



2022 Contribution Costs for Medical, Dental, and Vision Coverage for Non-Qualified Dependents

If you are covering non-qualified dependents (e.g., ex-spouse or domestic partner and their children) under Harvard’s medical, dental, and/or vision plans for 2022, the fair market value of their coverage will be added to (imputed into) your gross income and wages for 2022. The fair market value is Harvard’s contribution to the cost of your non-qualified dependents’ medical, dental, and/or vision plan coverage. In addition, your cost for medical, dental, and/or vision plan coverage for your non-qualified dependents will be deducted from your paycheck on an after-tax basis.

The amounts deducted from your paycheck on an after-tax and before-tax basis, and the amount added to (imputed into) your gross income and wages are shown in the charts below. The amounts for medical plan coverage are based on your salary tier (except for Harvard Business Publishing). Additional taxes on the imputed amounts below will be based on your tax withholding election as listed on your current Form W-4. You can view or change your Form W-4 by going to PeopleSoft and clicking on the My Pay tile, then selecting W-4 Tax Information.

Click Below on Your Group/Family Status

Harvard Business Publishing

Domestic Partner or Ex-Spouse **and Only** Qualified Children

Domestic Partner or Ex-Spouse **and Any** Non-Qualified Children

Domestic Partner or Ex-Spouse **with No** Children

Faculty and Nonunion Staff

Domestic Partner or Ex-Spouse **and Only** Qualified Children

Domestic Partner or Ex-Spouse **and Any** Non-Qualified Children

Domestic Partner or Ex-Spouse **With No** Children

ATC, HUPA, and SEIU

Domestic Partner or Ex-Spouse **and Only** Qualified Children

Domestic Partner or Ex-Spouse **and Any** Non-Qualified Children

Domestic Partner or Ex-Spouse **With No** Children

HUCTW

Domestic Partner or Ex-Spouse **with No** Children **or Only** Qualified Children

Domestic Partner or Ex-Spouse **and Any** Non-Qualified Children

HUSPMGU and Local 26

Domestic Partner or Ex-Spouse **with No** Children **or Only** Qualified Children

Domestic Partner or Ex-Spouse **and Any** Non-Qualified Children

Harvard University Domestic Partner and Ex-Spouse Rates
Harvard Business Publishing

Domestic Partner or Ex-Spouse Coverage and only Qualified Children			
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Monthly
BCBS HDHP	\$94.08	\$53.20	\$611.80
BCBS HMO	\$261.13	\$159.50	\$565.50
BCBS POS	\$275.22	\$168.30	\$596.70
BCBS POS +	\$322.19	\$195.25	\$781.00
BCBS PPO	\$275.22	\$168.30	\$596.70
BCBS PPO +	\$322.19	\$195.25	\$585.75
HUGHP HMO	\$253.57	\$154.88	\$549.12
HUGHP POS	\$267.66	\$163.68	\$580.32
HUGH POS +	\$313.77	\$189.75	\$569.25
Delta Dental	\$34.00	\$19.00	\$32.00
EyeMed Vision	\$11.05	\$6.03	\$0.00

Domestic Partner or Ex-Spouse Coverage and only Qualified Children			
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Bi-weekly
BCBS HDHP	\$42.90	\$24.30	\$279.40
BCBS HMO	\$119.20	\$72.80	\$258.12
BCBS POS	\$125.61	\$76.86	\$272.53
BCBS POS +	\$146.97	\$89.08	\$267.23
BCBS PPO	\$125.61	\$76.86	\$272.52
BCBS PPO +	\$146.97	\$89.08	\$267.23
HUGHP HMO	\$115.71	\$70.67	\$250.56
HUGHP POS	\$122.12	\$74.73	\$264.96
HUGH POS +	\$143.08	\$86.65	\$259.96
Delta Dental	\$17.08	\$9.69	\$15.69
EyeMed Vision	\$5.10	\$2.78	\$0.00

***Total of Pre-Tax and Post-Tax deductions equals family rate**

Harvard University Domestic Partner and Ex-Spouse Rates
Harvard Business Publishing

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children			
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Monthly
BCBS HDHP	\$53.20	\$94.08	\$1,081.92
BCBS HMO	\$159.50	\$261.13	\$1,016.87
BCBS POS	\$168.30	\$275.22	\$1,071.78
BCBS POS +	\$195.25	\$322.19	\$1,375.00
BCBS PPO	\$168.30	\$275.22	\$1,071.78
BCBS PPO +	\$195.25	\$322.19	\$1,052.81
HUGHP HMO	\$154.88	\$253.57	\$987.43
HUGHP POS	\$163.68	\$267.66	\$1,042.34
HUGH POS +	\$189.75	\$313.77	\$1,025.23
Delta Dental	\$19.00	\$34.00	\$55.00
EyeMed Vision	\$6.03	\$11.05	\$0.00

