



UNIVERSITY OF MICHIGAN

BENEFIT RESOURCES FOR SAME-SEX DOMESTIC PARTNERS

M *Human Resources
& Affirmative Action*
Benefits Office



UNIVERSITY OF MICHIGAN SAME-SEX DOMESTIC PARTNER POLICY

POLICY STATEMENT

In September 1993, the University of Michigan Board of Regents revised Regental By-Law 14.06 to read:

The University is committed to a policy of nondiscrimination and equal opportunity for all persons regardless of race, sex, color, religion, creed, national origin or ancestry, age, marital status, sexual orientation, disability, or Vietnam-era veteran status.

The University is committed to equal and nondiscriminatory treatment for all faculty and staff in the administration of benefits programs, including the extension of benefits to same-sex domestic partners. For the purpose of this policy statement, any benefits, privileges, rights and responsibilities that accrue to spouses of University faculty and staff by virtue of their status as spouses will accrue to committed same-sex partners of University faculty and staff by virtue of their status as same-sex partners.

A FEW WORDS ABOUT CONFIDENTIALITY

At the University of Michigan, all benefit elections — and the identities of covered dependents — are treated with the highest degree of confidentiality and sensitivity. Information about employee elections regarding same-sex domestic partner benefits will be subject to the same processes and protocols in place for all employee data.

Currently, employee information is maintained behind the University's firewall and is subject to very strict internal data access and security requirements. Internal and external access to employee benefit data is limited to only those individuals directly responsible for managing data and entering employee elections. This is also true for same-sex domestic partner coverage. The University adheres to external data and documentation requirements as mandated by IRS tax reporting. Additionally, the University must share employee data with insurance carriers and/or medical and dental claims administrators so that doctors, dentists, and other healthcare providers have necessary coverage and claims-paying information. Please keep in mind that, as always, the University is committed to ensuring your employee information remains confidential and private — data is shared only on a strict need-to-know basis.

FOR MORE INFORMATION

If you have questions about your benefits in general, please contact the HR/Payroll Service Center at 734-615-2000 (5-2000 from the Ann Arbor campus) or 1-866-647-7657 (toll free in the U.S). Representatives are available to assist you Monday – Friday, 8:00 a.m. – 5:00 p.m. For guidance specific to same-sex partner benefits, please ask to speak to a representative in the Benefits Office dedicated to same-sex domestic partner benefits.

ELIGIBILITY

If you are eligible for benefits at the University of Michigan, you can cover your same-sex domestic partner. To be eligible, you and your partner must:

- Be of the same sex; and
- Not be legally married to another individual; and
- Not be related to each other by blood in a manner that would bar marriage; and
- Have registered or declared the Domestic Partnership in the manner authorized by a municipality or other government entity; and
- Have allowed at least six months to pass since the dissolution of a previous same-sex domestic partnership in the manner authorized by a municipality or other government entity.

Plans

If you and your partner meet these criteria, you may add your partner to your eligible benefit plans which, depending on your appointment status, may include:

- Medical insurance
- Dental coverage
- Vision plan
- Legal plan
- Optional group life insurance coverage
- Flexible Spending Accounts*

** Due to IRS regulations, expenses of your domestic partner and/or your partner's children can be submitted for reimbursement under a FSA only if they qualify as eligible dependents that you can claim on your federal income tax return.*

For benefit plan eligibility, refer to the Enrollment section of the Benefits Office Web site at www.umich.edu/~benefits/enrollment and for information on the benefits plans, view Benefits Plans at www.umich.edu/~benefits/plans.

Covering Dependents of a Domestic Partner

In addition to coverage for a domestic partner, faculty and staff may also elect coverage for the qualified child(ren) of a domestic partner. The dependent child(ren) of a domestic partner are eligible for coverage through the end of the month* they turn 25 if they:

- Live primarily with you but may be temporarily away from home attending school or visiting the other parent; and
- Are claimed as a dependent on your or your partner's most recent income tax return; and
- Are not eligible for coverage through the University as an employee; and
- Are not already covered through the University as a dependent on another University employee's coverage.

** As of January 1, 2004*

ENROLLMENT, CHANGES, AND TERMINATION OF COVERAGE

Generally, there are three times when you can add your partner to your benefits at the University of Michigan:

1. As a newly hired or newly eligible faculty or staff member.
2. After experiencing an eligible job status or family status change (mid-year status change).
3. During the annual Open Enrollment period.

