

## 2026 Domestic Partners – Imputed Value

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Kaiser Traditional	\$1,074.32	\$752.04	\$1,826.36
Kaiser Traditional Part-Time	\$906.92	\$634.84	\$1,541.76
Kaiser Deductible	\$935.55	\$654.87	\$1,590.43
Kaiser Deductible Part-Time	\$760.01	\$532.00	\$1,291.98
Providence Statewide	\$1,039.51	\$727.64	\$1,767.15
Providence Statewide Part-Time	\$844.46	\$591.12	\$1,435.54
Providence Choice	\$935.55	\$654.87	\$1,590.43
Providence Choice Part-Time	\$760.01	\$532.00	\$1,291.98
MODA Synergy	\$935.55	\$654.87	\$1,590.43
MODA Synergy Part-Time	\$760.01	\$532.00	\$1,291.98

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
VSP Vision	\$7.99	\$5.60	\$13.61
VSP Plus	\$15.13	\$10.59	\$25.67

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Delta Dental Premier	\$68.62	\$48.03	\$116.67
Delta Dental PPO	\$63.40	\$44.38	\$107.79
Delta Dental Part-time	\$49.39	\$34.57	\$83.95
Kaiser Traditional Dental	\$71.89	\$50.34	\$122.23
Kaiser Traditional Dental Part-Time	\$52.81	\$36.98	\$89.79
Willamette Managed Dental	\$59.32	\$41.59	\$100.91

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