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children			
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Bi-weekly
BCBS HDHP	\$24.55	\$43.42	\$499.35
BCBS HMO	\$73.62	\$120.52	\$469.32
BCBS POS	\$77.68	\$127.02	\$494.67
BCBS POS +	\$90.12	\$148.70	\$634.62
BCBS PPO	\$77.68	\$127.02	\$494.67
BCBS PPO +	\$90.12	\$148.70	\$485.91
HUGHP HMO	\$71.48	\$117.03	\$455.74
HUGHP POS	\$75.54	\$123.54	\$481.08
HUGH POS +	\$87.58	\$144.82	\$473.18
Delta Dental	\$8.77	\$15.69	\$25.38
EyeMed Vision	\$2.78	\$5.10	\$0.00

***Total of Pre-Tax and Post-Tax deductions equals family rate**

Harvard University Domestic Partner and Ex-Spouse Rates
Harvard Business Publishing

Domestic Partner or Ex-Spouse Coverage with no Children			
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Monthly
BCBS HDHP	\$83.68	\$53.20	\$615.00
BCBS HMO	\$250.36	\$159.50	\$615.00
BCBS POS	\$263.56	\$168.30	\$615.00
BCBS POS +	\$305.50	\$195.25	\$615.00
BCBS PPO	\$263.56	\$168.30	\$615.00
BCBS PPO +	\$305.50	\$195.25	\$615.00
HUGHP HMO	\$242.88	\$154.88	\$615.00
HUGHP POS	\$256.08	\$163.68	\$615.00
HUGH POS +	\$297.50	\$189.75	\$615.00
Delta Dental	\$31.00	\$19.00	\$32.00
EyeMed Vision	\$8.69	\$6.03	\$0.00

Domestic Partner or Ex-Spouse Coverage with no Children			
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart			
Health Plan	Pre-Tax Deduction*	Post-Tax Deduction*	Imputed Income Bi-weekly
BCBS HDHP	\$38.62	\$24.55	\$283.85
BCBS HMO	\$115.55	\$73.62	\$283.85
BCBS POS	\$121.64	\$77.68	\$283.85
BCBS POS +	\$141.00	\$90.12	\$283.85
BCBS PPO	\$121.64	\$77.68	\$283.85
BCBS PPO +	\$141.00	\$90.12	\$283.85
HUGHP HMO	\$112.10	\$71.48	\$283.85
HUGHP POS	\$118.19	\$75.54	\$283.85
HUGH POS +	\$137.31	\$87.58	\$283.85
Delta Dental	\$14.31	\$8.77	\$14.77
EyeMed Vision	\$4.01	\$2.78	\$0.00

***Total of Pre-Tax and Post-Tax deductions equals employee + spouse/domestic partner rate**

Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

Domestic Partner or Ex-Spouse Coverage and only Qualified Children												
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HDHP	\$93.00	\$50.00	\$615.00	\$118.00	\$64.00	\$601.00	\$215.00	\$119.00	\$546.00	\$293.00	\$164.00	\$501.00
BCBS HMO	\$195.00	\$110.00	\$615.00	\$220.00	\$124.00	\$601.00	\$317.00	\$179.00	\$546.00	\$395.00	\$224.00	\$501.00
BCBS POS	\$264.00	\$150.00	\$615.00	\$289.00	\$164.00	\$601.00	\$386.00	\$219.00	\$546.00	\$464.00	\$264.00	\$501.00
BCBS POS Plus	\$292.00	\$166.00	\$615.00	\$317.00	\$180.00	\$601.00	\$414.00	\$235.00	\$546.00	\$492.00	\$280.00	\$501.00
BCBS PPO	\$264.00	\$150.00	\$615.00	\$289.00	\$164.00	\$601.00	\$386.00	\$219.00	\$546.00	\$464.00	\$264.00	\$501.00
BCBS PPO Plus	\$292.00	\$166.00	\$615.00	\$317.00	\$180.00	\$601.00	\$414.00	\$235.00	\$546.00	\$492.00	\$280.00	\$501.00
HUGHP HMO	\$158.00	\$89.00	\$615.00	\$183.00	\$103.00	\$601.00	\$280.00	\$158.00	\$546.00	\$358.00	\$203.00	\$501.00
HUGHP POS	\$227.00	\$129.00	\$615.00	\$252.00	\$143.00	\$601.00	\$349.00	\$198.00	\$546.00	\$427.00	\$243.00	\$501.00
HUGHP POS Plus	\$256.00	\$144.00	\$615.00	\$281.00	\$158.00	\$601.00	\$378.00	\$213.00	\$546.00	\$456.00	\$258.00	\$501.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$34.00	\$19.00	\$32.00									
EyeMed Vision	\$11.05	\$6.03	\$0.00									

