

2020 -DOMESTIC PARTNERS – IMPUTED VALUE

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Kaiser (HMO) Traditional/Kaiser Traditional 100	\$792.42	\$554.69	\$1347.11
Kaiser (HMO) Traditional Part-Time/Kaiser Traditional 100 PT	\$670.82	\$469.55	\$1140.38
Kaiser Deductible/Kaiser Deductible 350	\$727.36	\$509.16	\$1236.51
Kaiser Deductible Part-Time/ Kaiser Deductible 350 PT	\$599.83	\$419.87	\$1019.69
Providence PEBB Statewide/PEBB Statewide 350	\$830.43	\$581.30	\$1411.74
Providence PEBB Statewide Part-Time/ PEBB Statewide 350 PT	\$674.61	\$472.24	\$1146.84
Providence Choice PPO/Providence Choice 350	\$695.64	\$486.95	\$1182.58
Providence Choice PPO Part-Time/Providence Choice 350 PT	\$563.72	\$394.60	\$958.33
MODA Synergy/Higher Deductible	\$722.90	\$506.10	\$1229.08
MODA Synergy PT/Higher Deductible	\$588.62	\$412.04	\$1000.64

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
VSP Vision	\$8.51	\$5.96	\$14.47
VSP Plus	\$14.89	\$10.42	\$25.31

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Delta Dental Premier (Formally MODA Premier Dental)	\$58.10	\$40.67	\$98.77
Delta Dental Premier (Formally MODA PPO Dental)	\$53.69	\$37.58	\$91.27
Delta Dental Part-time (Formally MODA Dental Part-Time)	\$41.83	\$29.28	\$71.10
Kaiser Traditional Dental	\$64.52	\$45.17	\$109.69
Kaiser Traditional Dental Part-Time	\$48.11	\$33.69	\$81.80
Willamette Managed Dental	\$55.93	\$39.20	\$95.13

Other Employer Group Coverage	Imputed Value
Partner Only	\$50.00
Tobacco Use Program	Imputed Value
Partner Only	\$25.00
Employee and Partner	\$50.00