

Genesys

2021 Taxable Benefits

MEDICAL								
Plan	Tier	COBRA Rate	PER	ER Cost	EE Premium	Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Medical HDHP 1	Employee Only	\$336.92	\$330.31	\$294.31	\$36.00	\$0.00	\$36.00	\$0.00
Medical HDHP 1	Employee + Spouse	\$876.00	\$858.82	\$672.82	\$186.00	\$0.00	\$186.00	\$0.00
Medical HDHP 1	Employee + Child(ren)	\$539.07	\$528.50	\$378.50	\$150.00	\$0.00	\$150.00	\$0.00
Medical HDHP 1	Employee + Family	\$1,078.15	\$1,057.01	\$784.01	\$273.00	\$0.00	\$273.00	\$0.00
Medical HDHP 1	Employee + Domestic Partner	\$876.00	\$858.82	\$672.82	\$186.00	\$378.51	\$36.00	\$150.00
Medical HDHP 1	Employee + Domestic Partner Child(ren)	\$539.07	\$528.50	\$378.50	\$150.00	\$84.19	\$36.00	\$114.00
Medical HDHP 1	Employee + Child(ren) + Domestic Partner	\$1,078.15	\$1,057.01	\$784.01	\$273.00	\$405.51	\$150.00	\$123.00
Medical HDHP 1	Employee + Domestic Partner + Domestic Partner Child(ren)	\$1,078.15	\$1,057.01	\$784.01	\$273.00	\$489.70	\$36.00	\$237.00
Medical HDHP 1	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$1,078.15	\$1,057.01	\$784.01	\$273.00	\$405.51	\$150.00	\$123.00
Medical HDHP 2	Employee Only	\$627.64	\$615.33	\$569.33	\$46.00	\$0.00	\$46.00	\$0.00
Medical HDHP 2	Employee + Spouse	\$1,631.86	\$1,599.86	\$1,383.86	\$216.00	\$0.00	\$216.00	\$0.00
Medical HDHP 2	Employee + Child(ren)	\$1,004.22	\$984.53	\$814.53	\$170.00	\$0.00	\$170.00	\$0.00
Medical HDHP 2	Employee + Family	\$2,008.43	\$1,969.05	\$1,670.05	\$299.00	\$0.00	\$299.00	\$0.00
Medical HDHP 2	Employee + Domestic Partner	\$1,631.86	\$1,599.86	\$1,383.86	\$216.00	\$814.53	\$46.00	\$170.00
Medical HDHP 2	Employee + Domestic Partner Child(ren)	\$1,004.22	\$984.53	\$814.53	\$170.00	\$245.20	\$46.00	\$124.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner	\$2,008.43	\$1,969.05	\$1,670.05	\$299.00	\$855.52	\$170.00	\$129.00
Medical HDHP 2	Employee + Domestic Partner + Domestic Partner Child(ren)	\$2,008.43	\$1,969.05	\$1,670.05	\$299.00	\$1,100.72	\$46.00	\$253.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$2,008.43	\$1,969.05	\$1,670.05	\$299.00	\$855.52	\$170.00	\$129.00
Medical PPO	Employee Only	\$691.21	\$677.66	\$481.66	\$196.00	\$0.00	\$196.00	\$0.00
Medical PPO	Employee + Spouse	\$1,797.15	\$1,761.91	\$1,308.91	\$453.00	\$0.00	\$453.00	\$0.00
Medical PPO	Employee + Child(ren)	\$1,105.94	\$1,084.25	\$703.25	\$381.00	\$0.00	\$381.00	\$0.00
Medical PPO	Employee + Family	\$2,211.88	\$2,168.51	\$1,529.51	\$639.00	\$0.00	\$639.00	\$0.00
Medical PPO	Employee + Domestic Partner	\$1,797.15	\$1,761.91	\$1,308.91	\$453.00	\$827.25	\$196.00	\$257.00
Medical PPO	Employee + Domestic Partner Child(ren)	\$1,105.94	\$1,084.25	\$703.25	\$381.00	\$221.59	\$196.00	\$185.00
Medical PPO	Employee + Child(ren) + Domestic Partner	\$2,211.88	\$2,168.51	\$1,529.51	\$639.00	\$826.26	\$381.00	\$258.00
Medical PPO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$2,211.88	\$2,168.51	\$1,529.51	\$639.00	\$1,047.85	\$196.00	\$443.00
Medical PPO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$2,211.88	\$2,168.51	\$1,529.51	\$639.00	\$826.26	\$381.00	\$258.00
Medical Kaiser HMO	Employee Only	\$660.12	\$647.18	\$585.18	\$62.00	\$0.00	\$62.00	\$0.00
Medical Kaiser HMO	Employee + Spouse	\$1,452.28	\$1,423.80	\$1,222.80	\$201.00	\$0.00	\$201.00	\$0.00
Medical Kaiser HMO	Employee + Child(ren)	\$1,320.25	\$1,294.36	\$1,114.36	\$180.00	\$0.00	\$180.00	\$0.00
Medical Kaiser HMO	Employee + Family	\$1,980.37	\$1,941.54	\$1,663.54	\$278.00	\$0.00	\$278.00	\$0.00
Medical Kaiser HMO	Employee + Domestic Partner	\$1,452.28	\$1,423.80	\$1,222.80	\$201.00	\$637.62	\$62.00	\$139.00
Medical Kaiser HMO	Employee + Domestic Partner Child(ren)	\$1,320.25	\$1,294.36	\$1,114.36	\$180.00	\$529.18	\$62.00	\$118.00
Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner	\$1,980.37	\$1,941.54	\$1,663.54	\$278.00	\$549.18	\$180.00	\$98.00
Medical Kaiser HMO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$1,980.37	\$1,941.54	\$1,663.54	\$278.00	\$1,078.36	\$62.00	\$216.00
Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$1,980.37	\$1,941.54	\$1,663.54	\$278.00	\$549.18	\$180.00	\$98.00

