Domestic Partner Post-Tax and Imputed Income Information 2025 Biweekly Pay

Plan/	Post-Tax Employee Share Per Paycheck					Imputed Income Amount					
Coverage Tier	EE + DP only	EE + Child (ren) of DP only	Family (DP + Child of DP)	Family (DP only)	Family (Child of DP only)	EE + DP only	EE + Child (ren) of DP only	Family (DP + Child of DP)	Family (DP only)	Family (Child of DP only)	
BCBS Basic HSA											
EE + SP/DP	\$62.48					\$372.01					
EE + Child(ren)		\$50.94					\$283.28				
Family			\$89.64	\$38.70	\$27.16			\$679.07	\$395.79	\$307.06	
BCBS Advantage HSA											
EE + SP/DP	\$76.95					\$391.74					
EE + Child(ren)		\$50.94					\$307.56				
Family			\$133.44	\$80.46	\$56.49			\$695.79	\$388.24	\$304.05	
BCBS Advantage PPO											
EE + SP/DP	\$110.88					\$373.65					
EE + Child(ren)		\$76.34					\$296.37				
Family			\$192.27	\$115.93	\$81.40			\$664.96	\$368.59	\$291.31	
Kaiser HMO (Northern	CA)										
EE + SP/DP	\$98.38					\$393.53					
EE + Child(ren)		\$73.79					\$295.15				
Family			\$163.97	\$90.18	\$65.58			\$655.88	\$360.73	\$262.36	

Plan/	Post-Tax Employee Share Per Paycheck					Imputed Income Amount					
Coverage Tier	EE + DP only	EE + Child (ren) of DP only	Family (DP + Child of DP)	Family (DP only)	Family (Child of DP only)	EE + DP only	EE + Child (ren) of DP only	Family (DP + Child of DP)	Family (DP only)	Family (Child of DP only)	
Kaiser HMO (Southern	CA)										
EE + SP/DP	\$94.23					\$346.81					
EE + Child(ren)		\$71.09					\$259.69				
Family			\$164.46	\$93.37	\$70.23			\$570.60	\$310.91	\$223.79	
Delta Basic Dental											
EE + SP/DP	\$17.31					\$4.37					
EE + Child(ren)		\$14.95					\$1.31				
Family			\$24.40	\$9.44	\$7.08			\$13.54	\$12.23	\$9.17	
Delta Advantage Dental											
EE + SP/DP	\$10.62					\$13.75					
EE + Child(ren)		\$7.97					\$10.32				
Family			\$18.59	\$10.62	\$7.97			\$24.06	\$13.75	\$10.31	
EyeMed Vision											
EE + SP/DP	\$1.89										
EE + Child(ren)		\$5.49									
Family			\$7.25	\$1.76	\$5.36						