

# Genesys

## 2022 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	\$371.76	\$364.48	\$324.48	\$40.00	\$0.00	\$40.00	\$0.00
Medical HDHP 1	Employee + Spouse	\$966.60	\$947.65	\$740.65	\$207.00	\$0.00	\$207.00	\$0.00
Medical HDHP 1	Employee + Child(ren)	\$594.83	\$583.17	\$416.17	\$167.00	\$0.00	\$167.00	\$0.00
Medical HDHP 1	Employee + Family	\$1,189.66	\$1,166.34	\$863.34	\$303.00	\$0.00	\$303.00	\$0.00
Medical HDHP 1	Employee + Domestic Partner	\$966.60	\$947.65	\$740.65	\$207.00	\$416.17	\$40.00	\$167.00
Medical HDHP 1	Employee + Domestic Partner Child(ren)	\$594.83	\$583.17	\$416.17	\$167.00	\$91.69	\$40.00	\$127.00
Medical HDHP 1	Employee + Child(ren) + Domestic Partner	\$1,189.66	\$1,166.34	\$863.34	\$303.00	\$447.17	\$167.00	\$136.00
Medical HDHP 1	Employee + Domestic Partner + Domestic Partner Child(ren)	\$1,189.66	\$1,166.34	\$863.34	\$303.00	\$538.86	\$40.00	\$263.00
Medical HDHP 1	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$1,189.66	\$1,166.34	\$863.34	\$303.00	\$447.17	\$167.00	\$136.00
Medical HDHP 2	Employee Only	\$677.71	\$664.43	\$614.43	\$50.00	\$0.00	\$50.00	\$0.00
Medical HDHP 2	Employee + Spouse	\$1,727.06	\$1,727.52	\$1,492.52	\$235.00	\$0.00	\$235.00	\$0.00
Medical HDHP 2	Employee + Child(ren)	\$1,084.34	\$1,063.09	\$878.09	\$185.00	\$0.00	\$185.00	\$0.00
Medical HDHP 2	Employee + Family	\$2,168.69	\$2,126.18	\$1,801.18	\$325.00	\$0.00	\$325.00	\$0.00
Medical HDHP 2	Employee + Domestic Partner	\$1,727.06	\$1,727.52	\$1,492.52	\$235.00	\$878.09	\$50.00	\$185.00
Medical HDHP 2	Employee + Domestic Partner Child(ren)	\$1,084.34	\$1,063.09	\$878.09	\$185.00	\$263.66	\$50.00	\$135.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner	\$2,168.69	\$2,126.18	\$1,801.18	\$325.00	\$923.09	\$185.00	\$140.00
Medical HDHP 2	Employee + Domestic Partner + Domestic Partner Child(ren)	\$2,168.69	\$2,126.18	\$1,801.18	\$325.00	\$1,186.75	\$50.00	\$275.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$2,168.69	\$2,126.18	\$1,801.18	\$325.00	\$923.09	\$185.00	\$140.00
Medical PPO	Employee Only	\$749.72	\$735.02	\$522.02	\$213.00	\$0.00	\$213.00	\$0.00
Medical PPO	Employee + Spouse	\$1,949.27	\$1,911.05	\$1,419.05	\$492.00	\$0.00	\$492.00	\$0.00
Medical PPO	Employee + Child(ren)	\$1,199.55	\$1,176.03	\$762.03	\$414.00	\$0.00	\$414.00	\$0.00
Medical PPO	Employee + Family	\$2,399.10	\$2,352.06	\$1,658.06	\$694.00	\$0.00	\$694.00	\$0.00
Medical PPO	Employee + Domestic Partner	\$1,949.27	\$1,911.05	\$1,419.05	\$492.00	\$897.03	\$213.00	\$279.00
Medical PPO	Employee + Domestic Partner Child(ren)	\$1,199.55	\$1,176.03	\$762.03	\$414.00	\$240.01	\$213.00	\$201.00
Medical PPO	Employee + Child(ren) + Domestic Partner	\$2,399.10	\$2,352.06	\$1,658.06	\$694.00	\$896.03	\$414.00	\$280.00
Medical PPO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$2,399.10	\$2,352.06	\$1,658.06	\$694.00	\$1,136.04	\$213.00	\$481.00
Medical PPO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$2,399.10	\$2,352.06	\$1,658.06	\$694.00	\$896.03	\$414.00	\$280.00
Medical Kaiser HMO	Employee Only	\$681.59	\$668.23	\$590.23	\$78.00	\$0.00	\$78.00	\$0.00
Medical Kaiser HMO	Employee + Spouse	\$1,499.50	\$1,470.11	\$1,219.11	\$251.00	\$0.00	\$251.00	\$0.00
Medical Kaiser HMO	Employee + Child(ren)	\$1,363.17	\$1,336.45	\$1,111.45	\$225.00	\$0.00	\$225.00	\$0.00
Medical Kaiser HMO	Employee + Family	\$2,044.77	\$2,004.68	\$1,656.68	\$348.00	\$0.00	\$348.00	\$0.00
Medical Kaiser HMO	Employee + Domestic Partner	\$1,499.50	\$1,470.11	\$1,219.11	\$251.00	\$628.88	\$78.00	\$173.00
Medical Kaiser HMO	Employee + Domestic Partner Child(ren)	\$1,363.17	\$1,336.45	\$1,111.45	\$225.00	\$521.22	\$78.00	\$147.00
Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner	\$2,044.77	\$2,004.68	\$1,656.68	\$348.00	\$545.23	\$225.00	\$123.00
Medical Kaiser HMO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$2,044.77	\$2,004.68	\$1,656.68	\$348.00	\$1,066.45	\$78.00	\$270.00
Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$2,044.77	\$2,004.68	\$1,656.68	\$348.00	\$545.23	\$225.00	\$123.00
Medical - HMSA	Employee Only	\$795.49	\$779.90	\$733.90	\$46.00	\$0.00	\$46.00	\$0.00
Medical - HMSA	Employee + Child	\$1,580.59	\$1,549.60	\$1,379.60	\$170.00	\$0.00	\$170.00	\$0.00
Medical - HMSA	Employee + Child(ren)	\$1,580.59	\$1,549.60	\$1,379.60	\$170.00	\$0.00	\$170.00	\$0.00
Medical - HMSA	Employee + Spouse	\$1,580.59	\$1,549.60	\$1,333.60	\$216.00	\$0.00	\$216.00	\$0.00
Medical - HMSA	Employee + Family	\$2,365.68	\$2,319.30	\$2,020.30	\$299.00	\$0.00	\$299.00	\$0.00
Medical - HMSA	Employee + Domestic Partner	\$1,580.59	\$1,549.60	\$1,333.60	\$216.00	\$599.70	\$46.00	\$170.00

