

MDC 2025 BIWEEKLY PREMIUMS SUBJECT TO IMPUTED INCOME TAX
 Only applicable to employees covering domestic partner dependents and/or Overage children Age 26 to 30

AVMED ADVANTAGE MEDICAL PLANS		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	¹ IMPUTED BW INCOME TO EE (Subsidy)
Rates for all employees							
Code POSADV		POS Advantage					
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$285.86	\$100.00	\$185.86	\$560.82	\$0.00	\$560.82
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$285.86	\$100.00	\$185.86	\$560.82	\$0.00	\$560.82
EE + Domestic Partner (ES)	Level 12	\$344.54	\$100.00	\$244.54	\$646.68	\$0.00	\$646.68
EE + Child & Domestic Partner (ES)	Level 14	\$595.59	\$285.86	\$309.73	\$646.68	\$0.00	\$646.68
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$595.59	\$100.00	\$495.59	\$1,029.80	\$0.00	\$1,029.80
EE + Child, Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 17	\$595.59	\$100.00	\$495.59	\$1,029.80	\$0.00	\$1,029.80
EE + Spouse & 26+ Child (EC)	Level 15	\$595.59	\$344.54	\$251.05	\$560.82	\$0.00	\$560.82
Code HMOADV		HMO Advantage					
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$180.17	\$75.00	\$105.17	\$368.44	\$0.00	\$368.44
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$180.17	\$75.00	\$105.17	\$368.44	\$0.00	\$368.44
EE + Domestic Partner (ES)	Level 12	\$208.35	\$75.00	\$133.35	\$418.05	\$0.00	\$418.05
EE + Child & Domestic Partner (ES)	Level 14	\$287.77	\$180.17	\$107.60	\$418.05	\$0.00	\$418.05
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$287.77	\$75.00	\$212.77	\$570.75	\$0.00	\$570.75
EE + Child, Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 17	\$287.77	\$75.00	\$212.77	\$570.75	\$0.00	\$570.75
EE + Spouse & 26+ Child (EC)	Level 15	\$287.77	\$208.35	\$79.42	\$368.44	\$0.00	\$368.44
Code SELADV		Select Advantage HMO					
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$141.00	\$0.00	\$141.00	\$298.35	\$0.00	\$298.35
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$141.00	\$0.00	\$141.00	\$298.35	\$0.00	\$298.35
EE + Domestic Partner (ES)	Level 12	\$166.00	\$0.00	\$166.00	\$345.56	\$0.00	\$345.56
EE + Child & Domestic Partner (ES)	Level 14	\$236.00	\$141.00	\$95.00	\$345.56	\$0.00	\$345.56
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$236.00	\$0.00	\$236.00	\$490.95	\$0.00	\$490.95
EE + Child, Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 17	\$236.00	\$0.00	\$236.00	\$490.95	\$0.00	\$490.95
EE + Spouse & 26+ Child (EC)	Level 15	\$236.00	\$166.00	\$70.00	\$298.35	\$0.00	\$298.35
Code FCAHMO		First Choice Advantage HMO					
EE + Child & DP Child (and/ or 26+ Chld) (EC)	Level 13	\$112.02	\$0.00	\$112.02	\$259.08	\$0.00	\$259.08
EE + DP Child (and/or 26+ Chld) (EC)	Level 16	\$112.02	\$0.00	\$112.02	\$259.08	\$0.00	\$259.08
EE + Domestic Partner (ES)	Level 12	\$134.71	\$0.00	\$134.71	\$297.41	\$0.00	\$297.41
EE + Child & Domestic Partner (ES)	Level 14	\$197.84	\$112.02	\$85.82	\$297.41	\$0.00	\$297.41
EE + Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 18	\$197.84	\$0.00	\$197.84	\$416.33	\$0.00	\$416.33
EE + Child, Domestic Partner & DP Child (and/or 26+ Chld) (EF)	Level 17	\$197.84	\$0.00	\$197.84	\$416.33	\$0.00	\$416.33
EE + Spouse & 26+ Child (EC)	Level 15	\$197.84	\$134.71	\$63.13	\$259.08	\$0.00	\$259.08
NOTE: Cannot add a DP child during the year if tier level is EE + Child (pre-tax rate). Pre-tax portion cannot be changed during the year without an IRC Section 125 qualifying event. Employees covering a domestic partner (DP) and the child of the domestic partner (DP child) will have the insurance payroll deduction separated into pre-and post-tax amounts. Current IRS rules do not permit pre-taxing of the portion of the premium an employee pays related to a domestic partner (DP) or DP dependent. According to IRS rules, an employee may not receive a tax advantage on any portion of the premium paid for a DP/DP child. In the Employee + Child(ren) tier, if the group includes dependent children of the employee as defined by IRS rules and also child dependents of the domestic partner, the entire premium will be considered taxable and deducted on a post-tax basis. ¹ Federal tax laws require that the fair market value of domestic partner benefits, and coverage for 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" becomes additional income to the employee, in accordance with IRS rules and are taxed accordingly. Consult a tax advisor on how this impacts your particular situation.							