1. New Hire or Newly Benefits Eligible

If you are newly hired or newly benefits eligible at the University, you have a 60-day enrollment period for most plans. If you wish coverage for your partner, you will need to list him or her on the Personal Enrollment Worksheet you will receive at your home address. Coverage begins on your service or eligibility date if you enroll within 60 days of the response date indicated on your Personal Enrollment Worksheet. (Note: Failure to make your benefit elections within the required timeframe will result in a default of "No Coverage" in most instances. For details refer to Failure to Enroll in the Enrollment section of the Benefits Office Web site at www.umich.edu/~benefits/enrollment.)

Your partner will have the same effective date of coverage as you. No additional documentation is required beyond the information requested on your Personal Enrollment Worksheet.

2. Mid-Year Status Changes

Generally, when you enroll in benefits as a newly hired or newly eligible faculty or staff member, your enrollment begins on your service date, and you cannot make any changes until Open Enrollment. However, if you experience a mid year change in status that results in a gain or loss of eligibility for coverage, you may be able to make certain adjustments to your benefits if the benefit change corresponds with the gain or loss of eligibility for coverage. When you experience a status change you need to contact the HR/Payroll Service Center within 30 days of the event. If you do not, you must wait until the next Open Enrollment to make the change. For a mid-year status change, you will be asked to provide documentation of the change.

Examples of Mid Year Status Changes:

New Partnership

Beginning a new partnership is a change in status that would allow you to change from one-person medical coverage to two-person medical coverage because acquiring a new dependent is consistent with a dependent's gain in eligibility for medical coverage. Changing medical plan options would not be permissible, however, unless there was also a corresponding change in residence for both you and your partner (i.e., changing from M-CARE HMO to Blue Cross/United of Omaha would be allowed if you were also moving outside of M-CARE's service area causing a loss of eligibility to participate in the M-CARE HMO plan.) You have 30 days to enroll your partner from the date you and your partner register or declare your relationship with a municipality or governmental entity. You must complete and return required benefits change forms along with a copy of the registration or notarized uniform declaration form provided by a City Clerk's office to make this addition. The coverage effective date for your partner is retroactive to the date of your registration or declaration. A multiple deduction may be required to bring your account up to date if you experience a deduction rate change. Any required retroactive imputed income assessments will also be deducted from your paycheck occurring after the next scheduled payroll cut-off date.

Loss of Other Coverage

If your partner involuntarily loses his or her employer sponsored group health insurance; Medicaid or Medicare insurance, he or she can be enrolled onto your University group insurance coverage. Documentation of the loss of coverage will be required. Application must be made within 30 days from the date your partner's coverage ends. Coverage becomes effective the date after your partner's loss of coverage date. A multiple payroll deduction may be required if you experience a deduction rate change and any required retroactive imputed income assessments will be deducted from your paycheck occurring after the next scheduled payroll cut-off date.

The events above are only two examples of change of status events that allow a mid-year change of your coverage level. Refer to Life Events at www.umich.edu/~benefits/events for additional information.

3. Annual Open Enrollment Period

Open Enrollment is an annual event (usually in October) during which you can enroll in new benefits, add or delete dependents, or change your current benefits enrollments for the upcoming year, effective January 1st. Complete information on the plans and any changes, along with an Open Enrollment Personal Enrollment Worksheet showing your current coverage, will be mailed to you before Open Enrollment begins. No additional documentation is required beyond the necessary steps listed in the Open Enrollment materials mailed to you. Any additions or deletions made during Open Enrollment are effective January 1st of the following calendar year. Please note: Any dependent removed during Open Enrollment will not be offered the opportunity to continue coverage as provided under the Consolidated Omnibus Budget Reconciliation Act of 1986 or "COBRA."

Refer to Enrollment www.umich.edu/~benefits/enrollment for complete instructions on enrolling for benefits.

Termination of Domestic Partnership

If you and your partner terminate your relationship, your partner is no longer an eligible dependent and you must remove your partner from your benefits within 30 days of the termination. Failure to provide written notification of the dissolution of your domestic partnership within 30 days may result in additional and unwanted imputed income, in addition to claims and premium costs you. If you report the termination within 60 days, COBRA continuation will still be sent to your partner. Failure to report dissolution of your relationship after 60 days will result in forfeiture of your partner's rights to COBRA continuation.

