

Genesys

2024 Taxable Benefits

MEDICAL					
Plan	Tier	Semi-Monthly	Imputed Income	Pre-Tax Deduction	Post-Tax Deduction
Medical HDHP 1	Employee Only	\$25.00	\$0.00	\$25.00	\$0.00
Medical HDHP 1	Employee + Spouse	\$137.50	\$0.00	\$137.50	\$0.00
Medical HDHP 1	Employee + Child(ren)	\$100.00	\$0.00	\$100.00	\$0.00
Medical HDHP 1	Employee + Family	\$182.50	\$0.00	\$182.50	\$0.00
Medical HDHP 1	Employee + Domestic Partner	\$137.50	\$222.27	\$25.00	\$112.50
Medical HDHP 1	Employee + Domestic Partner Child(ren)	\$100.00	\$50.54	\$25.00	\$75.00
Medical HDHP 1	Employee + Child(ren) + Domestic Partner	\$182.50	\$252.26	\$100.00	\$82.50
Medical HDHP 1	Employee + Domestic Partner + Domestic Partner Child(ren)	\$182.50	\$302.80	\$25.00	\$157.50
Medical HDHP 1	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$182.50	\$252.26	\$100.00	\$82.50
Medical HDHP 2	Employee Only	\$30.00	\$0.00	\$30.00	\$0.00
Medical HDHP 2	Employee + Spouse	\$160.00	\$0.00	\$160.00	\$0.00
Medical HDHP 2	Employee + Child(ren)	\$110.00	\$0.00	\$110.00	\$0.00
Medical HDHP 2	Employee + Family	\$195.00	\$0.00	\$195.00	\$0.00
Medical HDHP 2	Employee + Domestic Partner	\$160.00	\$480.26	\$30.00	\$130.00
Medical HDHP 2	Employee + Domestic Partner Child(ren)	\$110.00	\$148.85	\$30.00	\$80.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner	\$195.00	\$525.26	\$110.00	\$85.00
Medical HDHP 2	Employee + Domestic Partner + Domestic Partner Child(ren)	\$195.00	\$674.11	\$30.00	\$165.00
Medical HDHP 2	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$195.00	\$525.26	\$110.00	\$85.00
Medical PPO	Employee Only	\$127.50	\$0.00	\$127.50	\$0.00
Medical PPO	Employee + Spouse	\$330.00	\$0.00	\$330.00	\$0.00
Medical PPO	Employee + Child(ren)	\$247.50	\$0.00	\$247.50	\$0.00
Medical PPO	Employee + Family	\$412.50	\$0.00	\$412.50	\$0.00
Medical PPO	Employee + Domestic Partner	\$330.00	\$472.60	\$127.50	\$202.50
Medical PPO	Employee + Domestic Partner Child(ren)	\$247.50	\$133.16	\$127.50	\$120.00
Medical PPO	Employee + Child(ren) + Domestic Partner	\$412.50	\$510.10	\$247.50	\$165.00
Medical PPO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$412.50	\$643.26	\$127.50	\$285.00
Medical PPO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$412.50	\$510.10	\$247.50	\$165.00
Medical Kaiser HMO	Employee Only	\$62.50	\$0.00	\$62.50	\$0.00

Medical Kaiser HMO	Employee + Spouse	\$180.00	\$0.00	\$180.00	\$0.00
Medical Kaiser HMO	Employee + Child(ren)	\$162.50	\$0.00	\$162.50	\$0.00
Medical Kaiser HMO	Employee + Family	\$245.00	\$0.00	\$245.00	\$0.00
Medical Kaiser HMO	Employee + Domestic Partner	\$180.00	\$372.57	\$62.50	\$117.50
Medical Kaiser HMO	Employee + Domestic Partner Child(ren)	\$162.50	\$308.39	\$62.50	\$100.00
Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner	\$245.00	\$325.90	\$162.50	\$82.50
Medical Kaiser HMO	Employee + Domestic Partner + Domestic Partner Child(ren)	\$245.00	\$634.29	\$62.50	\$182.50
Medical Kaiser HMO	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$245.00	\$325.90	\$162.50	\$82.50

