

2025 Domestic Partners – Imputed Value

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Kaiser Traditional/High Deductible	\$1,013.99	\$709.80	\$1,723.79
Kaiser Traditional Part-Time/PT High Deductible	\$855.89	\$599.13	\$1,455.02
Kaiser Deductible/High Deductible	\$878.68	\$615.08	\$1,493.76
Kaiser Deductible Part-Time/PT High Deductible	\$722.11	\$505.48	\$1,227.60
Providence Statewide/High Deductible	\$989.57	\$692.69	\$1,682.23
Providence Statewide Part-Time/PT High Deductible	\$803.86	\$562.70	\$1,366.54
Providence Choice/High Deductible	\$890.61	\$623.41	\$1,514.01
Providence Choice Part-Time/PT High Deductible	\$723.48	\$506.43	\$1,229.90
MODA Synergy/High Deductible	\$890.61	\$623.41	\$1,514.01
MODA Synergy PT/High Deductible	\$723.48	\$506.43	\$1,229.90

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
VSP Vision	\$7.98	\$5.59	\$13.58
VSP Plus	\$15.09	\$10.56	\$25.61

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Delta Dental Premier	\$66.47	\$46.53	\$113.02
Delta Dental PPO	\$61.41	\$43.00	\$104.42
Delta Dental Part-time	\$47.85	\$33.49	\$81.32
Kaiser Traditional Dental	\$64.82	\$45.38	\$110.20
Kaiser Traditional Dental Part-Time	\$48.35	\$33.85	\$82.19
Willamette Managed Dental	\$55.49	\$38.91	\$94.40

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