Domestic Partner or Ex-Spouse Coverage and only Qualified Children												
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HDHP	\$42.92	\$23.08	\$283.85	\$54.46	\$29.54	\$277.38	\$99.23	\$54.92	\$252.00	\$135.23	\$75.69	\$231.23
BCBS HMO	\$90.00	\$50.77	\$283.85	\$101.54	\$57.23	\$277.38	\$146.31	\$82.62	\$252.00	\$182.31	\$103.38	\$231.23
BCBS POS	\$121.85	\$69.23	\$283.85	\$133.38	\$75.69	\$277.38	\$178.15	\$101.08	\$252.00	\$214.15	\$121.85	\$231.23
BCBS POS Plus	\$134.77	\$76.62	\$283.85	\$146.31	\$83.08	\$277.38	\$191.08	\$108.46	\$252.00	\$227.08	\$129.23	\$231.23
BCBS PPO	\$121.85	\$69.23	\$283.85	\$133.38	\$75.69	\$277.38	\$178.15	\$101.08	\$252.00	\$214.15	\$121.85	\$231.23
BCBS PPO Plus	\$134.77	\$76.62	\$283.85	\$146.31	\$83.08	\$277.38	\$191.08	\$108.46	\$252.00	\$227.08	\$129.23	\$231.23
HUGHP HMO	\$72.92	\$41.08	\$283.85	\$84.46	\$47.54	\$277.38	\$129.23	\$72.92	\$252.00	\$165.23	\$93.69	\$231.23
HUGHP POS	\$104.77	\$59.54	\$283.85	\$116.31	\$66.00	\$277.38	\$161.08	\$91.38	\$252.00	\$197.08	\$112.15	\$231.23
HUGHP POS Plus	\$118.15	\$66.46	\$283.85	\$129.69	\$72.92	\$277.38	\$174.46	\$98.31	\$252.00	\$210.46	\$119.08	\$231.23
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$15.69	\$8.77	\$14.77									
EyeMed Vision	\$5.10	\$2.78	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children 2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deductio n*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HDHP	\$50.00	\$93.00	\$1,083.00	\$64.00	\$118.00	\$1,058.00	\$119.00	\$215.00	\$961.00	\$164.00	\$293.00	\$883.00
BCBS HMO	\$110.00	\$195.00	\$1,083.00	\$124.00	\$220.00	\$1,058.00	\$179.00	\$317.00	\$961.00	\$224.00	\$395.00	\$883.00
BCBS POS	\$150.00	\$264.00	\$1,083.00	\$164.00	\$289.00	\$1,058.00	\$219.00	\$386.00	\$961.00	\$264.00	\$464.00	\$883.00
BCBS POS Plus	\$166.00	\$292.00	\$1,083.00	\$180.00	\$317.00	\$1,058.00	\$235.00	\$414.00	\$961.00	\$280.00	\$492.00	\$883.00
BCBS PPO	\$150.00	\$264.00	\$1,083.00	\$164.00	\$289.00	\$1,058.00	\$219.00	\$386.00	\$961.00	\$264.00	\$464.00	\$883.00
BCBS PPO Plus	\$166.00	\$292.00	\$1,083.00	\$180.00	\$317.00	\$1,058.00	\$235.00	\$414.00	\$961.00	\$280.00	\$492.00	\$883.00
HUGHP HMO	\$89.00	\$158.00	\$1,083.00	\$103.00	\$183.00	\$1,058.00	\$158.00	\$280.00	\$961.00	\$203.00	\$358.00	\$883.00
HUGHP POS	\$129.00	\$227.00	\$1,083.00	\$143.00	\$252.00	\$1,058.00	\$198.00	\$349.00	\$961.00	\$243.00	\$427.00	\$883.00
HUGHP POS Plus	\$144.00	\$256.00	\$1,083.00	\$158.00	\$281.00	\$1,058.00	\$213.00	\$378.00	\$961.00	\$258.00	\$456.00	\$883.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$19.00	\$34.00	\$55.00									
EyeMed Vision	\$6.03	\$11.05	\$0.00									

