JPL
Jet Propulsion Laboratory
California Institute of Technology

2026 Benefit Rates

Explore. Shape. Grow.

Medical

MONTHLY EMPLOYEE PREMIUMS				
	Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
Southern California: Campus and JPL				
Anthem HMO	$212	$450	$520	$807
Kaiser CA HMO	$170	$359	$414	$643
Anthem High Deductible PPO	$74	$155	$177	$278
Washington State: Campus				
Kaiser WA HMO (previously Group Health) HMO)	$170	$359	$414	$643
Anthem High Deductible PPO	$74	$155	$177	$278
Owens Valley: Campus				
Anthem Owens Valley	$170	$359	$414	$643
Anthem High Deductible PPO	$74	$155	$177	$278
Other Locations: Campus and JPL				
Anthem BlueCard	$170	$359	$414	$643
Anthem High Deductible PPO	$74	$155	$177	$278
Hawaii State Medical Plan				
HMSA: CompMED Choice Med w/Rx & Vision	$0	$414 EE+Child $643 EE+Children	$414	$643

Dental

MONTHLY EMPLOYEE PREMIUMS				
	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 EMPLOYEE PREMIUMS				
	Employee Only	**Employee + Child(ren)**	**Employee + Spouse**	**Employee + Family**
VSP (all locations)	$2.36	$3.54	$3.52	$6.90

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

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

Accidental Death and Dismemberment (AD&D)

MONTHLY EMPLOYEE PREMIUMS				
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

Accident and Hospital Indemnity

MONTHLY EMPLOYEE PREMIUMS				
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

Critical Illness

MONTHLY EMPLOYEE PREMIUMS			MONTHLY EMPLOYEE PREMIUMS		
Monthly Cost			**Monthly Cost**		
Age	**Employee Coverage: $10,000 Spouse Coverage/RDP[1]: $10,000**		**Age**	**Employee Coverage: $20,000 Spouse Coverage/RDP[1]: $20,000**	
	Employee	**Spouse**		**Employee**	**Spouse**
under 25	$1.60	$1.60	**under 25**	$3.20	$3.20
25 – 29	$2.20	$2.20	**25 – 29**	$4.40	$4.40
30 – 34	$3.20	$3.20	**30 – 34**	$6.40	$6.40
35 – 39	$4.30	$4.30	**35 – 39**	$8.60	$8.60
40 – 44	$6.40	$6.40	**40 – 44**	$12.80	$12.80
45 – 49	$9.40	$9.40	**45 – 49**	$18.80	$18.80
50 – 54	$14.30	$14.30	**50 – 54**	$28.60	$28.60
55 – 59	$20.50	$20.50	**55 – 59**	$41.00	$41.00
60 – 64	$29.80	$29.80	**60 – 64**	$59.60	$59.60
65 – 69	$44.00	$44.00	**65 – 69**	$88.00	$88.00
70 – 74	$65.70	$65.70	**70 – 74**	$131.40	$131.40

75 – 79	$90.10	$90.10	**75 – 79**	$180.20	$180.20
80 – 84	$117.40	$117.40	**80 – 84**	$234.80	$234.80
85+	$172.00	$172.00	**85+**	$344.00	$344.00

Identity Theft Protection

MONTHLY EMPLOYEE PREMIUMS		
LegalShield	**Employee + Family**	
	$18.96	
ID Shield	**Employee Only**	**Employee + Family**
	$14.96	$28.96