

2027 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	DEDUCTIBLE HMO	CDHP WITH HSA	DEDUCTIBLE HMO
YOU ONLY	\$60.25	\$74.00	\$45.75	\$112.50	\$36.75	\$106.00
YOU + SPOUSE OR DOMESTIC PARTNER*	\$140.50	\$164.50	\$107.75	\$225.00	\$84.75	\$212.75
YOU + CHILD(REN)	\$123.50	\$139.25	\$91.50	\$187.00	\$72.75	\$176.00
YOU + FAMILY	\$203.25	\$253.50	\$156.50	\$345.00	\$122.00	\$325.50
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	BASE PLAN	PREMIUM PLAN
YOU ONLY	\$6.00	\$9.25
YOU + SPOUSE OR DOMESTIC PARTNER*	\$12.00	\$19.00
YOU + CHILD(REN)	\$14.50	\$22.50
YOU + FAMILY	\$21.25	\$34.00

Vision plans per-pay-period contributions

COVERAGE	BASE PLAN	ENHANCED PLAN
YOU ONLY	\$4.25	\$12.50
YOU + SPOUSE OR DOMESTIC PARTNER*	\$8.00	\$24.25
YOU + CHILD(REN)	\$6.75	\$20.25
YOU + FAMILY	\$11.00	\$32.25

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