



# Domestic Partner Rate Sheet

## Full Time 2020-2021

	<b>Bi-Weekly Employee Pre-Tax Deduction</b>	<b>Bi-Weekly Post-Tax Deduction</b>	<b>Bi-Weekly Imputed Income</b>
<b>POS Medical Plan</b>			
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
<b>HSA Medical Plan</b>			
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
<b>Preferred Medical Plan</b>			
Employee + Domestic Partner	\$46.03	\$88.97	\$224.82
Employee + Children + Domestic Partner	\$96.03	\$88.97	\$224.82
Employee + Domestic Partner + Domestic Partner Children	\$46.03	\$138.97	\$409.74
<b>MetLife Dental PPO</b>			
Employee + Domestic Partner	\$9.95	\$12.18	\$7.29
Employee + Children + Domestic Partner	\$18.40	\$12.18	\$7.29
Employee + Domestic Partner + Domestic Partner Children	\$9.95	\$20.63	\$12.68
<b>MetLife Dental Copay PPO</b>			
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
<b>Vision</b>			
Employee + Domestic Partner	\$4.85	\$4.26	\$0.00
Employee + Children + Domestic Partner	\$8.58	\$4.26	\$0.00
Employee + Domestic Partner + Domestic Partner Children	\$4.85	\$7.44	\$0.00



# Domestic Partner Rate Sheet

## Part Time 2020-2021

	<b>Bi-Weekly Employee Pre-Tax Deduction</b>	<b>Bi-Weekly Post-Tax Deduction</b>	<b>Bi-Weekly Imputed Income</b>
<b>POS Medical Plan</b>			
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
<b>HSA Medical Plan</b>			
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
<b>Preferred Medical Plan</b>			
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
<b>MetLife Dental PPO</b>			
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
<b>MetLife Dental Copay PPO</b>			
Employee + Domestic Partner	\$6.29	\$6.66	\$2.32
Employee + Children + Domestic Partner	\$13.66	\$6.66	\$2.32
Employee + Domestic Partner + Domestic Partner Children	\$6.29	\$17.70	\$4.71
<b>Vision</b>			
Employee + Domestic Partner	\$4.85	\$4.26	\$0.00
Employee + Children + Domestic Partner	\$8.58	\$4.26	\$0.00
Employee + Domestic Partner + Domestic Partner Children	\$4.85	\$7.44	\$0.00