

MDC 2020 BIWEEKLY PREMIUMS SUBJECT TO IMPUTED INCOME TAX

Only applicable to employees covering Domestic Partner dependents and/or Overage children Age 26+ to 30

Note: The premium an employee pays, related to a domestic partner (DP), DP dependents and overage children age 26+ to 30, must be deducted post-tax. Additionally, Federal tax laws require that the fair market value of employer-provided health coverage for domestic partners, DP dependents and overage children (26+ to 30), be included in the employee's income and subject to taxes, including FICA/MICA taxes. The amount shown in the column marked "Imputed Income" is not a tax. It is treated as additional income for the employee and taxed accordingly. Consult a tax advisor on how this impacts your particular situation. Coverage for overage children age 26+ to 30 is limited to medical only, and ends December 31 of the year the adult child turns age 30.

AvMed ADVANTAGE Medical Plans

Applicable to Non-Bargaining, GSAF Professional & Supervisors and IAFF Employees

Tier		2020 Biweekly Premium	2020 Imputed Income (BW)
POS ADVANTAGE*	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 285.86	\$ 382.24
	Employee + Domestic Partner	\$ 344.54	\$ 444.91
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 595.59	\$ 712.86
HMO ADVANTAGE*	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 180.17	\$ 267.32
	Employee + Domestic Partner	\$ 208.35	\$ 300.21
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 287.77	\$ 402.62
SELECT ADVANTAGE HMO	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 141.00	\$ 205.41
	Employee + Domestic Partner	\$ 166.00	\$ 237.24
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 236.00	\$ 336.33
FIRST CHOICE ADVANTAGE HMO	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 112.02	\$ 217.07
	Employee + Domestic Partner	\$ 134.71	\$ 248.36
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 197.84	\$ 345.86

*POS Advantage and HMO Advantage plans not available to employees hired on or after January 1, 2019

AvMed Medical Plans

Applicable to AFSCME Aviation, AFSCME General, AFSCME Solid Waste, AFSCME Water & Sewer, Transport Workers Union Employees and PBA Rank & File Supervisory/Employees)

Tier		2020 Biweekly Premium	2020 Imputed Income (BW)
AVMED POS*	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 285.86	\$ 382.24
	Employee + Domestic Partner	\$ 344.54	\$ 444.91
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 595.59	\$ 712.86
AVMED HIGH OPTION HMO	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 180.17	\$ 267.32
	Employee + Domestic Partner	\$ 208.35	\$ 300.21
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 287.77	\$ 402.62
AVMED SELECT HMO	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 169.83	\$ 205.41
	Employee + Domestic Partner	\$ 196.42	\$ 237.24
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 271.36	\$ 336.33
AVMED JACKSON FIRST HMO	Employee + Child(ren) (includes DP Child and/or 26+ Chld)	\$ 112.02	\$ 217.07
	Employee + Domestic Partner	\$ 134.71	\$ 248.36
	Employee + Family (includes DP, DP Child and/or 26+ Chld)	\$ 197.84	\$ 345.86

*AvMed POS plan not available to PBA Rank & File/Supervisory employees hired on or after January 1, 2019