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children 2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HDHP	\$23.08	\$42.92	\$499.85	\$29.54	\$54.46	\$488.31	\$54.92	\$99.23	\$443.54	\$75.69	\$135.23	\$407.54
BCBS HMO	\$50.77	\$90.00	\$499.85	\$57.23	\$101.54	\$488.31	\$82.62	\$146.31	\$443.54	\$103.38	\$182.31	\$407.54
BCBS POS	\$69.23	\$121.85	\$499.85	\$75.69	\$133.38	\$488.31	\$101.08	\$178.15	\$443.54	\$121.85	\$214.15	\$407.54
BCBS POS Plus	\$76.62	\$134.77	\$499.85	\$83.08	\$146.31	\$488.31	\$108.46	\$191.08	\$443.54	\$129.23	\$227.08	\$407.54
BCBS PPO	\$69.23	\$121.85	\$499.85	\$75.69	\$133.38	\$488.31	\$101.08	\$178.15	\$443.54	\$121.85	\$214.15	\$407.54
BCBS PPO Plus	\$76.62	\$134.77	\$499.85	\$83.08	\$146.31	\$488.31	\$108.46	\$191.08	\$443.54	\$129.23	\$227.08	\$407.54
HUGHP HMO	\$41.08	\$72.92	\$499.85	\$47.54	\$84.46	\$488.31	\$72.92	\$129.23	\$443.54	\$93.69	\$165.23	\$407.54
HUGHP POS	\$59.54	\$104.77	\$499.85	\$66.00	\$116.31	\$488.31	\$91.38	\$161.08	\$443.54	\$112.15	\$197.08	\$407.54
HUGHP POS Plus	\$66.46	\$118.15	\$499.85	\$72.92	\$129.69	\$488.31	\$98.31	\$174.46	\$443.54	\$119.08	\$210.46	\$407.54
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$8.77	\$15.69	\$25.38									
EyeMed Vision	\$2.78	\$5.10	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates Faculty and Nonunion Staff

Domestic Partner or Ex-Spouse Coverage and no Children												
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HDHP	\$82.00	\$50.00	\$615.00	\$105.00	\$64.00	\$601.00	\$191.00	\$119.00	\$546.00	\$260.00	\$164.00	\$501.00
BCBS HMO	\$174.00	\$110.00	\$615.00	\$197.00	\$124.00	\$601.00	\$283.00	\$179.00	\$546.00	\$352.00	\$224.00	\$501.00
BCBS POS	\$234.00	\$150.00	\$615.00	\$257.00	\$164.00	\$601.00	\$343.00	\$219.00	\$546.00	\$412.00	\$264.00	\$501.00
BCBS POS Plus	\$258.00	\$166.00	\$615.00	\$281.00	\$180.00	\$601.00	\$367.00	\$235.00	\$546.00	\$436.00	\$280.00	\$501.00
BCBS PPO	\$234.00	\$150.00	\$615.00	\$257.00	\$164.00	\$601.00	\$343.00	\$219.00	\$546.00	\$412.00	\$264.00	\$501.00
BCBS PPO Plus	\$258.00	\$166.00	\$615.00	\$281.00	\$180.00	\$601.00	\$367.00	\$235.00	\$546.00	\$436.00	\$280.00	\$501.00
HUGHP HMO	\$140.00	\$89.00	\$615.00	\$163.00	\$103.00	\$601.00	\$249.00	\$158.00	\$546.00	\$318.00	\$203.00	\$501.00
HUGHP POS	\$200.00	\$129.00	\$615.00	\$223.00	\$143.00	\$601.00	\$309.00	\$198.00	\$546.00	\$378.00	\$243.00	\$501.00
HUGHP POS Plus	\$226.00	\$144.00	\$615.00	\$249.00	\$158.00	\$601.00	\$335.00	\$213.00	\$546.00	\$404.00	\$258.00	\$501.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
Delta Dental	\$31.00	\$19.00	\$32.00									
EyeMed Vision	\$8.69	\$6.03	\$0.00									

Domestic Partner or Ex-Spouse Coverage and no Children												
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HDHP	\$37.85	\$23.08	\$283.85	\$48.46	\$29.54	\$277.38	\$88.15	\$54.92	\$252.00	\$120.00	\$75.69	\$231.23
BCBS HMO	\$80.31	\$50.77	\$283.85	\$90.92	\$57.23	\$277.38	\$130.62	\$82.62	\$252.00	\$162.46	\$103.38	\$231.23
BCBS POS	\$108.00	\$69.23	\$283.85	\$118.62	\$75.69	\$277.38	\$158.31	\$101.08	\$252.00	\$190.15	\$121.85	\$231.23
BCBS POS Plus	\$119.08	\$76.62	\$283.85	\$129.69	\$83.08	\$277.38	\$169.38	\$108.46	\$252.00	\$201.23	\$129.23	\$231.23
BCBS PPO	\$108.00	\$69.23	\$283.85	\$118.62	\$75.69	\$277.38	\$158.31	\$101.08	\$252.00	\$190.15	\$121.85	\$231.23
BCBS PPO Plus	\$119.08	\$76.62	\$283.85	\$129.69	\$83.08	\$277.38	\$169.38	\$108.46	\$252.00	\$201.23	\$129.23	\$231.23
HUGHP HMO	\$64.62	\$41.08	\$283.85	\$75.23	\$47.54	\$277.38	\$114.92	\$72.92	\$252.00	\$146.77	\$93.69	\$231.23
HUGHP POS	\$92.31	\$59.54	\$283.85	\$102.92	\$66.00	\$277.38	\$142.62	\$91.38	\$252.00	\$174.46	\$112.15	\$231.23
HUGHP POS Plus	\$104.31	\$66.46	\$283.85	\$114.92	\$72.92	\$277.38	\$154.62	\$98.31	\$252.00	\$186.46	\$119.08	\$231.23
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
Delta Dental	\$14.31	\$8.77	\$14.77									
EyeMed Vision	\$4.01	\$2.78	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates
ATC, HUPA, and SEIU Unions

