

Monthly Medical Rates: Full Time Domestic Partners				
	EE Pre-Tax	EE Post-Tax	ER Non-Taxable	EE Imputed Income
HDHP/PPO				
<\$80,000				
	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$199.73	\$222.22	\$941.61	\$917.26
Family (including Domestic Partner)	\$421.95	\$225.31	\$1,858.87	\$992.56
\$80,000+				
	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$222.56	\$245.01	\$918.78	\$894.47
Family (including Domestic Partner)	\$467.57	\$249.66	\$1,813.25	\$968.21
HMO				
<\$80,000				
	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$321.62	\$344.85	\$970.02	\$946.71
Family (including Domestic Partner)	\$666.47	\$355.89	\$1,916.73	\$1,023.53
\$80,000+				
	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$359.07	\$384.89	\$932.57	\$906.67
Family (including Domestic Partner)	\$743.96	\$397.27	\$1,839.24	\$982.15
Monthly Medical Rates: Part Time Domestic Partners (All Salaries)				
	EE Pre-Tax	EE Post-Tax	ER Non-Taxable	EE Imputed Income
HDHP/PPO				
	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$723.61	\$747.52	\$417.73	\$391.96
Family (including Domestic Partner)	\$1,471.13	\$785.53	\$809.69	\$432.34
HMO				
	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$875.73	\$901.51	\$415.91	\$390.05
Family (including Domestic Partner)	\$1,777.24	\$960.93	\$805.96	\$418.49
Monthly Dental Rates: Full Time Domestic Partners (All Salaries)				
Core Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$ -	\$ -	\$24.50	\$46.72
Family (including Domestic Partner)	\$ -	\$ -	\$46.72	\$24.50
Monthly Dental Rates: Full Time Domestic Partners (All Salaries)				
Enhanced Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$34.15	\$65.03	\$24.50	\$46.72
Family (including Domestic Partner)	\$65.03	\$34.15	\$46.72	\$24.50
Monthly Dental Rates: Part Time Domestic Partners (All Salaries)				
Core Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$24.50	\$46.72	\$ -	\$ -
Family (including Domestic Partner)	\$46.72	\$24.50	\$ -	\$ -
Monthly Dental Rates: Part Time Domestic Partners (All Salaries)				
Enhanced Dental Plan	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$58.65	\$111.75	\$ -	\$ -
Family (including Domestic Partner)	\$111.75	\$58.65	\$ -	\$ -
Monthly Vision Rates: All Employees (All Salaries)				
Vision (all employees)	EE Pre Tax	EE Post Tax	ER Non-Taxable	EE Imputed Income
Employee + Domestic Partner	\$9.21	\$4.15	\$ -	\$ -
Family (including Domestic Partner)	\$13.36	\$10.59	\$ -	\$ -