

Monthly Rates for 2022

Deductions are taken out of 24 bi-weekly or 48 weekly paychecks. Employees paid bi-weekly – divide by 2 to determine your per pay period deduction. Employees paid weekly – divide by 4 to determine your per pay period deduction.

Medical Plan	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Kaiser Permanente HDHP	\$92.00	\$212.00	\$180.00	\$296.00
Kaiser Permanente HMO	\$100.00	\$228.00	\$200.00	\$316.00
Anthem Blue Cross EPO	\$412.00	\$900.00	\$772.00	\$1,240.00
Anthem Blue Cross Plus	\$740.00	\$1,604.00	\$1,376.00	\$2,220.00
Anthem Blue Cross PPO	\$496.00	\$1,080.00	\$924.00	\$1,492.00
Anthem Blue Cross HDHP	\$212.00	\$468.00	\$404.00	\$652.00
Anthem Blue Cross Core Value	\$72.00	\$164.00	\$140.00	\$228.00

Dental Plan	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Delta Dental PPO (Nationwide)	\$0.00	\$8.00	\$8.00	\$20.00
Delta Care USA DMO (California Residents Only)	\$0.00	\$4.00	\$4.00	\$8.00

Vision Plan	Employee Only	Employee & Adult	Employee & Child(ren)	Employee & Family
Vision Plan	\$0.00	\$4.00	\$4.00	\$8.00
Vision Plan Plus (Buy-Up Option)	\$7.08	\$18.24	\$19.24	\$32.28

For coverage details go to <https://www.llnl.gov/join-our-team/benefits/annual-open-enrollment>.