

2021 -DOMESTIC PARTNERS – IMPUTED VALUE

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Kaiser Traditional/Kaiser Traditional 100	\$821.22	\$574.86	\$1,396.08
Kaiser Traditional Part-Time/Kaiser Traditional 100 PT	\$692.61	\$484.80	\$1,177.42
Kaiser Deductible/Kaiser Deductible 350	\$753.84	\$527.69	\$1,281.53
Kaiser Deductible Part-Time/ Kaiser Deductible 350 PT	\$619.29	\$433.50	\$1,052.80
Providence PEBB Statewide/PEBB Statewide 350	\$867.33	\$607.13	\$1,474.46
Providence PEBB Statewide Part-Time/ PEBB Statewide 350 PT	\$704.58	\$493.20	\$1,197.78
Providence Choice PPO/Providence Choice 350	\$721.83	\$505.28	\$1,227.11
Providence Choice PPO Part-Time/Providence Choice 350 PT	\$584.95	\$409.46	\$994.41
MODA Synergy/Higher Deductible	\$760.41	\$532.28	\$1,292.69
MODA Synergy PT/Higher Deductible	\$619.07	\$433.35	\$1,052.43

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
VSP Vision	\$8.62	\$6.04	\$14.67
VSP Plus	\$15.10	\$10.56	\$25.66

Plan	Imputed Tax Value		
	Partner	Partner Child(ren)	Partner & Partner Child(ren)
Delta Dental Premier	\$60.24	\$42.16	\$102.40
Delta Dental PPO	\$55.66	\$38.97	\$94.63
Delta Dental Part-time	\$43.35	\$30.35	\$73.69
Kaiser Traditional Dental	\$64.56	\$45.20	\$109.76
Kaiser Traditional Dental Part-Time	\$48.14	\$33.70	\$81.85
Willamette Managed Dental	\$55.96	\$39.23	\$95.19

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