DENTAL					
Plan	Tier	EE Premium	Imputed	Pre-Tax	Post-Tax
Dental - Standard	Employee Only	\$4.00	\$0.00	\$4.00	\$0.00
Dental - Standard	Employee + Spouse	\$12.00	\$0.00	\$12.00	\$0.00
Dental - Standard	Employee + Child(ren)	\$11.50	\$0.00	\$11.50	\$0.00
Dental - Standard	Employee + Family	\$19.50	\$0.00	\$19.50	\$0.00
Dental - Standard	Employee + Domestic Partner	\$12.00	\$15.89	\$4.00	\$8.00
Dental - Standard	Employee + Domestic Partner Child(ren)	\$11.50	\$13.98	\$4.00	\$7.50
Dental - Standard	Employee + Child(ren) + Domestic Partner	\$19.50	\$22.25	\$11.50	\$8.00
Dental - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$19.50	\$36.23	\$4.00	\$15.50
Dental - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$19.50	\$22.25	\$11.50	\$8.00
Dental - Enhanced	Employee Only	\$8.50	\$0.00	\$8.50	\$0.00
Dental - Enhanced	Employee + Spouse	\$20.50	\$0.00	\$20.50	\$0.00
Dental - Enhanced	Employee + Child(ren)	\$19.50	\$0.00	\$19.50	\$0.00
Dental - Enhanced	Employee + Family	\$32.50	\$0.00	\$32.50	\$0.00
Dental - Enhanced	Employee + Domestic Partner	\$20.50	\$13.51	\$8.50	\$12.00
Dental - Enhanced	Employee + Domestic Partner Child(ren)	\$19.50	\$11.89	\$8.50	\$11.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner	\$32.50	\$19.43	\$19.50	\$13.00
Dental - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$32.50	\$31.31	\$8.50	\$24.00
Dental - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$32.50	\$19.43	\$19.50	\$13.00

VISION					
Plan	Tier	EE Premium	Imputed	Pre-Tax	Post-Tax
Vision - Standard	Employee Only	\$0.00	\$0.00	\$0.00	\$0.00
Vision - Standard	Employee + Spouse	\$0.50	\$0.00	\$0.50	\$0.00
Vision - Standard	Employee + Child(ren)	\$0.50	\$0.00	\$0.50	\$0.00
Vision - Standard	Employee + Family	\$0.50	\$0.00	\$0.50	\$0.00
Vision - Standard	Employee + Domestic Partner	\$0.50	\$2.09	\$0.00	\$0.50
Vision - Standard	Employee + Domestic Partner Child(ren)	\$0.50	\$2.24	\$0.00	\$0.50

Vision - Standard	Employee + Child(ren) + Domestic Partner	\$0.50	\$4.34	\$0.50	\$0.00
Vision - Standard	Employee + Domestic Partner + Domestic Partner Child(ren)	\$0.50	\$6.58	\$0.00	\$0.50
Vision - Standard	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$0.50	\$4.34	\$0.50	\$0.00

Vision - Enhanced	Employee Only	\$4.50	\$0.00	\$4.50	\$0.00
Vision - Enhanced	Employee + Spouse	\$7.00	\$0.00	\$7.00	\$0.00
Vision - Enhanced	Employee + Child(ren)	\$7.50	\$0.00	\$7.50	\$0.00
Vision - Enhanced	Employee + Family	\$12.00	\$0.00	\$12.00	\$0.00
Vision - Enhanced	Employee + Domestic Partner	\$7.00	\$2.29	\$4.50	\$2.50
Vision - Enhanced	Employee + Domestic Partner Child(ren)	\$7.50	\$2.06	\$4.50	\$3.00
Vision - Enhanced	Employee + Child(ren) + Domestic Partner	\$12.00	\$3.54	\$7.50	\$4.50
Vision - Enhanced	Employee + Domestic Partner + Domestic Partner Child(ren)	\$12.00	\$5.60	\$4.50	\$7.50
Vision - Enhanced	Employee + Child(ren) + Domestic Partner + Domestic Partner Child(ren)	\$12.00	\$3.54	\$7.50	\$4.50

Lyra					
Plan	Tier	EE Premium	Imputed	Pre-Tax	Post-Tax
Lyra	Employee	\$0.00	\$0.00	\$0.00	\$0.00