Domestic Partner Coverage Costs and Imputed Income

For Monthly-Paid Employees:

Medical Plan	Annual Base Salary	Monthly Employer Cost			Monthly Employer Cost			Monthly Pre-Tax Employee Contribution			Monthly After-Tax Employee Contribution			Monthly Imputed Income		
		1 Person	2 People	3 or More People	Cost of 2-Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	1 Person	2 People	3 or More People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People
CIGNA	$0-$39,999.99	$ 779.97	$ 1,645.48	$ 2,259.28	$ 865.51	$ 1,479.31	$ 613.80	$ 78.00	$ 164.55	$ 225.93	$ 86.55	$ 147.93	$ 61.38	$ 778.96	$ 1,331.38	$ 552.42
	$40,000-$69,999.99	$ 779.97	$ 1,645.48	$ 2,259.28	$ 865.51	$ 1,479.31	$ 613.80	$ 117.00	$ 246.82	$ 338.89	$ 129.82	$ 221.89	$ 92.07	$ 735.69	$ 1,257.42	$ 521.73
	$70,000-$99,999.99	$ 779.97	$ 1,645.48	$ 2,259.28	$ 865.51	$ 1,479.31	$ 613.80	$ 148.19	$ 312.64	$ 429.26	$ 164.45	$ 281.07	$ 116.62	$ 701.06	$ 1,198.24	$ 497.18
	$100,000+	$ 779.97	$ 1,645.48	$ 2,259.28	$ 865.51	$ 1,479.31	$ 613.80	$ 187.19	$ 394.92	$ 542.23	$ 207.73	$ 355.04	$ 147.31	$ 657.78	$ 1,124.27	$ 466.49
Vytra	$0-$39,999.99	$ 521.70	$ 1,060.58	$ 1,508.00	$ 538.88	$ 986.30	$ 447.42	$ 52.17	$ 106.06	$ 150.80	$ 53.89	$ 98.63	$ 44.74	$ 484.99	$ 887.67	$ 402.68
	$40,000-$69,999.99	$ 521.70	$ 1,060.58	$ 1,508.00	$ 538.88	$ 986.30	$ 447.42	$ 78.26	$ 159.09	$ 226.20	$ 80.83	$ 147.94	$ 67.11	$ 458.05	$ 838.36	$ 380.31
	$70,000-$99,999.99	$ 521.70	$ 1,060.58	$ 1,508.00	$ 538.88	$ 986.30	$ 447.42	$ 99.12	$ 201.51	$ 286.52	$ 102.39	$ 187.40	$ 85.01	$ 436.49	$ 798.90	$ 362.41
	$100,000+	$ 521.70	$ 1,060.58	$ 1,508.00	$ 538.88	$ 986.30	$ 447.42	$ 125.21	$ 254.54	$ 361.92	$ 129.33	$ 236.71	$ 107.38	$ 409.55	$ 749.59	$ 340.04

For Weekly-Paid Employees:

Medical Plan	Annual Base Salary	Weekly Employer Cost			Weekly Employer Cost			Weekly Pre-Tax Employee Contribution			Weekly After-Tax Employee Contribution			Weekly Imputed Income		
		1 Person	2 People	3 or More People	Cost of 2-Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	1 Person	2 People	3 or More People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People
CIGNA	$0-$39,999.99	$ 179.99	$ 379.73	$ 521.37	$ 199.74	$ 341.38	$ 141.64	$ 18.00	$ 37.97	$ 52.14	$ 19.97	$ 34.14	$ 14.17	$ 179.77	$ 307.24	$ 127.47
	$40,000-$69,999.99	$ 179.99	$ 379.73	$ 521.37	$ 199.74	$ 341.38	$ 141.64	$ 27.00	$ 56.96	$ 78.21	$ 29.96	$ 51.21	$ 21.25	$ 169.78	$ 290.17	$ 120.39
	$70,000-$99,999.99	$ 179.99	$ 379.73	$ 521.37	$ 199.74	$ 341.38	$ 141.64	$ 34.20	$ 72.15	$ 99.06	$ 37.95	$ 64.86	$ 26.91	$ 161.79	$ 276.52	$ 114.73
	$100,000+	$ 179.99	$ 379.73	$ 521.37	$ 199.74	$ 341.38	$ 141.64	$ 43.20	$ 91.13	$ 125.13	$ 47.93	$ 81.93	$ 34.00	$ 151.81	$ 259.45	$ 107.64
Vytra	$0-$39,999.99	$ 120.39	$ 244.75	$ 348.00	$ 124.36	$ 227.61	$ 103.25	$ 12.04	$ 24.48	$ 34.80	$ 12.44	$ 22.76	$ 10.32	$ 111.92	$ 204.85	$ 92.93
	$40,000-$69,999.99	$ 120.39	$ 244.75	$ 348.00	$ 124.36	$ 227.61	$ 103.25	$ 18.06	$ 36.71	$ 52.20	$ 18.65	$ 34.14	$ 15.49	$ 105.71	$ 193.47	$ 87.76
	$70,000-$99,999.99	$ 120.39	$ 244.75	$ 348.00	$ 124.36	$ 227.61	$ 103.25	$ 22.87	$ 46.50	$ 66.12	$ 23.63	$ 43.25	$ 19.62	$ 100.73	$ 184.36	$ 83.63
	$100,000+	$ 120.39	$ 244.75	$ 348.00	$ 124.36	$ 227.61	$ 103.25	$ 28.89	$ 58.74	$ 83.52	$ 29.85	$ 54.63	$ 24.78	$ 94.51	$ 172.98	$ 78.47

For Monthly-Paid Employees:

Dental Plan	Monthly Employer Cost			Monthly Employer Cost			Monthly Pre-Tax Employee Contribution			Monthly After-Tax Employee Contribution			Monthly Imputed Income		
	1 Person	2 People	3 or More People	Cost of 2-Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	1 Person	2 People	3 or More People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People
Delta Dental DMO	$ 17.55	$ 36.65	$ 53.05	$ 19.10	$ 35.50	$ 16.40	$ 5.00	$ 10.00	$ 19.00	$ 5.00	$ 14.00	$ 9.00	$ 14.10	$ 21.50	$ 7.40
Delta Dental PPO	$ 32.88	$ 69.83	$ 97.74	$ 36.95	$ 64.86	$ 27.91	$ 10.11	$ 20.86	$ 34.23	$ 10.75	$ 24.12	$ 13.37	$ 26.20	$ 40.74	$ 14.54
Delta Dental Indemnity	$ 14.94	$ 31.75	$ 44.51	$ 16.81	$ 29.57	$ 12.76	$ 5.00	$ 10.00	$ 19.00	$ 5.00	$ 14.00	$ 9.00	$ 11.81	$ 15.57	$ 3.76

For Weekly-Paid Employees:

Dental Plan	Weekly Employer Cost			Weekly Employer Cost			Weekly Pre-Tax Employee Contribution			Weekly After-Tax Employee Contribution			Weekly Imputed Income		
	1 Person	2 People	3 or More People	Cost of 2-Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	1 Person	2 People	3 or More People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People	Cost of 2 Person vs 1 Person	Cost of 3 or More vs 1 Person	Cost of 3 or More vs 2 People
Delta Dental DMO	$ 4.05	$ 8.46	$ 12.24	$ 4.41	$ 8.19	$ 3.78	$ 1.15	$ 2.31	$ 4.38	$ 1.16	$ 3.23	$ 2.07	$ 3.25	$ 4.96	$ 1.71
Delta Dental PPO	$ 7.59	$ 16.11	$ 22.56	$ 8.52	$ 14.97	$ 6.45	$ 2.33	$ 4.81	$ 7.90	$ 2.48	$ 5.57	$ 3.09	$ 6.04	$ 9.40	$ 3.36
Delta Dental Indemnity	$ 3.45	$ 7.33	$ 10.27	$ 3.88	$ 6.82	$ 2.94	$ 1.15	$ 2.31	$ 4.38	$ 1.16	$ 3.23	$ 2.07	$ 2.72	$ 3.59	$ 0.87