

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Kaiser HMO/Kaiser 100	\$674.69	\$539.75	\$1349.38
Kaiser HMO Part-Time/Kaiser 100 PT	\$571.16	\$456.93	\$1142.32
Kaiser Deductible/Kaiser Deductible 350	\$616.60	\$493.28	\$1233.20
Kaiser Deductible Part-Time/ Kaiser Deductible 350 PT	\$500.90	\$400.72	\$1001.80
PEBB Statewide/PEBB Statewide 350	\$741.30	\$572.82	\$1314.12
PEBB Statewide Part-Time/ PEBB Statewide 350 PT	\$602.21	\$465.34	\$1067.55
Providence Choice PPO/Providence Choice 350	\$628.50	\$485.66	\$1114.15
Providence Choice PPO Part-Time/Providence Choice 350 PT	\$509.32	\$393.57	\$902.89
MODA Summit and Synergy/Higher Deductible	\$651.42	\$503.37	\$1154.79
MODA Summit and Synergy PT/Higher Deductible	\$528.37	\$408.29	\$936.66
AllCare PEBB/Higher Deductible	\$613.45	\$474.03	\$1087.48
AllCare PEBB Part-Time/Higher Deductible	\$527.04	\$407.26	\$934.30

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VSP Vision	\$5.48	\$5.76	\$14.90

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ODS (MODA) Premier Dental (Formally Traditional)	\$40.33	\$62.68	\$103.01
ODS (MODA) PPO Dental (Formally Preferred)	\$37.20	\$57.82	\$95.02
ODS Dental Part-Time	\$29.37	\$45.64	\$75.01
Kaiser Traditional Dental	\$57.95	\$46.36	\$115.90
Kaiser Traditional Dental Part-Time	\$42.49	\$33.99	\$84.98
Willamette Managed Dental	\$43.76	\$39.38	\$98.46