

2020 Employee Contributions

Medical Plans Per-Pay-Period Contributions

COVERAGE	ANTHEM (ALL LOCATIONS)		KAISER PERMANENTE (CALIFORNIA)		KAISER PERMANENTE (PARTS OF OREGON AND WASHINGTON)	
	CDHP WITH HSA	BASE PPO	CDHP WITH HSA	HMO	CDHP WITH HSA	HMO
YOU ONLY	\$34.50	\$46.00	\$30.75	\$75.50	\$23.50	\$67.50
YOU + SPOUSE OR DOMESTIC PARTNER*	\$80.75	\$101.25	\$72.25	\$151.25	\$55.50	\$135.25
YOU + CHILDREN	\$70.75	\$86.00	\$62.25	\$125.75	\$48.50	\$112.25
YOU + FAMILY	\$116.75	\$156.75	\$103.25	\$231.25	\$77.50	\$207.00
LAM RESEARCH CONTRIBUTION TO YOUR HSA	\$50/individual \$100/family	N/A	\$50/individual \$100/family	N/A	\$50/individual \$100/family	N/A

Dental Plans Per-Pay-Period Contributions

COVERAGE	PREVENTIVE PLAN	ENHANCED PLAN	PREMIUM PLAN
YOU ONLY	\$2.00	\$5.25	\$8.50
YOU + SPOUSE OR DOMESTIC PARTNER*	\$4.00	\$10.50	\$17.00
YOU + CHILD(REN)	\$4.50	\$12.75	\$20.25
YOU + FAMILY	\$6.50	\$18.50	\$30.50

Vision Plans Per-Pay-Period Contributions

COVERAGE	BASE PLAN	ENHANCED PLAN
YOU ONLY	\$4.50	\$11.25
YOU + SPOUSE OR DOMESTIC PARTNER*	\$6.25	\$21.50
YOU + CHILD(REN)	\$5.25	\$18.00
YOU + FAMILY	\$9.00	\$29.00

* The value of coverage for a domestic partner is subject to federal and state taxes.