Your partner's children must also be removed when they no longer meet the eligibility criteria for each benefit. If they are removed within the same time frames discussed above, COBRA continuation information will be sent so that coverage may be continued.

TAXATION OF PARTNER COVERAGE: WHAT YOU NEED TO KNOW

Faculty and staff members who are considering applying for same sex domestic partner benefits should be aware of the potential tax consequences. This brief description is not intended as tax or legal advice but rather to alert employees of potential tax ramifications.

Imputed Income

You and the University share the cost of covering a same-sex domestic partner and/or his/her eligible dependent children—the same as you would for coverage of a spouse and your own eligible dependent children. However, there are additional financial and tax implications to consider. The Internal Revenue Service (IRS) has determined that the University's cost of providing benefits for same-sex domestic partners and their children who do not meet the IRC Section 152 definition of qualified dependents is considered ordinary or "imputed income" and is, therefore, subject to taxes. The University must report the fair market value (FMV) of an employee's domestic partner benefits as wages or "imputed income" to the Internal Revenue Service resulting in increased taxable gross income for federal, state and city (where applicable) income taxes as well as for FICA (Social Security and Medicare) taxes withheld from the employee's paycheck. As a result, the cost to the employee of obtaining benefits for a same-sex domestic partner is actually more than just the cost of the employee's required bi-weekly or monthly premium. Additionally, if an employee elects to pay, or is defaulted to premium deductions on a pre-tax basis, the employee contribution amount attributable to domestic partner coverage is converted to an after-tax deduction.

Your imputed income for taxes attributable to your partner and/or their children's coverage will be reported on one line item within the Hours and Earnings box described as Dependent Personal Insurance on your bi-weekly or monthly pay stub. This amount will represent the University's cost of providing benefits for your partner and/or their children as well as any employee pre-tax deductions attributable to domestic partner coverage that must be converted to an after-tax deduction. The effect of reporting this amount as Dependent Personal Insurance will "gross-up" your actual gross earnings so that required taxes on the imputed income will be deducted from your monthly or first and second biweekly paychecks of the month.

Imputed income does not affect calculations for University-sponsored life or retirement or disability income. Nor does imputed income affect dependent life or legal plan coverage because both benefits are paid entirely by the employee and deductions are always taken on an after-tax basis.

To help you calculate the approximate amount and impact of the additional annual taxes you will pay on this imputed income, complete the Tax Worksheet for Same-Sex Domestic Partner Benefits that is included with this information guide. The worksheet can also be downloaded from the Benefits Office Web site or may be obtained by emailing your request to benefits.office@umich.edu or by contacting the HR/Payroll Service Center at 734-615-2000 (5-2000 from the Ann Arbor campus) or 1-866-647-7657 (toll free).

An Exception to the Rule: *Dependents for Federal Income Tax Purposes*

If your same-sex domestic partner and/or his/her eligible dependent children qualify as your dependents for federal income tax purposes, the University costs for their benefits are not considered taxable income to you.

According to the Internal Revenue Code, your same-sex domestic partner and/or his/her children can be claimed as dependents for federal income tax purposes (on your tax return) for any calendar year in which they are:

- Receiving over 50% of his or her support from you for the year
- Citizens, nationals or residents of the United States;
- Living with you and a member of your household; and
- In a relationship with you that does not violate local laws.

The University will assume your same-sex domestic partner (or your partner's child) DOES NOT qualify as your tax dependent under Section 152 of the Internal Revenue Code unless a Declaration of Tax Dependency Form is completed each tax year and is on file with the Benefits Office. A Declaration of Tax Dependency Form can be downloaded from the Benefits Office Web site or may be obtained by emailing your request to:

benefits.office@umich.edu or by contacting the HR/Payroll Service Center at 734-615-2000 (5-2000 from the Ann Arbor campus) or 1-866-647-7657 (toll free).

If you have any questions about tax dependency requirements, the University recommends that you contact the Internal Revenue Service and request a copy of IRS Publication 17 — “Your Federal Income Tax for Individuals.” This publication contains tax dependent information as well as tables to determine who is a tax qualified dependent. We also strongly suggest you consult a tax advisor before claiming your same-sex domestic partner and/or his/her children as your dependents for federal income tax purposes.

