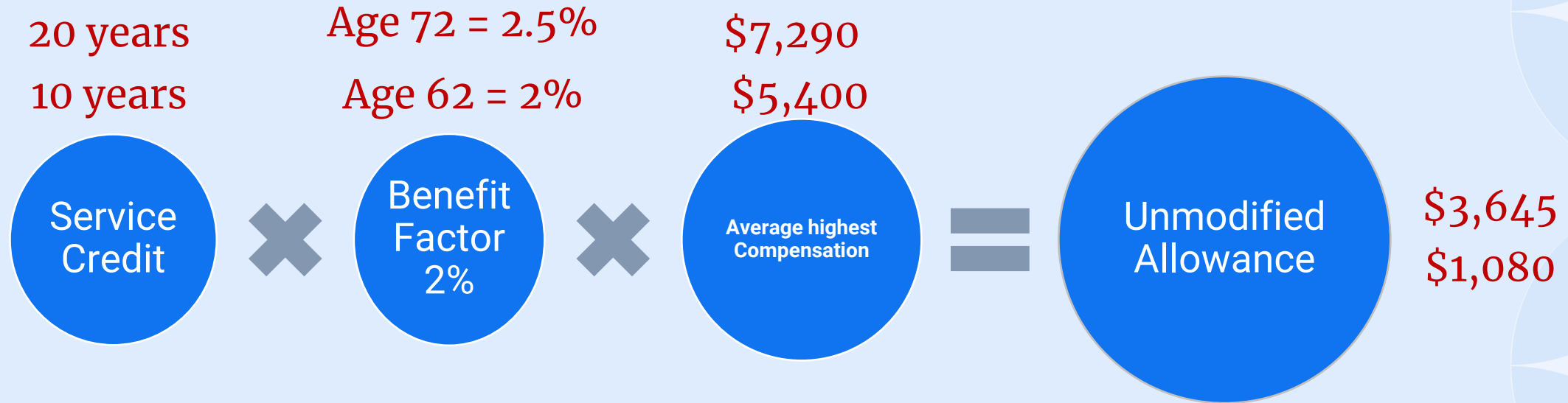
CALPERS RETIREMENT

- 8% of your pay goes towards contributions in CalPERS.
- Service credit is the time you accrue while on the job under a CalPERS-covered employer.
- The minimum retirement age for service retirement for most members is 52 years with five years of service credit.
- You must be vested 5 years for a pension, 10 for health benefits.
- Your retirement benefits are based on a formula – not what you contribute into the system.





RETIREMENT FORMULA



Service Credit = years of full-time employment with CalPERS employer

Benefit Factor = % based on your age (increases after 62)

Final Compensation = Your highest average annual compensation during any consecutive 12- or 36-month period

VESTING

- Pension: 5 years of fulltime employment
- Pension + Health Benefits: 10 years of fulltime employment & retire within 120 days of separation



CSU Retiree info:

www.calstate.edu/csu-retirees





RECIPROCITY

(Linking Retirement Systems)

Reciprocity allows you to move from one retirement system to another without losing your benefits. CalPERS' reciprocal agreement with other California public retirement systems can allow you to coordinate your benefits between the two systems when you retire.



LEAVE PROGRAMS

Leave Accruals (Dependent on CBU & eligible month)

