

2024 DOMESTIC PARTNERS – IMPUTED VALUE

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Kaiser Traditional/High Deductible	\$969.40	\$678.59	\$1,647.99
Kaiser Traditional Part-Time/PT High Deductible	\$818.25	\$572.78	\$1,391.02
Kaiser Deductible/High Deductible	\$840.03	\$588.02	\$1,428.06
Kaiser Deductible Part-Time/PT High Deductible	\$690.36	\$483.26	\$1,173.62
Providence Statewide/High Deductible	\$943.28	\$660.28	\$1,603.55
Providence Statewide Part-Time/PT High Deductible	\$766.29	\$536.39	\$1,302.64
Providence Choice/High Deductible	\$840.27	\$588.19	\$1,428.45
Providence Choice Part-Time/PT High Deductible	\$680.93	\$476.65	\$1,157.57
MODA Synergy/High Deductible	\$848.92	\$594.24	\$1,443.16
MODA Synergy PT/High Deductible	\$689.61	\$482.72	\$1,172.34

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
VSP Vision	\$8.27	\$5.80	\$14.06
VSP Plus	\$15.41	\$10.78	\$26.17

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Delta Dental Premier	\$63.08	\$44.16	\$107.25
Delta Dental PPO	\$58.27	\$40.80	\$99.10
Delta Dental Part-time	\$45.41	\$31.79	\$77.18
Kaiser Traditional Dental	\$63.40	\$44.39	\$107.78
Kaiser Traditional Dental Part-Time	\$47.28	\$33.10	\$80.38
Willamette Managed Dental	\$54.68	\$38.33	\$93.00

Other Employer Group Coverage	Imputed Value
Partner Only	\$50.00
Tobacco Use Program	Imputed Value
Partner Only	\$25.00
Employee and Partner	\$50.00
Double Coverage Surcharge	Imputed Value
Partner or covered Partner's dependent child	\$0.00