Domestic Partner Post-Tax and Imputed Income Information
2027 Biweekly 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	$75.85					$440.21				
EE + Child(ren)		$53.22					$343.75			
Family			$108.82	$55.60	$32.97			$804.21	$460.45	$364.00
BCBS Advantage HSA										
EE + SP/DP	$102.51					$454.86				
EE + Child(ren)		$53.22					$373.33			
Family			$171.17	$115.76	$68.66			$814.94	$441.60	$360.08
BCBS Advantage PPO										
EE + SP/DP	$147.92					$429.18				
EE + Child(ren)		$79.96					$363.97			
Family			$247.00	$167.04	$99.07			$774.04	$410.07	$344.85
Kaiser HMO (Northern CA)										
EE + SP/DP	$110.23					$440.91				
EE + Child(ren)		$82.67					$330.69			
Family			$183.71	$101.04	$73.48			$734.85	$404.16	$293.94

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)
Kaiser HMO (Southern CA)										
EE + SP/DP	$106.33					$391.35				
EE + Child(ren)		$80.22					$293.04			
Family			$185.58	$105.36	$79.25			$643.88	$350.85	$252.53
Delta Basic Dental										
EE + SP/DP	$17.73					$4.47				
EE + Child(ren)		$15.32					$1.33			
Family			$24.99	$9.67	$7.26			$13.86	$12.53	$9.39
Delta Advantage Dental										
EE + SP/DP	$10.88					$14.09				
EE + Child(ren)		$8.16					$10.56			
Family			$19.04	$10.88	$8.16			$24.65	$14.09	$10.56
EyeMed Vision										
EE + SP/DP	$1.89									
EE + Child(ren)		$5.49								
Family			$7.25	$1.76	$5.36					