



2023 DOMESTIC PARTNER CONTRIBUTION BREAKDOWN

	EE PRE-TAX PORTION OF SEMI-MONTHLY COST	EE POST-TAX PORTION OF SEMI-MONTHLY COST	IMPUTED INCOME TO COVER DP SEMI- MONTHLY
CIGNA HDHP PLUS WITH HSA			
Employee + DP	\$24.25	\$87.75	\$261.56
Employee + Child(ren) + DP	\$100.50	\$67.25	\$351.91
Employee + DP + DP Child(ren)	\$24.25	\$143.50	\$554.65
Employee + Child(ren) + DP + DP Child(ren)	\$100.50	\$67.25	\$351.91
CIGNA EPO BASE			
Employee + DP	\$62.75	\$96.50	\$323.00
Employee + Child(ren) + DP	\$143.50	\$95.50	\$407.88
Employee + DP + DP Child(ren)	\$62.75	\$176.25	\$662.30
Employee + Child(ren) + DP + DP Child(ren)	\$143.50	\$95.50	\$407.88
CIGNA PPO PREMIUM			
Employee + DP	\$86.00	\$112.50	\$338.67
Employee + Child(ren) + DP	\$177.00	\$118.50	\$422.91
Employee + DP + DP Child(ren)	\$86.00	\$209.50	\$692.36
Employee + Child(ren) + DP + DP Child(ren)	\$177.00	\$118.50	\$422.91



LIMITED ABORTION PLANS

2023 DOMESTIC PARTNER CONTRIBUTION BREAKDOWN

	EE PRE-TAX PORTION OF SEMI-MONTHLY COST	EE POST-TAX PORTION OF SEMI-MONTHLY COST	IMPUTED INCOME TO COVER DP SEMI- MONTHLY
CIGNA HDHP PLUS WITH HSA			
Employee + DP	\$24.25	\$87.75	\$259.88
Employee + Child(ren) + DP	\$100.50	\$67.25	\$349.89
Employee + DP + DP Child(ren)	\$24.25	\$143.50	\$551.30
Employee + Child(ren) + DP + DP Child(ren)	\$100.50	\$67.25	\$349.89
CIGNA EPO BASE			
Employee + DP	\$62.75	\$96.50	\$320.81
Employee + Child(ren) + DP	\$143.50	\$95.50	\$405.12
Employee + DP + DP Child(ren)	\$62.75	\$176.25	\$657.77
Employee + Child(ren) + DP + DP Child(ren)	\$143.50	\$95.50	\$405.12
CIGNA PPO PREMIUM			
Employee + DP	\$86.00	\$112.50	\$336.49
Employee + Child(ren) + DP	\$177.00	\$118.50	\$420.28
Employee + DP + DP Child(ren)	\$86.00	\$209.50	\$687.98
Employee + Child(ren) + DP + DP Child(ren)	\$177.00	\$118.50	\$420.28



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KAISER MEDICAL PLAN			
Employee + DP	\$76.00	\$84.00	\$208.07
Employee + Child(ren) + DP	\$133.50	\$98.50	\$246.67
Employee + DP + DP Child(ren)	\$76.00	\$156.00	\$388.30
Employee + Child(ren) + DP + DP Child(ren)	\$133.50	\$98.50	\$246.67
CIGNA DENTAL PPO PLAN			
Employee + DP	\$4.00	\$3.50	\$15.21
Employee + Child(ren) + DP	\$7.75	\$3.75	\$21.27
Employee + DP + DP Child(ren)	\$4.00	\$7.50	\$46.95
Employee + Child(ren) + DP + DP Child(ren)	\$7.75	\$3.75	\$21.27
CIGNA DENTAL PPO PLUS PLAN			
Employee + DP	\$6.25	\$6.00	\$15.29
Employee + Child(ren) + DP	\$14.00	\$7.25	\$21.21
Employee + DP + DP Child(ren)	\$6.25	\$15.00	\$46.95
Employee + Child(ren) + DP + DP Child(ren)	\$14.00	\$7.25	\$21.21

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	EE PRE-TAX PORTION OF SEMI-MONTHLY COST	EE POST-TAX PORTION OF SEMI-MONTHLY COST	IMPUTED INCOME TO COVER DP SEMI- MONTHLY
VSP VISION PLAN			
Employee + DP	\$0	\$0	\$1.33
Employee + Child(ren) + DP	\$0	\$0	\$1.97
Employee + DP + DP Child(ren)	\$0	\$0	\$3.62
Employee + Child(ren) + DP + DP Child(ren)	\$0	\$0	\$1.97
VSP VISION PLUS PLAN			
Employee + DP	\$4.25	\$3.00	\$.83
Employee + Child(ren) + DP	\$7.00	\$4.50	\$1.89
Employee + DP + DP Child(ren)	\$4.25	\$7.25	\$3.18
Employee + Child(ren) + DP + DP Child(ren)	\$7.00	\$4.50	\$1.89