	FY26 Domestic Partner Rat	tes & Imputed Income						
July 1, 2025 Final Rates		les a imparea mesme				+	+	
Medical - Full Time					FY26 Domestic Part	tner Rates		
	July 1,	2025 Monthly Rates & Contri	butions		1 120 Domestic 1 di	ther nates		
	Monthly Premium	Employee Contrib	Simmons Premium	FY	26 Full Time Domestic Partr	ner Medical Rates		
HDHP/PPO								
<\$80,000	1		1000	unun fann fl. al. anul	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual Employee + 1	\$997.06 \$1,992.50	\$174.49 \$368.61	\$822.57	HDHP/PPO (less than 80K) Employee + Domestic Partner	Pre-Tax \$174.49	Post-tax \$194.12	ER non taxable \$822.57	ER Taxable \$801.32
Employee + 1 Family	\$1,992.50	\$368.61 \$565.44	\$1,623.89 \$2,490.98	Family (including Domestic Partner)	\$174.49	\$194.12	\$1,623.89	\$867.09
\$80,000+	33,030.42	3303.44	32,490.98	rainily (including boniestic Farther)	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$997.06	\$194.43	\$802.63	HDHP/PPO (80K+)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$1,992.50	\$408.46	\$1,584.04	Employee + Domestic Partner	\$194.43	\$214.03	\$802.63	\$781.41
Family	\$3,056.42	\$626.57	\$2,429.85	Family (including Domestic Partner)	\$408.46	\$218.11	\$1,584.04	\$845.81
нмо								
<\$80,000					EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$1,093.13	\$272.19	\$820.94	HMO (Less than 80k)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
Employee + 1	\$2,186.19	\$564.04	\$1,622.15	Employee + Domestic Partner	\$272.19	\$291.85	\$820.94	\$801.21
Family	\$3,353.61	\$865.24	\$2,488.37	Family (including Domestic Partner)	\$564.04	\$301.20	\$1,622.15	\$866.22
\$80,000+	41.22.22		4-1-1		EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$1,093.13	\$303.89	\$789.24	HMO (80k+)	Pre-Tax	Post-tax	ER non taxable \$789.24	\$767.33
Employee + 1 Family	\$2,186.19 \$3,353.61	\$629.62 \$965.84	\$1,556.57 \$2,387.77	Employee + Domestic Partner Family (including Domestic Partner)	\$303.89 \$629.62	\$325.73 \$336.22	\$1,556.57	\$767.33
railiity	\$3,353.01	\$965.84	\$2,387.77	ranny (including Domestic Partner)	\$029.02	\$330.22	\$1,550.57	\$651.20
Medical - Part-Time								
are Timic	July 1	2025 Monthly Rates & Contri	butions	FY26 Part-Time Domestic Partner Medical Rates_no rate banding				
	Monthly Premium	Employee Contrib	Simmons Premium		EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
HDHP/PPO				PPO (All Salaries)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
All Salaries				Employee + Domestic Partner	\$632.14	\$653.02	\$364.92	\$342.42
Individual	\$997.06	\$632.14	\$364.92	Family (including Domestic Partner)	\$1,285.16	\$686.23	\$707.34	\$377.69
Employee + 1	\$1,992.50	\$1,285.16	\$707.34					
Family	\$3,056.42	\$1,971.39	\$1,085.03		EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
нмо				HMO (All salaries)	Pre-Tax	Post-tax	ER non taxable	ER Taxable
All Salaries				Employee + Domestic Partner	\$741.14	\$762.96	\$351.99	\$330.10
Individual	\$1,093.13	\$741.14	\$351.99	Family (including Domestic Partner)	\$1,504.10	\$813.24	\$682.09	\$354.18
Employee + 1	\$2,186.19	\$1,504.10	\$682.09					
Family	\$3,353.61	\$2,317.34	\$1,036.27			_	_	
	_					+	+	
Dental - Full-Time				FY26 Fu	III Time Domestic Partner De	ental Rates (all salaries	s)	
Core	July 1,	2025 Monthly Rates & Contri	butions					
	Monthly Premium	Employee Contrib	Simmons Premium	Core Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed income
Individual	\$24.50	\$0.00	\$24.50	Employee +Domestic Partner	\$ -	\$ -	\$24.50	\$46.72
Family	\$71.22	\$0.00	\$71.22	Family (including Domestic Partner)	\$ -	\$ -	\$46.72	\$24.50
						T	φ-10.7 <i>L</i>	
Dental - Full-Time					Ť		Ç10.72	
						ntal Pates (all salavies		
	July 1.	2025 Monthly Rates & Contri	hutions		ıll Time Domestic Partner De	ental Rates (all salaries		
Enhanced		2025 Monthly Rates & Contrib		FY26 Fu	Ill Time Domestic Partner De		s)	FF Imputed ipcome
Enhanced Individual	Monthly Premium	Employee Contrib	Simmons Premium	FY26 Fu Enhanced Dental Plan		ental Rates (all salaries EE Post Tax \$65.03		EE Imputed income \$46.72
				FY26 Fu	ill Time Domestic Partner De	EE Post Tax	s) ER Non-Taxable	EE Imputed income \$46.72 \$24.50
Individual Family	Monthly Premium \$58.65	Employee Contrib \$34.15	Simmons Premium \$24.50	FY26 Fu Enhanced Dental Plan Employee + Domestic Partner	Ill Time Domestic Partner De EE Pre Tax \$34.15	EE Post Tax \$65.03	ER Non-Taxable \$24.50	\$46.72