Domestic Partner or Ex-Spouse Coverage and only Qualified Children 2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$55,000</u>			<u>\$55,000-\$74,999</u>			<u>\$75,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$200.00	\$114.00	\$638.00	\$227.00	\$128.00	\$624.00	\$291.00	\$165.00	\$587.00	\$355.00	\$202.00	\$550.00
BCBS POS	\$265.00	\$152.00	\$638.00	\$292.00	\$166.00	\$624.00	\$356.00	\$203.00	\$587.00	\$420.00	\$240.00	\$550.00
BCBS PPO	\$265.00	\$152.00	\$638.00	\$292.00	\$166.00	\$624.00	\$356.00	\$203.00	\$587.00	\$420.00	\$240.00	\$550.00
HUGHP HMO	\$163.00	\$93.00	\$638.00	\$190.00	\$107.00	\$624.00	\$254.00	\$144.00	\$587.00	\$318.00	\$181.00	\$550.00
HUGHP POS	\$228.00	\$131.00	\$638.00	\$255.00	\$145.00	\$624.00	\$319.00	\$182.00	\$587.00	\$383.00	\$219.00	\$550.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$34.00	\$19.00	\$31.00									
EyeMed Vision	\$11.05	\$6.03	\$0.00									

Domestic Partner or Ex-Spouse Coverage and only Qualified Children 2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$55,000</u>			<u>\$55,000-\$74,999</u>			<u>\$75,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HMO	\$92.31	\$52.62	\$294.46	\$104.77	\$59.08	\$288.00	\$134.31	\$76.15	\$270.92	\$163.85	\$93.23	\$253.85
BCBS POS	\$122.31	\$70.15	\$294.46	\$134.77	\$76.62	\$288.00	\$164.31	\$93.69	\$270.92	\$193.85	\$110.77	\$253.85
BCBS PPO	\$122.31	\$70.15	\$294.46	\$134.77	\$76.62	\$288.00	\$164.31	\$93.69	\$270.92	\$193.85	\$110.77	\$253.85
HUGHP HMO	\$75.23	\$42.92	\$294.46	\$87.69	\$49.38	\$288.00	\$117.23	\$66.46	\$270.92	\$146.77	\$83.54	\$253.85
HUGHP POS	\$105.23	\$60.46	\$294.46	\$117.69	\$66.92	\$288.00	\$147.23	\$84.00	\$270.92	\$176.77	\$101.08	\$253.85
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$15.69	\$8.77	\$14.31									
EyeMed Vision	\$5.10	\$2.78	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates
ATC, HUPA, and SEIU Unions

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children												
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$114.00	\$200.00	\$1,125.00	\$128.00	\$227.00	\$1,098.00	\$165.00	\$291.00	\$1,034.00	\$202.00	\$355.00	\$970.00
BCBS POS	\$152.00	\$265.00	\$1,125.00	\$166.00	\$292.00	\$1,098.00	\$203.00	\$356.00	\$1,034.00	\$240.00	\$420.00	\$970.00
BCBS PPO	\$152.00	\$265.00	\$1,125.00	\$166.00	\$292.00	\$1,098.00	\$203.00	\$356.00	\$1,034.00	\$240.00	\$420.00	\$970.00
HUGHP HMO	\$93.00	\$163.00	\$1,125.00	\$107.00	\$190.00	\$1,098.00	\$144.00	\$254.00	\$1,034.00	\$181.00	\$318.00	\$970.00
HUGHP POS	\$131.00	\$228.00	\$1,125.00	\$145.00	\$255.00	\$1,098.00	\$182.00	\$319.00	\$1,034.00	\$219.00	\$383.00	\$970.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$19.00	\$34.00	\$54.00									
EyeMed Vision	\$6.03	\$11.05	\$0.00									

