Domestic Partner Post-Tax and Imputed Income Information
2027 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	$37.92					$220.10				
EE + Child(ren)		$26.61					$171.88			
EE + Family			$54.41	$27.80	$16.48			$402.10	$230.23	$182.00
BCBS Advantage HSA										
EE + SP/DP	$51.25					$227.43				
EE + Child(ren)		$26.61					$186.67			
EE + Family			$85.58	$57.88	$34.33			$407.47	$220.80	$180.04
BCBS Advantage PPO										
EE + SP/DP	$73.96					$214.59				
EE + Child(ren)		$39.98					$181.98			
EE + Family			$123.50	$83.52	$49.54			$387.02	$205.03	$172.43
Kaiser HMO (Northern CA)										
EE + SP/DP	$55.11					$220.45				
EE + Child(ren)		$41.34					$165.34			
EE + Family			$91.86	$50.52	$36.74			$367.42	$202.08	$146.97

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	$53.16					$195.68				
EE + Child(ren)		$40.11					$146.52			
EE + Family			$92.79	$52.68	$39.63			$321.94	$175.42	$126.27
Delta Basic Dental										
EE + SP/DP	$8.87					$2.24				
EE + Child(ren)		$7.66					$0.67			
EE + 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			
EE + 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								
EE + Family			$3.63	$0.88	$2.68					