Individual	Monthly Premium \$58.65	Employee Contrib \$34.15	Simmons Premium \$24.50	Enhanced Dental Plan Employee + Domestic Partner Family (Including Domestic Partner)	### Domestic Partner De ### EE Pre Tax \$34.15 \$65.03	\$65.03 \$34.15	ER Non-Taxable \$24.50 \$46.72	\$46.72
Individual Family Dental - Part-Time	Monthly Premium \$58.65 \$170.40 July 1, 2	Employee Contrib \$34.15	\$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	Ill Time Domestic Partner De EE Pre Tax \$34.15	\$65.03 \$34.15	ER Non-Taxable \$24.50 \$46.72	\$46.72 \$24.50
Individual Family Dental - Part-Time Core	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib	\$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De	\$65.03 \$34.15 ental Rates (all salaries	ER Non-Taxable \$24.50 \$46.72	\$46.72
Individual Family Dental - Part-Time Core Individual	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contrib Employee Contrib \$24.50	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De EE Pre Tax \$24.50	### EE Post Tax \$65.03 \$34.15 ### ental Rates (all salaries) ### EE Post Tax \$46.72	ER Non-Taxable \$24.50 \$46.72 ER Non-Taxable \$5	\$46.72 \$24.50 EE Imputed income \$
Individual Family Dental - Part-Time Core	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib	Simmons Premium \$24.50 \$71.22 butions Simmons Premium	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De	\$65.03 \$34.15 ental Rates (all salaries	ER Non-Taxable \$24.50 \$46.72	\$46.72 \$24.50
Individual Family Dental - Part-Time Core Individual Family	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contrib Employee Contrib \$24.50	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De EE Pre Tax \$24.50	### EE Post Tax \$65.03 \$34.15 ### ental Rates (all salaries) ### EE Post Tax \$46.72	ER Non-Taxable \$24.50 \$46.72 ER Non-Taxable \$5	\$46.72 \$24.50 EE Imputed income \$
Individual Family Dental - Part-Time Core Individual	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contrib Employee Contrib \$24.50 \$71.22	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De EE Pre Tax \$24.50	### FEE Post Tox \$65.03 \$34.15 ### ental Rates (all salaries) ### EE Post Tox \$46.72 \$24.50	ER Non-Taxable \$24.50 \$46.72 \$5 ER Non-Taxable \$5 \$6 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7 \$7	\$46.72 \$24.50 EE Imputed income \$
Individual Family Dental - Part-Time Core Individual Family	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri	Simmons Premium \$24.50 \$71.22 butions Simmons Premium \$0.00 \$0.00	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De EE Pre Tax \$24.50 \$46.72	EE Post Tox \$65.03 \$34.15 ental Rates (all salaries EE Post Tox \$46.72 \$24.50 ental Rates (all salaries	ER Non-Taxable \$24.50 \$46.72 \$15 \$25	\$46.72 \$24.50 EE Imputed income \$ - \$ -
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri	Simmons Premium \$24.50 \$71.22 butions Simmons Premium \$0.00 \$0.00 butions Simmons Premium	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Pan Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Pan Enhanced Dental Plan	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De EE Pre Tax \$24.50 \$46.72 rt-Time Domestic Partner De	EE Post Tax \$65.03 \$34.15 ental Rates (all salaries EE Post Tax \$46.72 \$24.50 ental Rates (all salaries	ER Non-Taxable \$24.50 \$46.72 \$46.72 \$5 \$ ER Non-Taxable \$ \$ \$ \$ \$ \$ \$ \$ \$	\$46.72 \$24.50
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium \$58.65	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri Employee Contrib \$58.65	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Enhanced Dental Plan Employee + Domestic Partner	### Domestic Partner De ### EE Pre Tax \$34.15 \$65.03 ### Tome Domestic Partner De ### EE Pre Tax \$24.50 \$46.72 ### Tome Domestic Partner De ### EE Pre Tax \$58.65	### ##################################	ER Non-Taxable \$24.50 \$46.72 ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$	\$46.72 \$24.50 EE Imputed income \$ \$ \$ \$ \$ \$ EE Imputed income \$
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri	Simmons Premium \$24.50 \$71.22 butions Simmons Premium \$0.00 \$0.00 butions Simmons Premium	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Pan Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Pan Enhanced Dental Plan	EE Pre Tax \$34.15 \$65.03 rt-Time Domestic Partner De EE Pre Tax \$24.50 \$46.72 rt-Time Domestic Partner De	EE Post Tax \$65.03 \$34.15 ental Rates (all salaries EE Post Tax \$46.72 \$24.50 ental Rates (all salaries	ER Non-Taxable \$24.50 \$46.72 \$46.72 \$5 \$ ER Non-Taxable \$ \$ \$ \$ \$ \$ \$ \$ \$	\$46.72 \$24.50
