

2025 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	\$155	\$327	\$377	\$585
Anthem High Deductible PPO	\$65	\$135	\$154	\$242
Washington State: Campus				
Kaiser WA HMO (previously Group Health) HMO	\$155	\$327	\$377	\$585
Anthem High Deductible PPO	\$65	\$135	\$154	\$242
Owens Valley: Campus				
Anthem Owens Valley	\$155	\$327	\$377	\$585
Anthem High Deductible PPO	\$65	\$135	\$154	\$242
Other Locations: Campus and JPL				
Anthem BlueCard	\$155	\$327	\$377	\$585
Anthem High Deductible PPO	\$65	\$135	\$154	\$242
Hawaii State Medical Plan				
HMSA: CompMED Choice Med w/Rx & Vision	\$0	\$377 EE+Child \$585 EE+Children	\$377	\$585

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.

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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	\$0.036
35 to 39	\$0.052
40 to 44	\$0.066
45 to 49	\$0.096
50 to 54	\$0.134
55 to 59	\$0.230
60 to 64	\$0.394
65 to 69	\$0.738
70 and older	\$1.20

The cost for Supplement Child Life is \$0.64 per month, regardless of how many children you have.

Accidental Death and Dismemberment (AD&D)

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

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Voluntary Benefits

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

Benefit	Monthly cost			
	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.

Age	Monthly cost	
	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

Age	Monthly cost	
	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

2025 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.