



# 2026 DOMESTIC PARTNER RATES

*Note: Imputed income represents the taxable segment of the domestic partner premium. This amount will be recognized as income for tax purposes and will be subjected to taxation accordingly, including the domestic partner portion of the premium.*

## 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	\$63.00	\$198.00	\$591.19
Employee + Child(ren) + DP	\$235.00	\$156.00	\$790.25
Employee + DP + DP Child(ren)	\$63.00	\$328.00	\$1,248.81
<b>CIGNA EPO BASE</b>			
Employee + DP	\$143.00	\$220.00	\$735.45
Employee + Child(ren) + DP	\$327.00	\$217.00	\$928.59
Employee + DP + DP Child(ren)	\$143.00	\$401.00	\$1,507.99
<b>CIGNA PPO PREMIUM</b>			
Employee + DP	\$203.00	\$266.00	\$775.47
Employee + Child(ren) + DP	\$422.00	\$281.00	\$967.72
Employee + DP + DP Child(ren)	\$203.00	\$500.00	\$1,580.86

# 2026 DOMESTIC PARTNER RATES

## Cigna Medical Plans – Limited Abortion

	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	\$63.00	\$198.00	\$586.48
Employee + Child(ren) + DP	\$235.00	\$156.00	\$784.60
Employee + DP + DP Child(ren)	\$63.00	\$328.00	\$1,239.40
<b>CIGNA EPO BASE</b>			
Employee + DP	\$143.00	\$220.00	\$729.74
Employee + Child(ren) + DP	\$327.00	\$217.00	\$921.75
Employee + DP + DP Child(ren)	\$143.00	\$401.00	\$1,496.59
<b>CIGNA PPO PREMIUM</b>			
Employee + DP	\$203.00	\$266.00	\$769.26
Employee + Child(ren) + DP	\$422.00	\$281.00	\$960.27
Employee + DP + DP Child(ren)	\$203.00	\$500.00	\$1,568.44



# 2026 DOMESTIC PARTNER RATES

## 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>Dental PPO</b>			
Employee + DP	\$8.50	\$8.00	\$32.36
Employee + Child(ren) + DP	\$17.00	\$10.50	\$43.48
Employee + DP + DP Child(ren)	\$8.50	\$19.00	\$98.48
<b>Dental PPO Plus</b>			
Employee + DP	\$14.50	\$13.00	\$32.93
Employee + Child(ren) + DP	\$33.00	\$17.00	\$44.41
Employee + DP + DP Child(ren)	\$14.50	\$35.50	\$98.15



# 2026 DOMESTIC PARTNER RATES

## 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	00.00	00.00	\$2.65
Employee + Child(ren) + DP	00.00	00.00	\$3.93
Employee + DP + DP Child(ren)	00.00	00.00	\$7.23
<b>VSP VISION PLUS PLAN</b>			
Employee + DP	\$8.50	\$6.00	\$1.65
Employee + Child(ren) + DP	\$14.00	\$9.00	\$3.77
Employee + DP + DP Child(ren)	\$8.50	\$14.50	\$6.36

**Questions?**  
 Email [Benefits@sprinklr.com](mailto:Benefits@sprinklr.com)