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium \$58.65	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri Employee Contrib \$58.65	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Enhanced Dental Plan Employee + Domestic Partner	### Domestic Partner De ### EE Pre Tax \$34.15 \$65.03 ### Tome Domestic Partner De ### EE Pre Tax \$24.50 \$46.72 ### Tome Domestic Partner De ### EE Pre Tax \$58.65	### ##################################	ER Non-Taxable \$24.50 \$46.72 ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$	\$46.72 \$24.50 EE Imputed income \$ \$ \$ \$ \$ \$ EE Imputed income \$
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium \$28.65 \$170.40	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri Employee Contrib \$58.65	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	### EE Pre Tax \$34.15 \$65.03 **T-Time Domestic Partner De ### EF Pre Tax \$24.50 \$46.72 **T-Time Domestic Partner De ### EF Pre Tax \$58.65 \$111.75	### FP POST TOX \$65.03 \$34.15 ### POST TOX \$46.72 \$24.50 ### POST TOX ### POST TOX \$111.75 \$58.65	ER Non-Taxable \$24.50 \$46.72 ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$	\$46.72 \$24.50 EE Imputed income \$ \$ \$ \$ \$ \$ EE Imputed income \$
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family	Monthly Premium 558.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium 538.65 \$170.40	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri Employee Contrib \$58.65	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	### Domestic Partner De ### EE Pre Tax \$34.15 \$65.03 ### Tome Domestic Partner De ### EE Pre Tax \$24.50 \$46.72 ### Tome Domestic Partner De ### EE Pre Tax \$58.65	### FP POST TOX \$65.03 \$34.15 ### POST TOX \$46.72 \$24.50 ### POST TOX ### POST TOX \$111.75 \$58.65	ER Non-Taxable \$24.50 \$46.72 ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$ ER Non-Taxable \$	\$46.72 \$24.50 EE Imputed income \$ \$ \$ \$ \$ \$ EE Imputed income \$
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium \$58.65 \$170.40	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri Employee Contrib \$58.65 \$170.40	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Part Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Part Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Partner Family (including Domestic Partner)	### ##################################	EE Post Tax \$65.03 \$34.15 ental Rates (all salaries EE Post Tax \$46.72 \$24.50 ental Rates (all salaries EE Post Tax \$5111.75 \$58.65	ER Non-Taxable \$24.50 \$46.72 \$15 \$25	\$46.72 \$24.50
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium \$58.65 \$170.40	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri Employee Contrib \$58.65 \$170.40 2025 Monthly Rates & Contri	Simmons Premium \$24.50 \$71.22	FY26 Fu Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Par Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner)	### EE Pre Tax \$34.15 \$65.03 **T-Time Domestic Partner De ### EF Pre Tax \$24.50 \$46.72 **T-Time Domestic Partner De ### EF Pre Tax \$58.65 \$111.75	### FP POST TOX \$65.03 \$34.15 ### POST TOX \$46.72 \$24.50 ### POST TOX ### POST TOX \$111.75 \$58.65	ER Non-Taxable \$24.50 \$46.72 \$15 \$28.50 \$36.72 \$36.7	\$46.72 \$24.50 EE Imputed income \$ \$
Individual Family Dental - Part-Time Core Individual Family Dental - Part-Time Enhanced Individual Family Vision - All Employees	Monthly Premium \$58.65 \$170.40 July 1, Monthly Premium \$24.50 \$71.22 July 1, Monthly Premium \$58.65 \$170.40	Employee Contrib \$34.15 \$99.18 2025 Monthly Rates & Contri Employee Contrib \$24.50 \$71.22 2025 Monthly Rates & Contri Employee Contrib \$58.65 \$170.40	Simmons Premium \$24.50 \$71.22	Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Part Core Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Part Enhanced Dental Plan Employee + Domestic Partner Family (including Domestic Partner) FY26 Partner Family (including Domestic Partner)	### ##################################	EE Post Tox \$65.03 \$34.15 ental Rates (all salaries EE Post Tox \$46.72 \$24.50 ental Rates (all salaries EE Post Tox \$111.75 \$58.65	ER Non-Taxable \$24.50 \$46.72 \$15 \$25	\$46.72 \$24.50