Simmons University_F	Y25 Domestic Partner Ra	tes & Imputed Income						
July 1, 2024 Final Rates &		•						
Medical Full Time								
Medical Full Time	July 1.2	2024 Monthly Pates & Contr	ibutions		FY25 Domestic Part	ner Rates		
	July 1, 2024 Monthly Rates & Contributions Monthly Premium Employee Contrib Simmons Premium							
HDHP/PPO	,			F)	Y25 Full Time Domestic Partn	er Medical Rates		
<\$80,000					EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed incom
Individual	\$886.75	\$160.50	\$726.25	HDHP/PPO (less than 80K)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,772.06	\$338.46	\$1,433.60	Employee + Domestic Partner	\$160.50	\$177.96	\$726.25	\$707.35
Family	\$2,718.27	\$519.19	\$2,199.08	Family (including Domestic Partner)	\$338.46	\$180.73	\$1,433.60	\$765.48
\$80,000+	\$886.75	\$178.24	\$708.51	HDHP/PPO (80K+)	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual Employee + 1	\$1,772.06	\$178.24	\$1,398.16	Employee + Domestic Partner	Pre-Tax \$178.24	Post-tax \$195.66	ER non taxable \$708.51	ER Taxable \$689.65
Family	\$2,718.27	\$573.55	\$2,144.72	Family (including Domestic Partner)	\$373.90	\$199.65	\$1,398.16	\$746.56
нмо	ÿ2,7 10.27	373.33	32,144.7E	ranniy (including Domestic Farther)	Ş373.30	Ģ133.03	\$1,556.10	\$740.50
<\$80,000					EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed incom
Individual	\$975.14	\$248.66	\$726.48	HMO (Less than 80k)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,950.21	\$514.86	\$1,435.35	Employee + Domestic Partner	\$248.66	\$266.20	\$726.48	\$708.87
Family	\$2,991.62	\$789.79	\$2,201.83	Family (including Domestic Partner)	\$514.86	\$274.93	\$1,435.35	\$766.48
\$80,000+					EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$975.14	\$276.94	\$698.20	HMO (80k+)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,950.21	\$573.36	\$1,376.85	Employee + Domestic Partner	\$276.94	\$296.42	\$698.20	\$678.65
Family	\$2,991.62	\$879.54	\$2,112.08	Family (including Domestic Partner)	\$573.36	\$306.18	\$1,376.85	\$735.23
Medical Part Time								
Wieulcai Fait Illie	July 1. 2	2024 Monthly Rates & Contr	ibutions					
	Monthly Premium	Employee Contrib	Simmons Premium					
HDHP/PPO	Worthly Fleithall	Employee Contrib	Similions Fremium	FY25 Part	Time Domestic Partner Medi	cal Rates no rate ba	nding	
All Salaries					EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$886.75	\$562.20	\$324.55	PPO (All Salaries)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,772.06	\$1,142.98	\$629.08	Employee + Domestic Partner	\$562.20	\$580.78	\$324.55	\$304.53
Family	\$2,718.27	\$1,753.28	\$964.99	Family (including Domestic Partner)	\$1,142.98	\$610.30	\$629.08	\$335.91
нмо								
All Salaries					EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$975.14	\$661.14	\$314.00	HMO (All salaries)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,950.21	\$1,341.74	\$608.47	Employee + Domestic Partner	\$661.14	\$680.60	\$314.00	\$294.47
Family	\$2,991.62	\$2,067.21	\$924.41	Family (including Domestic Partner)	\$1,341.74	\$725.47	\$608.47	\$315.94
Dental Full Time								
	July 1, 2	2024 Monthly Rates & Contr	ibutions	FY25 Fu	all Time Domestic Partner De	ntal Rates (all salarie	es)	
Core	Monthly Premium	Employee Contrib	Simmons Premium	Core Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$23.79	\$0.00	\$23.79	Employee +Domestic Partner	\$ -	\$ -	\$23.79	\$45.37
Family	\$69.16	\$0.00	\$69.16	Family (including Domestic Partner)	\$ -	\$ -	\$45.37	\$23.79
Dental Full Time								
Enhanced	July 1, 2024 Monthly Rates & Contributions			FY25 Full Time Domestic Partner Dental Rates (all salaries)				
Eillianceu	Monthly Premium	Employee Contrib	Simmons Premium	Enhanced Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$56.95	\$33.20	\$23.75	Employee + Domestic Partner	\$33.20	\$63.27	\$23.75	\$45.25
Family	\$165.47	\$96.47	\$69.00	Family (including Domestic Partner)	\$63.27	\$33.20	\$45.25	\$23.75
Dental Part Time								
Core		2024 Monthly Rates & Contr			rt Time Domestic Partner De			
	Monthly Premium	Employee Contrib	Simmons Premium	Core Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual Family	\$23.79 \$69.16	\$23.79 \$69.16	\$0.00 \$0.00	Employee + Domestic Partner Family (including Domestic Partner)	\$23.79 \$45.37	\$45.37 \$23.79	\$ -	\$ -
Dental Part Time								
	July 1, 2	2024 Monthly Rates & Contr	ibutions					
Enhanced	Monthly Premium	Employee Contrib	Simmons Premium	Enhanced Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$56.95	\$56.95	\$0.00	Employee + Domestic Partner	\$56.95	\$108.52	\$ -	\$ -
Family	\$165.47	\$165.47	\$0.00	Family (including Domestic Partner)	\$108.52	\$56.95	\$ -	\$ -
Vision All Employees		2024 Monthly Rates & Contr	ibutions		Full Time and Part Time Vision	on Rates all salaries		
	Monthly Premium	Employee Contrib	Simmons Premium	Vision (all employees)	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
		\$9.21	\$0.00	Employee + Domestic Partner	\$ 9.21	\$4.15	\$ -	\$ -
Individual	\$9.21							
Individual EE + 1	\$9.21	\$13.36	\$0.00	Family (including Domestic Partner)	\$ 13.36	\$10.59	\$ -	\$ -