



Domestic Partner Rate Sheet

Full Time 2020-2021

	Bi-Weekly Employee Pre-Tax Deduction	Bi-Weekly Post-Tax Deduction	Bi-Weekly Imputed Income
POS Medical Plan			
Employee + Domestic Partner	\$140.00	\$75.00	\$226.46
Employee + Children + Domestic Partner	\$208.00	\$75.00	\$226.46
Employee + Domestic Partner + Domestic Partner Children	\$140.00	\$143.00	\$384.14
HSA Medical Plan			
Employee + Domestic Partner	\$46.03	\$45.99	\$214.12
Employee + Children + Domestic Partner	\$93.74	\$45.99	\$214.12
Employee + Domestic Partner + Domestic Partner Children	\$46.03	\$93.70	\$361.13
Preferred Medical Plan			
Employee + Domestic Partner	\$46.03	\$88.97	\$224.82
Employee + Children + Domestic Partner	\$90.73	\$88.97	\$224.82
Employee + Domestic Partner + Domestic Partner Children	\$46.03	\$138.97	\$409.74
MetLife Dental PPO			
Employee + Domestic Partner	\$9.95	\$12.18	\$7.29
Employee + Children + Domestic Partner	\$17.47	\$12.18	\$7.29
Employee + Domestic Partner + Domestic Partner Children	\$9.95	\$20.63	\$12.68
MetLife Dental Copay PPO			
Employee + Domestic Partner	\$4.04	\$4.16	\$4.83
Employee + Children + Domestic Partner	\$10.25	\$4.16	\$4.83
Employee + Domestic Partner + Domestic Partner Children	\$4.04	\$10.37	\$12.03
Vision			
Employee + Domestic Partner	\$4.51	\$3.96	\$0.00
Employee + Children + Domestic Partner	\$9.29	\$3.96	\$0.00
Employee + Domestic Partner + Domestic Partner Children	\$4.51	\$7.44	\$0.00



Domestic Partner Rate Sheet

Part Time 2020-2021

	Bi-Weekly Employee Pre-Tax Deduction	Bi-Weekly Post-Tax Deduction	Bi-Weekly Imputed Income
POS Medical Plan			
Employee + Domestic Partner	\$256.21	\$60.76	\$240.69
Employee + Children + Domestic Partner	\$300.58	\$60.76	\$240.69
Employee + Domestic Partner + Domestic Partner Children	\$256.21	\$105.13	\$422.01
HSA Medical Plan			
Employee + Domestic Partner	\$152.46	\$35.10	\$225.01
Employee + Children + Domestic Partner	\$182.67	\$35.10	\$225.01
Employee + Domestic Partner + Domestic Partner Children	\$152.46	\$65.30	\$389.53
Preferred Medical Plan			
Employee + Domestic Partner	\$176.48	\$36.77	\$277.02
Employee + Children + Domestic Partner	\$206.68	\$36.77	\$277.02
Employee + Domestic Partner + Domestic Partner Children	\$176.48	\$66.97	\$481.73
MetLife Dental PPO			
Employee + Domestic Partner	\$15.39	\$18.93	\$0.54
Employee + Children + Domestic Partner	\$28.04	\$18.93	\$0.54
Employee + Domestic Partner + Domestic Partner Children	\$15.39	\$31.58	\$1.73
MetLife Dental Copay PPO			
Employee + Domestic Partner	\$6.29	\$6.66	\$2.32
Employee + Children + Domestic Partner	\$4.16	\$6.66	\$2.32
Employee + Domestic Partner + Domestic Partner Children	\$6.29	\$17.70	\$4.72
Vision			
Employee + Domestic Partner	\$4.51	\$3.96	\$0.00
Employee + Children + Domestic Partner	\$9.29	\$3.96	\$0.00
Employee + Domestic Partner + Domestic Partner Children	\$4.51	\$7.44	\$0.00