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children												
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HMO	\$52.62	\$92.31	\$519.23	\$59.08	\$104.77	\$506.77	\$76.15	\$134.31	\$477.23	\$93.23	\$163.85	\$447.69
BCBS POS	\$70.15	\$122.31	\$519.23	\$76.62	\$134.77	\$506.77	\$93.69	\$164.31	\$477.23	\$110.77	\$193.85	\$447.69
BCBS PPO	\$70.15	\$122.31	\$519.23	\$76.62	\$134.77	\$506.77	\$93.69	\$164.31	\$477.23	\$110.77	\$193.85	\$447.69
HUGHP HMO	\$42.92	\$75.23	\$519.23	\$49.38	\$87.69	\$506.77	\$66.46	\$117.23	\$477.23	\$83.54	\$146.77	\$447.69
HUGHP POS	\$60.46	\$105.23	\$519.23	\$66.92	\$117.69	\$506.77	\$84.00	\$147.23	\$477.23	\$101.08	\$176.77	\$447.69
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$8.77	\$15.69	\$24.92									
EyeMed Vision	\$2.78	\$5.10	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates
ATC, HUPA, and SEIU Unions

Domestic Partner or Ex-Spouse Coverage and no Children												
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$55,000</u>			<u>\$55,000-\$74,999</u>			<u>\$75,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$178.00	\$114.00	\$638.00	\$202.00	\$128.00	\$624.00	\$259.00	\$165.00	\$587.00	\$315.00	\$202.00	\$550.00
BCBS POS	\$235.00	\$152.00	\$638.00	\$259.00	\$166.00	\$624.00	\$316.00	\$203.00	\$587.00	\$372.00	\$240.00	\$550.00
BCBS PPO	\$235.00	\$152.00	\$638.00	\$259.00	\$166.00	\$624.00	\$316.00	\$203.00	\$587.00	\$372.00	\$240.00	\$550.00
HUGHP HMO	\$145.00	\$93.00	\$638.00	\$169.00	\$107.00	\$624.00	\$226.00	\$144.00	\$587.00	\$282.00	\$181.00	\$550.00
HUGHP POS	\$202.00	\$131.00	\$638.00	\$226.00	\$145.00	\$624.00	\$283.00	\$182.00	\$587.00	\$339.00	\$219.00	\$550.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
Delta Dental	\$19.00	\$19.00	\$31.00									
EyeMed Vision	\$6.03	\$6.03	\$0.00									

Domestic Partner or Ex-Spouse Coverage and no Children												
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$55,000</u>			<u>\$55,000-\$74,999</u>			<u>\$75,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HMO	\$82.15	\$52.62	\$294.46	\$93.23	\$59.08	\$288.00	\$119.54	\$76.15	\$270.92	\$145.38	\$93.23	\$253.85
BCBS POS	\$108.46	\$70.15	\$294.46	\$119.54	\$76.62	\$288.00	\$145.85	\$93.69	\$270.92	\$171.69	\$110.77	\$253.85
BCBS PPO	\$108.46	\$70.15	\$294.46	\$119.54	\$76.62	\$288.00	\$145.85	\$93.69	\$270.92	\$171.69	\$110.77	\$253.85
HUGHP HMO	\$66.92	\$42.92	\$294.46	\$78.00	\$49.38	\$288.00	\$104.31	\$66.46	\$270.92	\$130.15	\$83.54	\$253.85
HUGHP POS	\$93.23	\$60.46	\$294.46	\$104.31	\$66.92	\$288.00	\$130.62	\$84.00	\$270.92	\$156.46	\$101.08	\$253.85
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals employee + spouse/domestic partner rate								
Delta Dental	\$8.77	\$8.77	\$14.31									
EyeMed Vision	\$2.78	\$2.78	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

Domestic Partner or Ex-Spouse Coverage with no Children or only Qualified Children												
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$194.00	\$114.00	\$638.00	\$219.00	\$128.00	\$624.00	\$281.00	\$165.00	\$587.00	\$342.00	\$202.00	\$550.00
BCBS POS	\$257.00	\$152.00	\$638.00	\$282.00	\$166.00	\$624.00	\$344.00	\$203.00	\$587.00	\$405.00	\$240.00	\$550.00
BCBS PPO	\$257.00	\$152.00	\$638.00	\$282.00	\$166.00	\$624.00	\$344.00	\$203.00	\$587.00	\$405.00	\$240.00	\$550.00
HUGHP HMO	\$158.00	\$93.00	\$638.00	\$183.00	\$107.00	\$624.00	\$245.00	\$144.00	\$587.00	\$306.00	\$181.00	\$550.00
HUGHP POS	\$221.00	\$131.00	\$638.00	\$246.00	\$145.00	\$624.00	\$308.00	\$182.00	\$587.00	\$369.00	\$219.00	\$550.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$33.00	\$18.00	\$30.00									
EyeMed Vision	\$8.61	\$6.62	\$0.00									