Medical - HMSA	Employee + Domestic Partner Child	\$1,580.59	\$1,549.60	\$1,379.60	\$170.00	\$645.70	\$46.00	\$124.00
Medical - HMSA	Employee + Domestic Partner Children	\$1,580.59	\$1,549.60	\$1,379.60	\$170.00	\$645.70	\$46.00	\$124.00
Medical - HMSA	Employee + Child + Domestic Partner	\$2,365.68	\$2,319.30	\$2,020.30	\$299.00	\$640.70	\$170.00	\$129.00
Medical - HMSA	Employee + Domestic Partner + Domestic Partner Child(ren)	\$2,365.68	\$2,319.30	\$2,020.30	\$299.00	\$1,286.40	\$46.00	\$253.00
Medical - HMSA	Employee + Child + Domestic Partner + Domestic Partner Child(ren)	\$2,365.68	\$2,319.30	\$2,020.30	\$299.00	\$640.70	\$170.00	\$129.00
Medical - HMSA	Employee + Children + Domestic Partner + Domestic Partner Child(ren)	\$2,365.68	\$2,319.30	\$2,020.30	\$299.00	\$640.70	\$170.00	\$129.00

DENTAL								
Plan	Tier	COBRA Rate	PER	ER Cost	EE Premium	Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Dental - Standard	Employee Only	\$42.68	\$41.85	\$33.85	\$8.00	\$0.00	\$8.00	\$0.00
Dental - Standard	Employee + Spouse	\$89.21	\$87.47	\$64.47	\$23.00	\$0.00	\$23.00	\$0.00
Dental - Standard	Employee + Child(ren)	\$84.52	\$82.86	\$60.86	\$22.00	\$0.00	\$22.00	\$0.00
Dental - Standard	Employee + Family	\$143.42	\$140.62	\$103.62	\$37.00	\$0.00	\$37.00	\$0.00
Dental - Standard	Employee + Domestic Partner	\$89.21	\$87.47	\$64.47	\$23.00	\$30.62	\$8.00	\$15.00
Dental - Standard	Employee + Domestic Partner Child(ren)	\$84.52	\$82.86	\$60.86	\$22.00	\$27.01	\$8.00	\$14.00
Dental - Standard	Employee + Child(ren) + Domestic Partner	\$143.42	\$140.62	\$103.62	\$37.00	\$42.75	\$22.00	\$15.00
Dental - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$143.42	\$140.62	\$103.62	\$37.00	\$69.77	\$8.00	\$29.00
Dental - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$143.42	\$140.62	\$103.62	\$37.00	\$42.75	\$22.00	\$15.00