DENTAL

Plan	Tier	COBRA Rate	PER	ER Cost	EE Premium	Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Dental - Standard	Employee Only	\$51.66	\$50.65	\$42.65	\$8.00	\$0.00	\$8.00	\$0.00
Dental - Standard	Employee + Spouse	\$107.95	\$105.83	\$82.83	\$23.00	\$0.00	\$23.00	\$0.00
Dental - Standard	Employee + Child(ren)	\$102.10	\$100.10	\$78.10	\$22.00	\$0.00	\$22.00	\$0.00
Dental - Standard	Employee + Family	\$173.72	\$170.31	\$133.31	\$37.00	\$0.00	\$37.00	\$0.00
Dental - Standard	Employee + Domestic Partner	\$107.95	\$105.83	\$82.83	\$23.00	\$40.18	\$8.00	\$15.00
Dental - Standard	Employee + Domestic Partner Child(ren)	\$102.10	\$100.10	\$78.10	\$22.00	\$35.45	\$8.00	\$14.00
Dental - Standard	Employee + Child(ren) + Domestic Partner	\$173.72	\$170.31	\$133.31	\$37.00	\$55.21	\$22.00	\$15.00
Dental - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$173.72	\$170.31	\$133.31	\$37.00	\$90.66	\$8.00	\$29.00
Dental - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$173.72	\$170.31	\$133.31	\$37.00	\$55.21	\$22.00	\$15.00
Dental - Enhanced	Employee Only	\$56.82	\$55.71	\$39.71	\$16.00	\$0.00	\$16.00	\$0.00
Dental - Enhanced	Employee + Spouse	\$117.67	\$115.36	\$76.36	\$39.00	\$0.00	\$39.00	\$0.00
Dental - Enhanced	Employee + Child(ren)	\$111.32	\$109.14	\$72.14	\$37.00	\$0.00	\$37.00	\$0.00
Dental - Enhanced	Employee + Family	\$188.68	\$184.98	\$122.98	\$62.00	\$0.00	\$62.00	\$0.00
Dental - Enhanced	Employee + Domestic Partner	\$117.67	\$115.36	\$76.36	\$39.00	\$36.65	\$16.00	\$23.00
Dental - Enhanced	Employee + Domestic Partner Child(ren)	\$111.32	\$109.14	\$72.14	\$37.00	\$32.43	\$16.00	\$21.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner	\$188.68	\$184.98	\$122.98	\$62.00	\$50.84	\$37.00	\$25.00
Dental - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$188.68	\$184.98	\$122.98	\$62.00	\$83.27	\$16.00	\$46.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$188.68	\$184.98	\$122.98	\$62.00	\$50.84	\$37.00	\$25.00

VISION								
Plan	Tier	COBRA Rate	PER	ER Cost	EE Premium	Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Vision - Standard	Employee Only	\$9.58	\$9.39	\$9.39	\$0.00	\$0.00	\$0.00	\$0.00
Vision - Standard	Employee + Spouse	\$15.25	\$14.95	\$13.95	\$1.00	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Child(ren)	\$15.58	\$15.27	\$14.27	\$1.00	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Family	\$25.09	\$24.60	\$23.60	\$1.00	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Domestic Partner	\$15.25	\$14.95	\$13.95	\$1.00	\$4.56	\$0.00	\$1.00
Vision - Standard	Employee + Domestic Partner Child(ren)	\$15.58	\$15.27	\$14.27	\$1.00	\$4.88	\$0.00	\$1.00
Vision - Standard	Employee + Child(ren) + Domestic Partner	\$25.09	\$24.60	\$23.60	\$1.00	\$9.33	\$1.00	\$0.00
Vision - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$25.09	\$24.60	\$23.60	\$1.00	\$14.21	\$0.00	\$1.00
Vision - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$25.09	\$24.60	\$23.60	\$1.00	\$9.33	\$1.00	\$0.00
Vision - Enhanced	Employee Only	\$17.75	\$17.40	\$8.81	\$8.59	\$0.00	\$8.59	\$0.00
Vision - Enhanced	Employee + Spouse	\$28.23	\$27.68	\$14.01	\$13.67	\$0.00	\$13.67	\$0.00
Vision - Enhanced	Employee + Child(ren)	\$28.84	\$28.27	\$14.31	\$13.96	\$0.00	\$13.96	\$0.00
Vision - Enhanced	Employee + Family	\$46.47	\$45.56	\$23.06	\$22.50	\$0.00	\$22.50	\$0.00
Vision - Enhanced	Employee + Domestic Partner	\$28.23	\$27.68	\$14.01	\$13.67	\$5.20	\$8.59	\$5.08
Vision - Enhanced	Employee + Domestic Partner Child(ren)	\$28.84	\$28.27	\$14.31	\$13.96	\$5.50	\$8.59	\$5.37
Vision - Enhanced	Employee + Child(ren) + Domestic Partner	\$46.47	\$45.56	\$23.06	\$22.50	\$8.75	\$13.96	\$8.54
Vision - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$46.47	\$45.56	\$23.06	\$22.50	\$14.25	\$8.59	\$13.91
Vision - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$46.47	\$45.56	\$23.06	\$22.50	\$8.75	\$13.96	\$8.54