

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CALIFORNIA 92407-2397 **Benefits Phone:** (909) 537-3069 **Web site:** uec.csusb.edu **Fax** (909) 537-7712

University Enterprises Corporation at CSUSB

Employee-Employer Contribution				
Benefit Coverage	2018 Monthly Premiums	UEC Monthly Contribution	Employee Monthly Contribution	Employee Semi-Monthly Contribution
MEDICAL				
Kaiser: HMO				
Employee Only	\$535.95	\$493.93	\$42.02	\$21.01
Employee + 1	\$1,071.90	\$940.46	\$131.44	\$65.72
Employee+ Family*	\$1,393.47	\$1,189.51	\$203.96	\$101.98
Kaiser: PPO				
Employee Only	\$1,311.59	\$493.93	\$817.66	\$408.83
Employee + 1	\$2,623.18	\$940.46	\$1,682.72	\$841.36
Employee+ Family	\$3,410.13	\$1,189.51	\$2,220.62	\$1,110.31
<u>DENTAL</u>				
DPPO - Guardian				
Employee Only	\$43.81	\$43.81	\$0.00	\$0.00
Employee + 1	\$80.70	\$72.11	\$8.59	\$4.30
Employee+Family	\$131.60	\$119.42	\$12.18	\$6.09
<u>Vision</u>				
Vision - Guardian VSP				
Employee Only	\$7.17	\$7.17	\$0.00	\$0.00
Employee + 1	\$10.89	\$10.89	\$0.00	\$0.00
Employee+Family	\$17.60	\$17.60	\$0.00	\$0.00

^{*}Family-Two or more dependents.

^{**} Effective January 1, 2018 through December 31, 2018