Delta Dental PPO		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	1IMPUTED BW INCOME TO EE
Code DPPOE (Enriched)	Code DELPPO (Standard)						
EE + DP Child - (EE+1/Std)	Level 16	\$12.46	\$0.00	\$12.46	\$0.00	\$0.00	\$0.00
EE + DP Child - (EE+1/Enr)	Level 16	\$22.70	\$5.19	\$17.51	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Std)	Level 12	\$12.46	\$0.00	\$12.46	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Enr)	Level 12	\$22.70	\$5.19	\$17.51	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Std)	Level 13	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Enr)	Level 13	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Std)	Level 14	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Enr)	Level 14	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Std)	Level 18	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Enr)	Level 18	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/S)	Level 17	\$27.86	\$0.00	\$27.86	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/E)	Level 17	\$44.40	\$5.19	\$39.21	\$0.00	\$0.00	\$0.00
DeltaCare USA DENTAL (DHMO)		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	1IMPUTED BW INCOME TO EE
Code DHMOE (Enriched)	Code DHMOS (Standard)						
EE + DP Child - (EE+1/Std)	Level 16	\$3.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00
EE + DP Child - (EE+1/Enr)	Level 16	\$3.97	\$0.56	\$3.41	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Std)	Level 12	\$3.00	\$0.00	\$3.00	\$0.00	\$0.00	\$0.00
EE + Domestic Partner - (EE+1/Enr)	Level 12	\$3.97	\$0.56	\$3.41	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Std)	Level 13	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Child & DP Child - (F/Enr)	Level 13	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Std)	Level 14	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner - (F/Enr)	Level 14	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Std)	Level 18	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child - (F/Enr)	Level 18	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/S)	Level 17	\$7.04	\$0.00	\$7.04	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child - (F/E)	Level 17	\$9.02	\$0.56	\$8.46	\$0.00	\$0.00	\$0.00
HUMANA VISION PLAN		EMPLOYEE TOTAL DEDUCTION	PRE-TAX PORTION	POST-TAX PORTION	Subsidy	Employee Only Subsidy	1IMPUTED BW INCOME TO EE
Code HUMENR (Enriched)	Code HUMANA (Standard)						
EE + DP Child (EE+1/Std)	Level 16	\$6.79	\$3.40	\$3.39	\$0.00	\$0.00	\$0.00
EE + DP Child (EE+1/Enr)	Level 16	\$8.38	\$4.19	\$4.19	\$0.00	\$0.00	\$0.00
EE + Domestic Partner (EE+1/Std)	Level 12	\$6.79	\$3.40	\$3.39	\$0.00	\$0.00	\$0.00
EE + Domestic Partner (EE+1/Enr)	Level 12	\$8.38	\$4.19	\$4.19	\$0.00	\$0.00	\$0.00
EE + Child & DP Child (Family/Std)	Level 13	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Child & DP Child (Family/Enr)	Level 13	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner (Family/Std)	Level 14	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Child & Domestic Partner (Family/Enr)	Level 14	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child (Family/Std)	Level 18	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Domestic Partner & DP Child (Family/Enr)	Level 18	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child (Family/Std)	Level 17	\$12.20	\$3.40	\$8.80	\$0.00	\$0.00	\$0.00
EE + Child, Domestic Part. & DP Child (Family/Enr)	Level 17	\$15.41	\$4.19	\$11.22	\$0.00	\$0.00	\$0.00

Since the dental and vision plans have enrollment tier levels based on # of dependents and not specific to dependent type (children or spouse), only the employee's premium can be carved out as pre-tax. Consult a tax advisor on how this impacts your particular situation. NOTE: Coverage for dependent children, on the dental and vision plans, ends on December 31 of the year the dependent turns age 26.