DOMESTIC PARTNER AND/OR PARTNER CHILD(REN) IMPUTED TAX VALUES

Medical

PLAN	PARTNER	PARTNER CHILD(REN)	PARTNER & PARTNER CHILD(REN)
KAISER TRADITIONAL	1,074.32	752.04	1,826.36
KAISER TRADITIONAL PART-TIME	906.92	634.84	1,541.76
KAISER DEDUCTIBLE	935.55	654.87	1,590.43
KAISER DEDUCTIBLE PART-TIME	760.01	532.00	1,291.98
PROVIDENCE STATEWIDE	1,039.51	727.64	1,767.15
PROVIDENCE STATEWIDE PART-TIME	844.46	591.12	1,435.54
PROVIDENCE CHOICE	935.55	654.87	1,590.43
PROVIDENCE CHOICE PART-TIME	760.01	532.00	1,291.98
MODA SYNERGY	935.55	654.87	1,590.43
MODA SYNERGY PART-TIME	760.01	532.00	1,291.98

Vision

PLAN	PARTNER	PARTNER CHILD(REN)	PARTNER & PARTNER CHILD(REN)
VSP VISION	7.99	5.60	13.61
VSP PLUS	15.13	10.59	25.67

Dental

PLAN	PARTNER	PARTNER CHILD(REN)	PARTNER & PARTNER CHILD(REN)
DELTA DENTAL PREMIER	68.62	48.03	116.67
DELTA DENTAL PPO	63.40	44.38	107.79
DELTA DENTAL PART-TIME	49.39	34.57	83.95
KAISER TRADITIONAL DENTAL	71.24	49.87	121.11
KAISER TRADITIONAL DENTAL PART-TIME	52.81	36.98	89.79
WILLAMETTE MANAGED DENTAL	59.32	41.59	100.91

Additional Fees

COVERAGE TYPE	IMPUTED TAX VALUE
Other employer group coverage available	$50.00
Tobacco use program	$25.00
Double coverage surcharge for Partner or covered Partner's child(ren)	$0.00