



2024 DOMESTIC PARTNER RATES

Cigna Medical Plans

	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	\$247.33
Employee + Child(ren) + DP	\$100.50	\$67.25	\$334.84
Employee + DP + DP Child(ren)	\$24.25	\$143.50	\$526.22
CIGNA EPO BASE			
Employee + DP	\$63.50	\$97.00	\$324.62
Employee + Child(ren) + DP	\$145.00	\$96.50	\$409.41
Employee + DP + DP Child(ren)	\$63.50	\$178.00	\$664.77
CIGNA PPO PREMIUM			
Employee + DP	\$91.50	\$119.50	\$359.86
Employee + Child(ren) + DP	\$188.00	\$126.00	\$449.24
Employee + DP + DP Child(ren)	\$91.50	\$222.50	\$735.70



2024 DOMESTIC PARTNER RATES

Cigna Medical – Limited Abortion Plans

	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	\$245.73
Employee + Child(ren) + DP	\$100.50	\$67.25	\$332.91
Employee + DP + DP Child(ren)	\$24.25	\$143.50	\$523.02
CIGNA EPO BASE			
Employee + DP	\$63.50	\$97.00	\$322.39
Employee + Child(ren) + DP	\$145.00	\$96.50	\$406.62
Employee + DP + DP Child(ren)	\$63.50	\$178.00	\$660.19
CIGNA PPO PREMIUM			
Employee + DP	\$91.50	\$119.50	\$357.55
Employee + Child(ren) + DP	\$188.00	\$126.00	\$446.46
Employee + DP + DP Child(ren)	\$91.50	\$222.50	\$731.08



2024 DOMESTIC PARTNER RATES

Kaiser Medical and Cigna Dental Plans

	EE PRE-TAX PORTION OF SEMI-MONTHLY COST	EE POST-TAX PORTION OF SEMI-MONTHLY COST	IMPUTED INCOME TO COVER DP SEMI-MONTHLY
KAISER MEDICAL PLAN			
Employee + DP	\$88.50	\$98.00	\$242.60
Employee + Child(ren) + DP	\$155.50	\$115.00	\$287.53
Employee + DP + DP Child(ren)	\$88.50	\$182.00	\$452.76
CIGNA DENTAL PPO PLAN			
Employee + DP	\$4.25	\$3.75	\$16.05
Employee + Child(ren) + DP	\$8.25	\$5.25	\$21.24
Employee + DP + DP Child(ren)	\$4.25	\$9.25	\$48.40
CIGNA DENTAL PPO PLUS PLAN			
Employee + DP	\$7.00	\$6.50	\$16.04
Employee + Child(ren) + DP	\$16.25	\$8.25	\$21.88
Employee + DP + DP Child(ren)	\$7.00	\$17.50	\$48.08



2024 DOMESTIC PARTNER RATES

VSP Vision Plans

	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
VSP VISION PLUS PLAN			
Employee + DP	\$4.25	\$3.00	\$0.83
Employee + Child(ren) + DP	\$7.00	\$4.50	\$1.89
Employee + DP + DP Child(ren)	\$4.25	\$7.25	\$3.18