

2024 Benefit Rates

Medical*

MONTHLY CONTRIBUTIONS				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Southern California: Campus and JPL				
Anthem HMO	\$186	\$394	\$456	\$707
Kaiser CA HMO	\$152	\$321	\$369	\$574
Anthem High-Deductible PPO 1800	\$165	\$348	\$395	\$623
Anthem High-Deductible PPO 3200	\$59	\$123	\$140	\$220
Washington State: Campus				
Kaiser WA HMO (previously Group)	\$152	\$321	\$369	\$574
Anthem High-Deductible PPO 1800	\$165	\$348	\$395	\$623
Anthem High-Deductible PPO 3200	\$59	\$123	\$140	\$220
Owens Valley: Campus				
Anthem Owens Valley	\$152	\$321	\$369	\$574
Anthem High-Deductible PPO 1800	\$165	\$348	\$395	\$623
Anthem High-Deductible PPO 3200	\$59	\$123	\$140	\$220
Other Locations: Campus and JPL				
Anthem BlueCard	\$152	\$321	\$369	\$574
Anthem High-Deductible PPO 1800	\$165	\$348	\$395	\$623
Anthem High-Deductible PPO 3200	\$59	\$123	\$140	\$220
Hawaii State Medical Plan				
HMSA: CompMED Choice Med w/Rx & Vision	\$0	\$369.00 EE+Child \$574.00 EE+Children	\$369.00	\$574.00

Dental*

MONTHLY CONTRIBUTIONS				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Delta Dental "Standard" PPO (all locations)	\$13	\$28	\$32	\$51
Delta Dental "Enhanced" PPO (all locations)	\$17	\$36	\$41	\$65
MetLife DHMO (Southern CA only)	\$2	\$4	\$5	\$10

Vision*

MONTHLY CONTRIBUTIONS				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
VSP (all locations)	\$2.28	\$3.44	\$3.42	\$6.70

*Please Note: Premium cost sharing by the Institute for the medical, dental and vision plans is limited to individuals either receiving a monthly compensation of \$1,000 paid by Caltech, or having designated external funding as an Institute allowance for this purpose. This usually applies for postdoctoral scholars and visiting associates.

2024 Benefit Rates

Supplemental Long Term Disability (LTD)

The monthly cost for Supplemental LTD Insurance is **\$0.137 for each \$100 of Basic Monthly Earnings**. For example, if your Basic Monthly Earnings are \$2,000, your monthly cost for Supplemental LTD is \$2.74 $[(\$2,000/\$100) \times \$0.137 = \$2.74]$.

Supplemental Life Insurance

The cost for Supplemental Employee Life Insurance is calculated based on the employee's age (see chart below). The cost for Supplemental Spouse Life Insurance is based on your spouse's age (see chart below).

EMPLOYEE / SPOUSE AGE	MONTHLY COST PER \$1,000 OF COVERAGE
Under 30	\$0.030
30 to 34	\$0.037
35 to 39	\$0.053
40 to 44	\$0.067
45 to 49	\$0.097
50 to 54	\$0.134
55 to 59	\$0.231
60 to 64	\$0.395
65 to 69	\$0.738
70 and older	\$1.20

The cost for Supplement Child Life is \$0.655 per month, regardless of how many children you have.

Personal Accident Insurance

Note: If you choose more than \$150,000 in coverage, benefits are limited to 10 times your annual salary.

MONTHLY COSTS				
Plan	Employee Coverage Amount	I. Employee Only	II. Employee + Child(ren)	III. Family
A	\$10,000	\$0.208	\$0.240	\$0.304
B	\$25,000	\$0.512	\$0.592	\$0.768
C	\$50,000	\$1.008	\$1.168	\$1.520
D	\$75,000	\$1.520	\$1.744	\$2.288
E	\$100,000	\$2.000	\$2.320	\$3.040
F	\$125,000	\$2.512	\$2.912	\$3.808
G	\$150,000	\$3.008	\$3.488	\$4.560
H	\$200,000	\$4.000	\$4.640	\$6.080
I	\$250,000	\$5.008	\$5.808	\$7.600
J	\$300,000	\$6.000	\$6.960	\$9.120
K	\$350,000	\$7.008	\$8.128	\$10.640
L	\$400,000	\$8.000	\$9.280	\$12.160
M	\$450,000	\$9.008	\$10.448	\$13.680
N	\$500,000	\$10.000	\$11.600	\$15.200

2024 Benefit Rates

Voluntary Benefits

Accident, Hospital Confinement Indemnity and Critical Illness provided by UNUM:

Monthly cost				
Benefit	Employee Only	Employee + Child(ren)	Employee + Spouse/Registered Domestic Partner	Employee + Family
Unum- Accident Insurance	\$4.82	\$10.24	\$8.02	\$13.44
Unum - Hospital Indemnity Insurance	\$20.26	\$26.84	\$43.38	\$49.96

Unum - Critical Illness Insurance (Employee coverage includes all eligible dependent children under 26 years of age)

- The cost for Employee Critical Illness Insurance is calculated based on the employee's age as of January 1 (see chart below).
- The cost for Spouse/RDP Critical Illness Insurance is calculated based on your spouse/RDP's age as of January 1 (see chart below).
- The Critical Illness plan has age banded rates so premiums for you and your spouse/RDP may increase over time. Rate increases occur on each plan anniversary, January 1.

Monthly cost		
Age	Employee coverage: \$10,000 Spouse/RDP ¹ coverage: \$10,000	
	Employee	Spouse
under 25	\$1.60	\$1.60
25 - 29	\$2.20	\$2.20
30 - 34	\$3.20	\$3.20
35 - 39	\$4.30	\$4.30
40 - 44	\$6.40	\$6.40
45 - 49	\$9.40	\$9.40
50 - 54	\$14.30	\$14.30
55 - 59	\$20.50	\$20.50
60 - 64	\$29.80	\$29.80
65 - 69	\$44.00	\$44.00
70 - 74	\$65.70	\$65.70
75 - 79	\$90.10	\$90.10
80 - 84	\$117.40	\$117.40
85+	\$172.00	\$172.00

Monthly cost		
Age	Employee coverage: \$20,000 Spouse/RDP ¹ coverage: \$20,000	
	Employee	Spouse
under 25	\$3.20	\$3.20
25 - 29	\$4.40	\$4.40
30 - 34	\$6.40	\$6.40
35 - 39	\$8.60	\$8.60
40 - 44	\$12.80	\$12.80
45 - 49	\$18.80	\$18.80
50 - 54	\$28.60	\$28.60
55 - 59	\$41.00	\$41.00
60 - 64	\$59.60	\$59.60
65 - 69	\$88.00	\$88.00
70 - 74	\$131.40	\$131.40
75 - 79	\$180.20	\$180.20
80 - 84	\$234.80	\$234.80
85+	\$344.00	\$344.00

¹ RDP = Registered Domestic Partner

2024 Benefit Rates

Legal Services and Identity Theft Protection Benefits Provided by LegalShield:

Legal Services	Monthly cost	
	Employee + Family	
	\$18.96	

Identity Theft Protection	Monthly cost	
	Employee Only	Employee + Family
	\$14.96	\$28.96

Vehicle, Home/Renters and Pet Insurance

For cost information and to purchase coverage, call MetLife at (800) 438-6388.

Long Term Care Insurance

For cost information and to purchase coverage, call Genworth at (800) 416-3624 or visit genworth.com/caltech.