

Domestic Partner Post-Tax and Imputed Income Information 2026 Weekly Pay

Plan/ Coverage Tier	Post-Tax Employee Share Per Paycheck					Imputed Income Amount				
	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	\$34.27					\$199.86				
EE + Child(ren)		\$25.91					\$154.20			
Family			\$49.17	\$23.26	\$14.90			\$365.07	\$210.87	\$165.21
BCBS Advantage HSA										
EE + SP/DP	\$44.40					\$208.54				
EE + Child(ren)		\$25.91					\$167.58			
Family			\$75.43	\$48.45	\$31.04			\$372.06	\$204.48	\$163.53
BCBS Advantage PPO										
EE + SP/DP	\$63.99					\$197.55				
EE + Child(ren)		\$38.89					\$162.29			
Family			\$108.71	\$69.82	\$44.73			\$354.01	\$191.72	\$156.46
Kaiser HMO (Northern CA)										
EE + SP/DP	\$54.18					\$216.75				
EE + Child(ren)		\$40.64					\$162.56			
Family			\$90.31	\$49.67	\$36.12			\$361.25	\$198.69	\$144.50

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Kaiser HMO (Southern CA)										
EE + SP/DP	\$47.47					\$178.39				
EE + Child(ren)		\$36.57					\$133.58			
Family			\$84.59	\$48.03	\$36.12			\$293.50	\$159.92	\$115.11
Delta Basic Dental										
EE + SP/DP	\$8.87					\$2.24				
EE + Child(ren)		\$7.66					\$0.67			
Family			\$12.49	\$4.83	\$3.63			\$6.93	\$6.27	\$4.70
Delta Advantage Dental										
EE + SP/DP	\$5.44					\$7.04				
EE + Child(ren)		\$4.08					\$5.28			
Family			\$9.52	\$5.44	\$4.08			\$12.33	\$7.05	\$5.28
EyeMed Vision										
EE + SP/DP	\$0.95									
EE + Child(ren)		\$2.75								
Family			\$3.63	\$0.88	\$2.68					