

Monthly Rates for 2023

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	\$104	\$244	\$208	\$340
Kaiser Permanente HMO	\$116	\$264	\$232	\$364
Anthem Blue Cross EPO	\$428	\$936	\$804	\$1,288
Anthem Blue Cross Plus	\$768	\$1,668	\$1,432	\$2,308
Anthem Blue Cross PPO	\$516	\$1,124	\$960	\$1,552
Anthem Blue Cross HDHP	\$220	\$488	\$420	\$680
Anthem Blue Cross Core Value	\$76	\$172	\$144	\$236

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>.