



# 2025 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
<b>CIGNA HDHP PLUS WITH HSA</b>			
Employee + DP	\$24.50	\$94.00	\$254.31
Employee + Child(ren) + DP	\$107.00	\$71.00	\$346.97
Employee + DP + DP Child(ren)	\$24.50	\$153.50	\$542.67
<b>CIGNA EPO BASE</b>			
Employee + DP	\$65.50	\$101.00	\$337.27
Employee + Child(ren) + DP	\$150.00	\$99.50	\$426.39
Employee + DP + DP Child(ren)	\$65.50	\$184.00	\$692.06
<b>CIGNA PPO PREMIUM</b>			
Employee + DP	\$99.00	\$129.00	\$389.32
Employee + Child(ren) + DP	\$203.50	\$136.00	\$485.99
Employee + DP + DP Child(ren)	\$99.00	\$240.50	\$795.59



## 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
<b>CIGNA HDHP PLUS WITH HSA</b>			
Employee + DP	\$24.50	\$94.00	\$252.66
Employee + Child(ren) + DP	\$107.00	\$71.00	\$344.96
Employee + DP + DP Child(ren)	\$24.50	\$153.50	\$539.34
<b>CIGNA EPO BASE</b>			
Employee + DP	\$65.50	\$101.00	\$334.96
Employee + Child(ren) + DP	\$150.00	\$99.50	\$423.49
Employee + DP + DP Child(ren)	\$65.50	\$184.00	\$687.30
<b>CIGNA PPO PREMIUM</b>			
Employee + DP	\$99.00	\$129.00	\$386.83
Employee + Child(ren) + DP	\$203.50	\$136.00	\$482.99
Employee + DP + DP Child(ren)	\$99.00	\$240.50	\$790.59



# 2025 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
<b>KAISER MEDICAL PLAN</b>			
Employee + DP	\$95.00	\$104.50	\$260.08
Employee + Child(ren) + DP	\$166.50	\$123.00	\$307.87
Employee + DP + DP Child(ren)	\$95.00	\$194.50	\$484.95
<b>CIGNA DENTAL PPO PLAN</b>			
Employee + DP	\$4.25	\$4.00	\$16.18
Employee + Child(ren) + DP	\$8.50	\$5.25	\$21.74
Employee + DP + DP Child(ren)	\$4.25	\$9.50	\$49.24
<b>CIGNA DENTAL PPO PLUS PLAN</b>			
Employee + DP	\$7.25	\$6.50	\$16.47
Employee + Child(ren) + DP	\$16.50	\$8.50	\$22.21
Employee + DP + DP Child(ren)	\$7.25	\$17.75	\$49.08



# 2025 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
<b>VSP VISION PLAN</b>			
Employee + DP	\$0	\$0	\$1.33
Employee + Child(ren) + DP	\$0	\$0	\$1.97
Employee + DP + DP Child(ren)	\$0	\$0	\$3.62
<b>VSP VISION PLUS PLAN</b>			
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