Coverage	Single Employee	Employee w/ Spouse	Employee w/ Same Sex Partner	Employee w/ Same Sex Partner & Partner's Children	Rates for Emp w/ Deps and Same Sex Partner	Employee w/ Deps and Same Sex Partner & Partner's Children
Anthem						
COBRA Rate	$ 481.03	$ 1,258.46	$ 1,258.46	$ 1,258.46	$ 1,258.46	$ 1,258.46
Employee Contribution	$ 40.00	$ 280.00	$ 280.00	$ 280.00	$ 280.00	$ 280.00
Eligible for Pre-tax	$ 40.00	$ 280.00	$ 40.00	$ 40.00	$ 280.00	$ 280.00
After-tax premium	$ -	$ -	$ 240.00	$ 240.00	$ -	$ -
Emp Contribution Wellness	$ 30.00	$ 260.00	$ 260.00	$ 260.00	$ 260.00	$ 260.00
Eligible for Pre-tax	$ 30.00	$ 260.00	$ 30.00	$ 30.00	$ 260.00	$ 260.00
After-tax premium	$ -	$ -	$ 230.00	$ 230.00	$ -	$ -
Annual Imputed Income	$ -	$ -	$ 5,772.36	$ 15,101.52	$ 5,772.36	$ 15,101.52
Annual Empr Add'l Payroll Tax (7.65%)	$ -	$ -	$ 441.59	$ 1,155.27	$ 441.59	$ 1,155.27
Kaiser						
Total Rate	$ 508.76	$ 1,348.24	$ 1,348.24	$ 1,348.24	$ 1,348.24	$ 1,348.24
Employee Contribution	$ 76.40	$ 795.98	$ 795.98	$ 795.98	$ 795.98	$ 795.98
Eligible for Pre-tax	$ 76.40	$ 795.98	$ 76.40	$ 76.40	$ 795.98	$ 795.98
After-tax premium	$ -	$ -	$ 719.58	$ 719.58	$ -	$ -
Annual Imputed Income	$ -	$ -	$ 6,105.12	$ 16,178.88	$ 6,105.12	$ 16,178.88
Annual Empr Add'l Payroll Tax (7.65%)	$ -	$ -	$ 467.04	$ 1,237.68	$ 467.04	$ 1,237.68
Delta Dental - FT						
Total Rate	$ 38.78	$ 99.64	$ 99.64	$ 99.64	$ 99.64	$ 99.64
Employee Contribution	$ 3.88	$ 45.90	$ 45.90	$ 45.90	$ 45.90	$ 45.90
Eligible for Pre-tax	$ 3.88	$ 45.90	$ 3.88	$ 3.88	$ 45.90	$ 45.90
After-tax premium	$ -	$ -	$ 42.02	$ 42.02	$ -	$ -
Annual Imputed Income	$ -	$ -	$ 465.36	$ 1,195.68	$ 465.36	$ 1,195.68
Annual Empr Add'l Payroll Tax (7.65%)	$ -	$ -	$ 35.60	$ 91.47	$ 35.60	$ 91.47

Coverage	Single Employee	Employee w/ Spouse	Employee w/ Same Sex Partner	Employee w/ Same Sex Partner & Partner's Children	Rates for Emp w/ Deps and Same Sex Partner	Employee w/ Deps and Same Sex Partner & Partner's Children
Delta Dental - PT						
Total Rate	$ 38.78	$ 99.64	$ 99.64	$ 99.64	$ 99.64	$ 99.64
Employee Contribution	$ 15.58	$ 59.16	$ 59.16	$ 59.16	$ 59.16	$ 59.16
Eligible for Pre-tax	$ 15.58	$ 59.16	$ 15.58	$ 15.58	$ 59.16	$ 59.16
After-tax premium	$ -	$ -	$ 43.58	$ 43.58	$ -	$ -
Annual Imputed Income	$ -	$ -	$ 465.36	$ 1,195.68	$ 465.36	$ 1,195.68
Annual Empr Add'l Payroll Tax (7.65%)	$ -	$ -	$ 35.60	$ 91.47	$ 35.60	$ 91.47
Vision						
Total Rate	$ 11.34	$ 16.44	$ 16.44	$ 29.48	$ 29.48	$ 29.48
Employee Contribution	$ 11.34	$ 16.44	$ 16.44	$ 29.48	$ 29.48	$ 29.48
Eligible for Pre-tax	$ 11.34	$ 16.44	$ 5.10	$ 5.10	$ 29.48	$ 29.48
After-tax premium	$ -	$ -	$ 11.34	$ 24.38	$ -	$ -
Annual Imputed Income	$ -	$ -	$ 136.08	$ 353.76	$ 136.08	$ 353.76
Annual Empr Add'l Payroll Tax (7.65%)	$ -	$ -	$ 10.41	$ 15.09	$ 10.41	$ 15.09