



Humboldt State University
Sponsored Programs Foundation
Health Insurance Premium Rates
July 1, 2023 – June 30, 2024
EMPLOYEE MONTHLY COST SHEET

Anthem Blue Cross Medical Plans	HMO	PPO	
Employee Only	\$123.16	\$163.30	
Employee + 1 Dependent	\$258.64	\$342.90	
Employee + 2 or More Dependents	\$369.48	\$489.86	
Anthem Blue Cross Dental Complete			
Employee Only	\$6.92		
Employee + Spouse	\$14.10		
Employee + Child(ren)	\$16.96		
Employee + Family	\$24.98		
Anthem Blue Cross Vision Plan			
Employee Only	\$0.70		
Employee + Spouse	\$1.18		
Employee + Child(ren)	\$1.24		
Employee + Family	\$1.86		
Anthem Blue Cross Life Coverage			
Life/AD&D: Available to employees only	\$0.28		
Anthem Blue Cross Voluntary Products	Critical Illness	Accident Coverage	Hospital Indemnity
Employee Only	See hsuspf.ease.com for rates	\$9.02	\$12.18
Employee + Spouse		\$14.10	\$25.28
Employee + Dependent Child(ren)		\$14.90	\$23.16
Employee + Family		\$23.44	\$37.92
Flex Cash	In Lieu of Medical	In Lieu of Dental	
Available to employees waiving Medical and/or dental coverage	\$128.00 Requires Proof of Other Group Coverage	\$12.00	