

Genesys

2023 Taxable Benefits

MEDICAL					
Plan	Tier	Semi-Monthly	Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Medical HDHP 1	Employee Only	\$21.00	\$0.00		\$0.00
Medical HDHP 1	Employee + Spouse	\$109.50	\$0.00	\$219.00	\$0.00
Medical HDHP 1	Employee + Child(ren)	\$88.00	\$0.00	\$176.00	\$0.00
Medical HDHP 1	Employee + Family	\$160.00	\$0.00	\$320.00	\$0.00
Medical HDHP 1	Employee + Domestic Partner	\$109.50	\$417.10	\$42.00	\$177.00
Medical HDHP 1	Employee + Domestic Partner Child(ren)	\$88.00	\$88.79	\$42.00	\$134.00
Medical HDHP 1	Employee + Child(ren) + Domestic Partner	\$160.00	\$450.09	\$176.00	\$144.00
Medical HDHP 1	Employee + Domestic Partner + Domestic Partner Child(ren)	\$160.00	\$538.88	\$42.00	\$278.00
Medical HDHP 1	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$160.00	\$450.09	\$176.00	\$144.00
		\$0.00			
Medical HDHP 2	Employee Only	\$26.50	\$0.00	\$53.00	\$0.00
Medical HDHP 2	Employee + Spouse	\$124.00	\$0.00	\$248.00	\$0.00
Medical HDHP 2	Employee + Child(ren)	\$97.50	\$0.00	\$195.00	\$0.00
Medical HDHP 2	Employee + Family	\$171.50	\$0.00	\$343.00	\$0.00
Medical HDHP 2	Employee + Domestic Partner	\$124.00	\$888.01	\$53.00	\$195.00
Medical HDHP 2	Employee + Domestic Partner Child(ren)	\$97.50	\$264.13	\$53.00	\$142.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner	\$171.50	\$935.01	\$195.00	\$148.00
Medical HDHP 2	Employee + Domestic Partner + Domestic Partner Child(ren)	\$171.50	\$1,199.14	\$53.00	\$290.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$171.50	\$935.01	\$195.00	\$148.00
		\$0.00			
Medical PPO	Employee Only	\$112.50	\$0.00	\$225.00	\$0.00
Medical PPO	Employee + Spouse	\$260.00	\$0.00	\$520.00	\$0.00
Medical PPO	Employee + Child(ren)	\$218.50	\$0.00	\$437.00	\$0.00
Medical PPO	Employee + Family	\$366.50	\$0.00	\$733.00	\$0.00
Medical PPO	Employee + Domestic Partner	\$260.00	\$903.07	\$225.00	\$295.00
Medical PPO	Employee + Domestic Partner Child(ren)	\$218.50	\$237.27	\$225.00	\$212.00
Medical PPO	Employee + Child(ren) + Domestic Partner	\$366.50	\$902.07	\$437.00	\$296.00
Medical PPO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$366.50	\$1,139.34	\$225.00	\$508.00
Medical PPO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$366.50	\$902.07	\$437.00	\$296.00
		\$0.00			
Medical Kaiser HMO	Employee Only	\$41.00	\$0.00	\$82.00	\$0.00
Medical Kaiser HMO	Employee + Spouse	\$132.50	\$0.00	\$265.00	\$0.00
Medical Kaiser HMO	Employee + Child(ren)	\$119.00	\$0.00	\$238.00	\$0.00
Medical Kaiser HMO	Employee + Family	\$183.50	\$0.00	\$367.00	\$0.00
Medical Kaiser HMO	Employee + Domestic Partner	\$132.50	\$662.13	\$82.00	\$183.00
Medical Kaiser HMO	Employee + Domestic Partner Child(ren)	\$119.00	\$548.27	\$82.00	\$156.00

Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner	\$183.50	\$575.28	\$238.00	\$129.00
Medical Kaiser HMO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$183.50	\$1,123.55	\$82.00	\$285.00
Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$183.50	\$575.28	\$238.00	\$129.00
		\$0.00			
Medical - HMSA	Employee Only	\$24.50	\$0.00	\$49.00	\$0.00
Medical - HMSA	Employee + Child	\$90.00	\$0.00	\$180.00	\$0.00
Medical - HMSA	Employee + Child(ren)	\$90.00	\$0.00	\$180.00	\$0.00
Medical - HMSA	Employee + Spouse	\$114.00	\$0.00	\$228.00	\$0.00
Medical - HMSA	Employee + Family	\$158.00	\$0.00	\$316.00	\$0.00
Medical - HMSA	Employee + Domestic Partner	\$114.00	\$616.02	\$49.00	\$179.00
Medical - HMSA	Employee + Domestic Partner Child	\$90.00	\$664.02	\$49.00	\$131.00
Medical - HMSA	Employee + Domestic Partner Children	\$90.00	\$664.02	\$49.00	\$131.00
Medical - HMSA	Employee + Child + Domestic Partner	\$158.00	\$659.02	\$180.00	\$136.00
Medical - HMSA	Employee + Domestic Partner + Domestic Partner Child(ren)	\$158.00	\$1,323.04	\$49.00	\$267.00
Medical - HMSA	Employee + Child + Domestic Partner + Domestic Partner Child(ren)	\$158.00	\$659.02	\$180.00	\$136.00
Medical - HMSA	Employee + Children + Domestic Partner + Domestic Partner Child(ren)		\$659.02	\$180.00	\$136.00

DENTAL					
Plan	Tier		Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Dental - Standard	Employee Only	\$4.00	\$0.00	\$8.00	\$0.00
Dental - Standard	Employee + Spouse	\$12.00	\$0.00	\$24.00	\$0.00
Dental - Standard	Employee + Child(ren)	\$11.50	\$0.00	\$23.00	\$0.00
Dental - Standard	Employee + Family	\$19.50	\$0.00	\$39.00	\$0.00
Dental - Standard	Employee + Domestic Partner	\$12.00	\$31.78	\$8.00	\$16.00
Dental - Standard	Employee + Domestic Partner Child(ren)	\$11.50	\$27.95	\$8.00	\$15.00
Dental - Standard	Employee + Child(ren) + Domestic Partner	\$19.50	\$44.50	\$23.00	\$16.00
Dental - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$19.50	\$72.45	\$8.00	\$31.00
Dental - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$19.50	\$44.50	\$23.00	\$16.00
		\$0.00			
Dental - Enhanced	Employee Only	\$8.50	\$0.00	\$17.00	\$0.00
Dental - Enhanced	Employee + Spouse	\$20.50	\$0.00	\$41.00	\$0.00
Dental - Enhanced	Employee + Child(ren)	\$19.50	\$0.00	\$39.00	\$0.00
Dental - Enhanced	Employee + Family	\$32.50	\$0.00	\$65.00	\$0.00
Dental - Enhanced	Employee + Domestic Partner	\$20.50	\$27.02	\$17.00	\$24.00
Dental - Enhanced	Employee + Domestic Partner Child(ren)	\$19.50	\$23.77	\$17.00	\$22.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner	\$32.50	\$38.85	\$39.00	\$26.00
Dental - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$32.50	\$62.62	\$17.00	\$48.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$32.50	\$38.85	\$39.00	\$26.00

VISION					
Plan	Tier		Imputed Income	Pre-Tax Deduction	Post-Tax Deduction

Vision - Standard	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Vision - Standard	Employee + Spouse	\$0.50	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Child(ren)	\$0.50	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Family	\$0.50	\$0.00	\$1.00	\$0.00
Vision - Standard	Employee + Domestic Partner	\$0.50	\$4.17	\$0.00	\$1.00
Vision - Standard	Employee + Domestic Partner Child(ren)	\$0.50	\$4.47	\$0.00	\$1.00
Vision - Standard	Employee + Child(ren) + Domestic Partner	\$0.50	\$8.68	\$1.00	\$0.00
Vision - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$0.50	\$13.15	\$0.00	\$1.00
Vision - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$0.50	\$8.68	\$1.00	\$0.00

		\$0.00			
Vision - Enhanced	Employee Only	\$4.50	\$0.00	\$9.00	\$0.00
Vision - Enhanced	Employee + Spouse	\$7.00	\$0.00	\$14.00	\$0.00
Vision - Enhanced	Employee + Child(ren)	\$7.50	\$0.00	\$15.00	\$0.00
Vision - Enhanced	Employee + Family	\$12.00	\$0.00	\$24.00	\$0.00
Vision - Enhanced	Employee + Domestic Partner	\$7.00	\$4.57	\$9.00	\$5.00
Vision - Enhanced	Employee + Domestic Partner Child(ren)	\$7.50	\$4.12	\$9.00	\$6.00
Vision - Enhanced	Employee + Child(ren) + Domestic Partner	\$12.00	\$7.08	\$15.00	\$9.00
Vision - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$12.00	\$11.20	\$9.00	\$15.00
Vision - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$12.00	\$7.08	\$15.00	\$9.00

Lyra					
Plan	Tier		Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Lyra	Employee		\$0.00	\$0.00	\$0.00