Domestic Partner or Ex-Spouse Coverage with no Children or only Qualified Children												
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HMO	\$89.54	\$52.62	\$294.46	\$101.08	\$59.08	\$288.00	\$129.69	\$76.15	\$270.92	\$157.85	\$93.23	\$253.85
BCBS POS	\$118.62	\$70.15	\$294.46	\$130.15	\$76.62	\$288.00	\$158.77	\$93.69	\$270.92	\$186.92	\$110.77	\$253.85
BCBS PPO	\$118.62	\$70.15	\$294.46	\$130.15	\$76.62	\$288.00	\$158.77	\$93.69	\$270.92	\$186.92	\$110.77	\$253.85
HUGHP HMO	\$72.92	\$42.92	\$294.46	\$84.46	\$49.38	\$288.00	\$113.08	\$66.46	\$270.92	\$141.23	\$83.54	\$253.85
HUGHP POS	\$102.00	\$60.46	\$294.46	\$113.54	\$66.92	\$288.00	\$142.15	\$84.00	\$270.92	\$170.31	\$101.08	\$253.85
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$15.23	\$8.31	\$13.85									
EyeMed Vision	\$3.97	\$3.06	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates HUCTW Union

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children 2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction *	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$114.00	\$194.00	\$1,085.00	\$128.00	\$219.00	\$1,060.00	\$165.00	\$281.00	\$998.00	\$202.00	\$342.00	\$937.00
BCBS POS	\$152.00	\$257.00	\$1,085.00	\$166.00	\$282.00	\$1,060.00	\$203.00	\$344.00	\$998.00	\$240.00	\$405.00	\$937.00
BCBS PPO	\$152.00	\$257.00	\$1,085.00	\$166.00	\$282.00	\$1,060.00	\$203.00	\$344.00	\$998.00	\$240.00	\$405.00	\$937.00
HUGHP HMO	\$93.00	\$158.00	\$1,085.00	\$107.00	\$183.00	\$1,060.00	\$144.00	\$245.00	\$998.00	\$181.00	\$306.00	\$937.00
HUGHP POS	\$131.00	\$221.00	\$1,085.00	\$145.00	\$246.00	\$1,060.00	\$182.00	\$308.00	\$998.00	\$219.00	\$369.00	\$937.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$18.00	\$33.00	\$54.00									
EyeMed Vision	\$6.62	\$8.61	\$0.00									

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children 2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$60,000</u>			<u>\$60,000-\$79,999</u>			<u>\$80,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HMO	\$52.62	\$89.54	\$500.77	\$59.08	\$101.08	\$489.23	\$76.15	\$129.69	\$460.62	\$93.23	\$157.85	\$432.46
BCBS POS	\$70.15	\$118.62	\$500.77	\$76.62	\$130.15	\$489.23	\$93.69	\$158.77	\$460.62	\$110.77	\$186.92	\$432.46
BCBS PPO	\$70.15	\$118.62	\$500.77	\$76.62	\$130.15	\$489.23	\$93.69	\$158.77	\$460.62	\$110.77	\$186.92	\$432.46
HUGHP HMO	\$42.92	\$72.92	\$500.77	\$49.38	\$84.46	\$489.23	\$66.46	\$113.08	\$460.62	\$83.54	\$141.23	\$432.46
HUGHP POS	\$60.46	\$102.00	\$500.77	\$66.92	\$113.54	\$489.23	\$84.00	\$142.15	\$460.62	\$101.08	\$170.31	\$432.46
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$8.31	\$15.23	\$24.92									
EyeMed	\$3.06	\$3.97	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates HUSPMGU and Local 26 Unions

Domestic Partner or Ex-Spouse Coverage with no Children or only Qualified Children 2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$194.00	\$114.00	\$638.00	\$219.00	\$128.00	\$624.00	\$281.00	\$165.00	\$587.00	\$281.00	\$165.00	\$587.00
BCBS POS	\$257.00	\$152.00	\$638.00	\$282.00	\$166.00	\$624.00	\$344.00	\$203.00	\$587.00	\$344.00	\$203.00	\$587.00
BCBS PPO	\$257.00	\$152.00	\$638.00	\$282.00	\$166.00	\$624.00	\$344.00	\$203.00	\$587.00	\$344.00	\$203.00	\$587.00
HUGHP HMO	\$158.00	\$93.00	\$638.00	\$183.00	\$107.00	\$624.00	\$245.00	\$144.00	\$587.00	\$245.00	\$144.00	\$587.00
HUGHP POS	\$221.00	\$131.00	\$638.00	\$246.00	\$145.00	\$624.00	\$308.00	\$182.00	\$587.00	\$308.00	\$182.00	\$587.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$33.00	\$18.00	\$30.00									
EyeMed Vision	\$8.61	\$6.62	\$0.00									