Dental - Enhanced	Employee Only	\$46.43	\$45.52	\$29.52	\$16.00	\$0.00	\$16.00	\$0.00
Dental - Enhanced	Employee + Spouse	\$96.11	\$94.23	\$55.23	\$39.00	\$0.00	\$39.00	\$0.00
Dental - Enhanced	Employee + Child(ren)	\$91.00	\$89.22	\$52.22	\$37.00	\$0.00	\$37.00	\$0.00
Dental - Enhanced	Employee + Family	\$154.14	\$151.13	\$89.13	\$62.00	\$0.00	\$62.00	\$0.00
Dental - Enhanced	Employee + Domestic Partner	\$96.11	\$94.23	\$55.23	\$39.00	\$25.71	\$16.00	\$23.00
Dental - Enhanced	Employee + Domestic Partner Child(ren)	\$91.00	\$89.22	\$52.22	\$37.00	\$22.70	\$16.00	\$21.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner	\$154.14	\$151.13	\$89.13	\$62.00	\$36.91	\$37.00	\$25.00
Dental - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$154.14	\$151.13	\$89.13	\$62.00	\$59.61	\$16.00	\$46.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$154.14	\$151.13	\$89.13	\$62.00	\$36.91	\$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	\$8.49	\$8.33	\$8.33	\$0.00	\$0.00	\$0.00	\$0.00
Vision - Standard	Employee + Spouse	\$13.52	\$13.26	\$12.26	\$1.00	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Child(ren)	\$13.81	\$13.55	\$12.55	\$1.00	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Family	\$22.25	\$21.82	\$20.82	\$1.00	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Domestic Partner	\$13.52	\$13.26	\$12.26	\$1.00	\$3.93	\$0.00	\$1.00
Vision - Standard	Employee + Domestic Partner Child(ren)	\$13.81	\$13.55	\$12.55	\$1.00	\$4.22	\$0.00	\$1.00
Vision - Standard	Employee + Child(ren) + Domestic Partner	\$22.25	\$21.82	\$20.82	\$1.00	\$8.28	\$1.00	\$0.00
Vision - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$22.25	\$21.82	\$20.82	\$1.00	\$12.49	\$0.00	\$1.00
Vision - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$22.25	\$21.82	\$20.82	\$1.00	\$8.28	\$1.00	\$0.00

Vision - Enhanced	Employee Only	\$15.74	\$15.43	\$6.84	\$8.59	\$0.00	\$8.59	\$0.00
Vision - Enhanced	Employee + Spouse	\$25.04	\$24.55	\$10.88	\$13.67	\$0.00	\$13.67	\$0.00
Vision - Enhanced	Employee + Child(ren)	\$25.57	\$25.08	\$11.12	\$13.96	\$0.00	\$13.96	\$0.00
Vision - Enhanced	Employee + Family	\$41.22	\$40.41	\$17.91	\$22.50	\$0.00	\$22.50	\$0.00
Vision - Enhanced	Employee + Domestic Partner	\$25.04	\$24.55	\$10.88	\$13.67	\$4.04	\$8.59	\$5.08
Vision - Enhanced	Employee + Domestic Partner Child(ren)	\$25.57	\$25.08	\$11.12	\$13.96	\$4.27	\$8.59	\$5.37
Vision - Enhanced	Employee + Child(ren) + Domestic Partner	\$41.22	\$40.41	\$17.91	\$22.50	\$6.80	\$13.96	\$8.54
Vision - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$41.22	\$40.41	\$17.91	\$22.50	\$11.07	\$8.59	\$13.91
Vision - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$41.22	\$40.41	\$17.91	\$22.50	\$6.80	\$13.96	\$8.54