

2021 Monthly Premium Rates

Divide by 2 for bi-weekly pay period deduction

Divide by 4 for weekly pay period deduction

2021 Plans Monthly Rates	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Health				
Kaiser Permanente HDHP	\$ 84.00	\$ 192.00	\$ 164.00	\$ 268.00
Kaiser Permanente HMO	\$ 92.00	\$ 208.00	\$ 180.00	\$ 288.00
Anthem Blue Cross EPO	\$ 396.00	\$ 868.00	\$ 744.00	\$ 1,196.00
Anthem Blue Cross Plus	\$ 712.00	\$ 1,548.00	\$1,328.00	\$ 2,140.00
Anthem Blue Cross PPO	\$ 480.00	\$ 1,040.00	\$ 892.00	\$ 1,440.00
Anthem Blue Cross HDHP	\$ 204.00	\$ 452.00	\$ 388.00	\$ 628.00
Anthem Blue Cross Core Value	\$ 68.00	\$ 160.00	\$ 136.00	\$ 220.00
Dental				
Delta Dental PPO (nationwide)	Premium paid by LLNS			
Delta Care USA DMO (California residents only)	Premium paid by LLNS			
Vision				
Vision Plan	Premium paid by LLNS			
Vision Plan Plus (buy-up option)	\$ 7.08	\$ 14.24	\$ 15.24	\$ 24.28