Domestic Partner or Ex-Spouse Coverage with no Children or only Qualified Children 2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	Less than \$55,000			\$55,000-\$74,999			\$75,000-\$99,999			\$100,000 and above		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HMO	\$72.92	\$42.92	\$294.46	\$84.46	\$49.38	\$288.00	\$113.08	\$66.46	\$270.92	\$113.08	\$66.46	\$270.92
BCBS POS	\$102.00	\$60.46	\$294.46	\$113.54	\$66.92	\$288.00	\$142.15	\$84.00	\$270.92	\$142.15	\$84.00	\$270.92
BCBS PPO	\$89.54	\$52.62	\$294.46	\$101.08	\$59.08	\$288.00	\$129.69	\$76.15	\$270.92	\$129.69	\$76.15	\$270.92
HUGHP HMO	\$118.62	\$70.15	\$294.46	\$130.15	\$76.62	\$288.00	\$158.77	\$93.69	\$270.92	\$158.77	\$93.69	\$270.92
HUGHP POS	\$118.62	\$70.15	\$294.46	\$130.15	\$76.62	\$288.00	\$158.77	\$93.69	\$270.92	\$158.77	\$93.69	\$270.92
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$15.23	\$8.31	\$13.85									
EyeMed Vision	\$3.97	\$3.06	\$0.00									

Harvard University Domestic Partner and Ex-Spouse Rates
HUSPMGU and Local 26 Unions

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children												
2022 Medical/Dental/Vision Rates MONTHLY Taxable Income Chart												
Health Plan	<u>Less than \$55,000</u>			<u>\$55,000-\$74,999</u>			<u>\$75,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Monthly
BCBS HMO	\$114.00	\$194.00	\$1,085.00	\$128.00	\$219.00	\$1,060.00	\$165.00	\$281.00	\$998.00	\$202.00	\$342.00	\$937.00
BCBS POS	\$152.00	\$257.00	\$1,085.00	\$166.00	\$282.00	\$1,060.00	\$203.00	\$344.00	\$998.00	\$240.00	\$405.00	\$937.00
BCBS PPO	\$152.00	\$257.00	\$1,085.00	\$166.00	\$282.00	\$1,060.00	\$203.00	\$344.00	\$998.00	\$240.00	\$405.00	\$937.00
HUGHP HMO	\$93.00	\$158.00	\$1,085.00	\$107.00	\$183.00	\$1,060.00	\$144.00	\$245.00	\$998.00	\$181.00	\$306.00	\$937.00
HUGHP POS	\$131.00	\$221.00	\$1,085.00	\$145.00	\$246.00	\$1,060.00	\$182.00	\$308.00	\$998.00	\$219.00	\$369.00	\$937.00
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$18.00	\$33.00	\$54.00									
EyeMed Vision	\$6.62	\$8.61	\$0.00									

Domestic Partner or Ex-Spouse Coverage and any Non-Qualified Children												
2022 Medical/Dental/Vision Rates BI-WEEKLY Taxable Income Chart												
Health Plan	<u>Less than \$55,000</u>			<u>\$55,000-\$74,999</u>			<u>\$75,000-\$99,999</u>			<u>\$100,000 and above</u>		
	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly	Pre-Tax Deduction*	Post-Tax Deduction*	Imp. Income Biweekly
BCBS HMO	\$52.62	\$89.54	\$500.77	\$59.08	\$101.08	\$489.23	\$76.15	\$129.69	\$460.62	\$93.23	\$157.85	\$432.46
BCBS POS	\$70.15	\$118.62	\$500.77	\$76.62	\$130.15	\$489.23	\$93.69	\$158.77	\$460.62	\$110.77	\$186.92	\$432.46
BCBS PPO	\$70.15	\$118.62	\$500.77	\$76.62	\$130.15	\$489.23	\$93.69	\$158.77	\$460.62	\$110.77	\$186.92	\$432.46
HUGHP HMO	\$42.92	\$72.92	\$500.77	\$49.38	\$84.46	\$489.23	\$66.46	\$113.08	\$460.62	\$83.54	\$141.23	\$432.46
HUGHP POS	\$60.46	\$102.00	\$500.77	\$66.92	\$113.54	\$489.23	\$84.00	\$142.15	\$460.62	\$101.08	\$170.31	\$432.46
Dental/Vision	All Pay Levels			*Total of pre-tax and post-tax deductions equals family rate								
Delta Dental	\$8.31	\$15.23	\$24.92									
EyeMed Vision	\$3.06	\$3.97	\$0.00									