Cal Poly Humboldt Sponsored Programs Foundation

Health Insurance Premium Rates

July 1, 2026 – June 30, 2027

EMPLOYEE MONTHLY COST SHEET

EVHC Medical Plans	**HMO PLATINUM**	**PPO PLATINUM 250**	**PPO GOLD 1500**
Employee Only	$151.08	$200.29	$156.92
Employee + 1 Dependent	$317.25	$420.61	$329.53
Employee + 2 or More Dependents	$453.21	$600.88	$470.76
Principal Dental			
Employee Only	$5.09		
Employee + Spouse	$10.02		
Employee + Child(ren)	$13.68		
Employee + Family	$19.64		
Principal VSP Vision			
Employee Only	$0.58		
Employee + Spouse	$1.08		
Employee + Child(ren)	$1.19		
Employee + Family	$1.81		
Mutual of Omaha Life/AD&D			
Employer Sponsored Life / AD&D Available to employees only	$0.28		
Voluntary Life / AD&D Available to Employee/Spouse/Child	Age Banded – See Link to Benefit Guide below		
Mutual of Omaha Voluntary Products	**Critical Illness**	**Accident Coverage**	**Hospital Indemnity**
Employee Only	Age Banded – See Link to Benefit Guide below	$7.97	$18.73
Employee + Spouse		$12.75	$41.21
Employee + Dependent Child(ren)		$15.85	$26.68
Employee + Family		$21.80	$53.36
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	

Select this link for further benefit details and rate information: 2026/2027 Benefit Guide