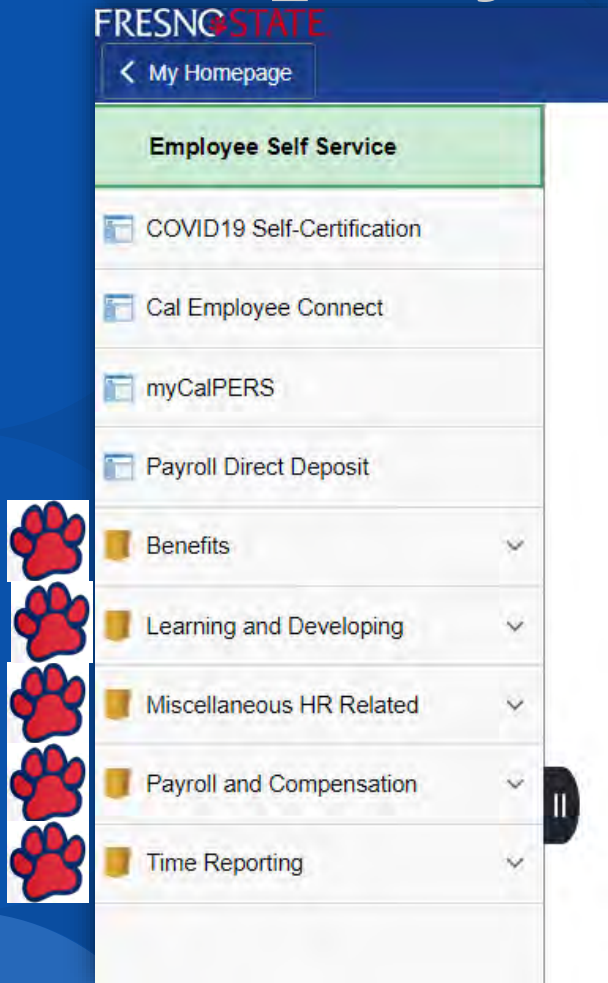
- Sick Leave – 12 days paid per year, unlimited accrual
- 14 Paid Holidays
- 1 Personal Holiday – One day per calendar year (cannot be carried over to next calendar year)
- Vacation – accrual varies

Leave Programs

Contact HR if you exceed 5 workdays due to illness, non-work-related injury, or to care for a family member



Employee Self Service



myFresnoState Portal

- Changing your address (Misc. HR Related> Personal Information Summary)
- Viewing your Paycheck (Payroll and Compensation)
- Viewing your Benefits (Benefits)
- Enrolling in workshops (Learning and Development)
- Viewing your Leave balances (Time Reporting> Employee Balance Inquiry)

PAY WARRANT

Social Security = 6.2% (Police do not pay Social Security)

Medicare = 1.45%

Tax Advantage Premium Program fee = .17 cents

Union (if an active member)

Federal and State Taxes

Retirement - Employee contribution

* Gross x 8% Employee Contribution CalPERS retirement

* Pre-Tax Parking Deduction – Automatic but can opt out; amount is determined by CBA


* Medical Premium Dental and Basic Vision Premiums (employer-paid)


Life/ADD & Long-Term Disability Premiums (employer-paid per CBA)


* pre-taxed deduction




PAY WARRANT

 Earnings Statement Detail Next

 Deductions Chart

 Paycheck Calculator Beta

[View/Download this earnings statement](#) 

AGY/UNIT	213-435	Pay Period	04/24	Direct Dep #	
Tax Year	24	Issue Date	05/01/24	Bank Transit	
Tax Status	Fed	S	State	S-02	

Gross Pay	YTD	Taxable Gross	Deductions	Net Pay

Earnings

REGULAR

Employer Contributions

RETIREMNT	SOC SEC	HLTH/FLEX
MEDICARE	DENTAL	VISION
	41.33	6.96
LIFE INS		
3.05		

Deductions

FEDERAL TAX	
STATE TAX	
*RETIREMENT	
SOC SEC	
MEDICARE	
*F KAISER	.00
DLTACAREUSA	.00
VIS-VSP	.00
LIFE INS	.00
*PARKING	15.91

- Benefit deductions are made a month in advance (e.g., July 30th pay covers August).
- Delays in processing by the state controller may result in retroactive deductions (multiple deductions may appear on the same check).
- Monitor your pay warrant for all deductions.
- Owed premiums will be processed through payroll.
- It's your responsibility to ensure deductions are correct.

NOW WHAT?

Send Enrollment within 60 days of your hire date!

What is required for me to turn in?*

- ✓ Complete Enrollment Worksheet through AcrobatSign
- ✓ If you are adding dependents:

Marriage certificate or Declaration of Domestic Partnership

Birth certificates of eligible dependent children

Social Security Numbers for all Dependents

*Until HR receives the documentation, your enrollment is not complete!

Debra Penner (last names A-L): dpenner@csufresno.edu

Rosie Ricca (last names M-Z): magdalen@csufresno.edu