

2026 Semi-Monthly Premiums for Active Employees



Medical - Preferred Provider Organization (PPO)

Salary Range	Employee Only		Employee + Child(ren)		Employee + Spouse/ Domestic Partner		Employee + Family	
	Employee	LANL	Employee	LANL	Employee	LANL	Employee	LANL
Less than or = to \$80,000	\$85.00	\$396.00	\$153.00	\$715.50	\$177.50	\$837.00	\$246.50	\$1,148.50
\$80,001 to \$120,000	\$91.50	\$389.50	\$165.50	\$703.00	\$193.00	\$821.50	\$264.50	\$1,130.50
\$120,001 to \$160,000	\$113.50	\$367.50	\$202.00	\$666.50	\$236.00	\$778.50	\$325.50	\$1,069.50
More than \$160,000	\$119.00	\$362.00	\$212.00	\$656.50	\$248.00	\$766.50	\$342.00	\$1,053.00

Medical - High Deductible Health Plan (HDHP)

Salary Range	Employee Only		Employee + Child(ren)		Employee + Spouse/ Domestic Partner		Employee + Family	
	Employee	LANL	Employee	LANL	Employee	LANL	Employee	LANL
Less than or = to \$80,000	\$61.50	\$382.00	\$108.00	\$692.00	\$127.00	\$806.50	\$174.50	\$1,110.00
\$80,001 to \$120,000	\$65.00	\$378.50	\$116.50	\$683.50	\$136.50	\$797.00	\$188.50	\$1,096.00
\$120,001 to \$160,000	\$80.00	\$363.50	\$143.00	\$657.00	\$168.00	\$765.50	\$231.00	\$1,053.50
More than \$160,000	\$84.00	\$359.50	\$150.00	\$650.00	\$176.50	\$757.00	\$242.50	\$1,042.00

Dental and Vision

	Employee Only		Employee + Child(ren)		Employee + Spouse/ Domestic Partner		Employee + Family	
	Employee	LANL	Employee	LANL	Employee	LANL	Employee	LANL
Dental	\$4.45	\$16.75	\$9.07	\$34.12	\$8.31	\$31.28	\$14.85	\$55.83
Vision	\$0.81	\$3.04	\$1.70	\$6.39	\$1.62	\$6.08	\$2.37	\$8.90

Legal

	Employee Only	Employee + 1	Employee + 2 or More
Legal	\$5.43	\$7.25	\$7.70

Identity Theft Protection

	Employee Only	Employee + Dependents
Norton LifeLock	\$3.88	\$6.88

Accidental Death & Dismemberment

Coverage Amount	Employee Only	Employee + 1	Employee + 2 or More
\$50,000	\$0.40	\$0.50	\$0.65
\$100,000	\$0.80	\$1.00	\$1.30
\$200,000	\$1.60	\$2.00	\$2.60
\$300,000	\$2.40	\$3.00	\$3.90
\$400,000	\$3.20	\$4.00	\$5.20
\$500,000	\$4.00	\$5.00	\$6.50

Employee Supplemental Life Insurance

Age Band	Rate per \$1,000 per Pay Period
<25	\$0.0090
25-29	\$0.0075
30-34	\$0.0095
35-39	\$0.0150
40-44	\$0.0235
45-49	\$0.0390
50-54	\$0.0875
55-59	\$0.1440
60-64	\$0.2195
65-69	\$0.3150
70-74	\$0.5755
75+	\$0.8095

How to calculate the semi-monthly premium:

Example: Employee salary of \$101,500*
 Election of 3x salary, 50 years old
 *Round salary to nearest \$1,000
 $\$102,000 \times 3 = \$306,000$
 $\$306,000 / \$1,000 = 306$
 $306 \times \$0.0875 = \$26.78$ semi-monthly

Age reduction intervals:

Your Age:	Policy Reduction:
65-69	35%
70-74	55%
75+	70%

Note: Each reduction is applied to the face value of your coverage. It is not cumulative.

Child(ren) Life Insurance

Coverage Amount per Child	Premium
\$5,000	\$0.0995
\$10,000	\$0.1990

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Spouse / Domestic Partner Life Insurance	
Age Band	Rate per \$1,000 per Pay Period
<30	\$0.0180
30-34	\$0.0180
35-39	\$0.0215
40-44	\$0.0320
45-49	\$0.0515
50-54	\$0.0830
55-59	\$0.1465
60-64	\$0.2400
65-69	\$0.3495
70-74	\$0.5055
75+	\$0.8920

How to calculate the semi-monthly premium:

Example: \$50,000 in coverage

Spouse/domestic partner is 46 years old

$$\$50,000 / \$1,000 = 50$$

$$50 \times \$0.0830 = \$4.15 \text{ semi-monthly}$$

Critical Illness	
Age Band	Rate per \$1,000 per Pay Period EE Only & EE + Child(ren) Tiers
<30	\$0.2000
30-39	\$0.2700
40-49	\$0.4350
50-59	\$0.6700
60-69	\$0.9950
70+	\$1.5650

How to calculate the semi-monthly Critical Illness premium:

1. Divide coverage level by 1,000
2. Multiply the result by the rate based on age
3. The result is the semi-monthly premium

Example: 50 year old with EE + Family Coverage and \$30k be

$$\text{Step 1: } = (\$30,000 / \$1,000)$$

$$= 30$$

$$\text{Step 2: } = 30 \times \$1.305$$

$$\text{Step 3: } = \$39.15 \text{ semi-monthly}$$

Critical Illness	
Age Band	Rate per \$1,000 per Pay Period EE + Spouse & EE + Family Tiers
<30	\$0.3400
30-39	\$0.4800
40-49	\$0.8400
50-59	\$1.3050
60-69	\$1.9200
70+	\$3.0100

Accident	
Coverage Tier	Semi-Monthly Rate
Employee Only	\$2.9050
Employee + Spouse	\$5.8150
Employee + Child(ren)	\$6.2500
Employee + Family	\$9.1600

Hospital Indemnity	
Coverage Tier	Semi-Monthly Rate
Employee Only	\$6.7100
Employee + Spouse	\$14.8200
Employee + Child(ren)	\$14.6100
Employee + Family	\$22.7200