

2023 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 | \$40.25 | \$54.00 | \$34.25 | \$84.00 | \$26.25 | \$75.25 |
| YOU + SPOUSE OR DOMESTIC PARTNER* | \$96.00 | \$119.75 | \$80.50 | \$168.50 | \$62.00 | \$150.50 |
| YOU + CHILD(REN) | \$83.75 | \$101.50 | \$69.25 | \$140.25 | \$54.00 | \$124.75 |
| YOU + FAMILY | \$138.00 | \$185.25 | \$115.00 | \$257.75 | \$86.25 | \$230.50 |
| 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 | \$5.50 | \$8.75 |
| YOU + SPOUSE OR DOMESTIC PARTNER* | \$4.00 | \$10.75 | \$17.50 |
| YOU + CHILD(REN) | \$4.75 | \$13.25 | \$20.75 |
| YOU + FAMILY | \$6.75 | \$19.00 | \$31.50 |

Vision plans per-pay-period contributions

| COVERAGE | BASE PLAN | ENHANCED PLAN |
|-----------------------------------|-----------|---------------|
| YOU ONLY | \$4.75 | \$12.00 |
| YOU + SPOUSE OR DOMESTIC PARTNER* | \$6.50 | \$22.75 |
| YOU + CHILD(REN) | \$5.50 | \$19.00 |
| YOU + FAMILY | \$9.25 | \$30.50 |

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