

2022 Benefit Rates

Medical*

MONTHLY CONTRIBUTIONS				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Southern California: Campus and JPL				
Anthem HMO	\$163	\$340	\$387	\$604
Kaiser CA HMO	\$163	\$351	\$397	\$635
Anthem High-Deductible PPO 1600	\$148	\$310	\$352	\$556
Anthem High-Deductible PPO 2800	\$55	\$114	\$130	\$204
Washington State: Campus				
Kaiser WA HMO (previously Group Health)	\$163	\$351	\$397	\$635
Anthem High-Deductible PPO 1600	\$148	\$310	\$352	\$556
Anthem High-Deductible PPO 2800	\$55	\$114	\$130	\$204
Owens Valley: Campus				
Anthem Owens Valley	\$163	\$351	\$397	\$635
Anthem High-Deductible PPO 1600	\$148	\$310	\$352	\$556
Anthem High-Deductible PPO 2800	\$55	\$114	\$130	\$204
Washington DC: JPL				
Kaiser HMO Mid-Atlantic	\$163	\$351	\$397	\$635
Anthem High-Deductible PPO 1600	\$148	\$310	\$352	\$556
Anthem High-Deductible PPO 2800	\$55	\$114	\$130	\$204
Other Locations: Campus and JPL				
Anthem BlueCard	\$163	\$351	\$397	\$635
Anthem High-Deductible PPO 1600	\$148	\$310	\$352	\$556
Anthem High-Deductible PPO 2800	\$55	\$114	\$130	\$204

Dental*

MONTHLY CONTRIBUTIONS				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Delta Dental (all locations)	\$13	\$29	\$33	\$52
MetLife DHMO/Safeguard (Southern California 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.

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Supplemental Long Term Disability (LTD)

The monthly cost for Supplemental LTD Insurance is **\$0.174 for each \$100 of Basic Monthly Earnings**. For example, if your Basic Monthly Earnings are \$2,000, your monthly cost for Supplemental LTD is \$3.48 [(\$0.174 x \$2,000) ÷ \$100 = \$3.48].

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	\$0.031
30 to 34	\$0.039
35 to 39	\$0.055
40 to 44	\$0.070
45 to 49	\$0.101
50 to 54	\$0.140
55 to 59	\$0.242
60 to 64	\$0.413
65 to 69	\$0.772
70 and older	\$1.256

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

Vehicle, Home/Renters and Pet Insurance

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