MAKING COVERAGE DECISIONS

After calculating the total cost of same-sex domestic partner benefits—in terms of your additional pre-tax contributions and additional taxes on any imputed income—you may find that same-sex domestic partner benefits don't make sense for you. In fact, it may be less expensive for your same-sex domestic partner to keep the coverage offered by his/her own employer, if available. However, if other group coverage is not available to your same-sex domestic partner, you'll probably determine that coverage through the University of Michigan is a very attractive and cost-effective alternative to individual benefits coverage.

RESOURCES

Registration: Options for Declaring a Same-Sex Domestic Partnership

Regulations concerning registering a same-sex domestic partnership may vary between municipalities. The Ann Arbor City Council approved a Domestic Partnership Ordinance in 1991.

Ann Arbor -Two Ways to Enter a Partnership

Both Ann Arbor residents and non-residents are eligible to complete a Declaration of Domestic Partnership. This form must be notarized by a notary public and signed by two witnesses.

The Declaration of Domestic Partnership can be registered or kept in private. To register the Declaration, the form must be filed with the Ann Arbor City Clerk. After three working days, the Clerk will then issue a Certificate of Domestic Partnership. The Declaration then becomes a public document available for others to see. For private registration, the Declaration is not registered with the City Clerk; the partners retain all copies. A Certificate of Domestic Partnership is not sent and no public record of the partnership would exist.

Forms and information may be obtained from:

City Clerk's Office
City of Ann Arbor
100 North Fifth Avenue
Ann Arbor, MI 48108
(734) 994-2725

Other Municipalities and Governmental Entities

Many other municipalities and governmental entities recognize and register same-sex domestic partnerships meeting University of Michigan's eligibility requirements. Registration in Ann Arbor is not a requirement. If your partnership satisfies the criteria outlined in the “Eligibility” section above, any benefits that accrue to spouses will accrue to committed same-sex partners of University faculty and staff by virtue of their status as same-sex partners.

FINAL NOTE

No information contained herein is intended or should be construed as tax advice. Employees are encouraged to consult a qualified tax advisor before electing this coverage.

The University reserves the right to change, amend, or terminate the plans at any time. This benefits overview is not intended to give rise to any right to employment, continued employment, or any benefit with or from the University of Michigan.

2005 Tax Worksheet for Same-Sex Domestic Partner Benefits

You and the University share the cost of covering a same-sex domestic partner and/or his/her eligible dependent children—the same as you would for coverage of a spouse and your own eligible dependent children. However, there are additional financial and tax implications to consider. The Internal Revenue Service (IRS) has determined that the University's cost of providing benefits for same-sex domestic partners and their children who do not meet the IRC Section 152 definition of qualified dependents is considered ordinary or "imputed income" and is, therefore, subject to taxes. The University must report the fair market value (FMV) of an employee's domestic partner benefits as wages or "imputed income" to the Internal Revenue Service resulting in increased taxable gross income for federal, state and city (where applicable) income taxes as well as for FICA (Social Security and Medicare) taxes withheld from the employee's paycheck. As a result, the cost to the employee of obtaining benefits for a same-sex domestic partner is actually more than just the cost of the employee's required bi-weekly or monthly premium. Additionally, if an employee elects to pay, or is defaulted to premium deductions on a pre-tax basis, the employee contribution amount attributable to domestic partner coverage is converted to an after-tax deduction.

To help you calculate the approximate amount of additional 2005 annual taxes you will pay on this imputed income, complete the worksheet below. When completing the worksheet two taxation issues must be considered. The first issue is the University's cost of providing benefits for your same-sex domestic partners and their children who do not meet the IRC Section 152 definition of qualified dependents. The second taxation issue is the treatment of your employee contributions for coverage. The part of the employee contributions for non-qualifying Section 152 dependents cannot be deducted on a pre-tax basis because they are not eligible for the IRC Section 125 treatment. Payroll systems can provide a means to allow employees to continue to have medical plan deductions for their own portion and that of their qualified dependents pre-taxed if they have opted for this choice. However, that portion of the employee's deduction attributable to a non-qualifying dependent(s) will need to be converted to an after-tax deduction.

Tax Worksheet Instructions

Find your medical, dental and/or vision imputed income amount from the Imputed Income Tax Tables. Fill in each box below where applicable and follow the instructions through step 10 to arrive at the approximate amount of additional 2005 annual taxes you may be assessed for covering your partner and their children who do not meet the IRC Section 152 definition of qualified dependents. Keep in mind there are many variables that can affect this estimation, particularly your current tax bracket.

| 2005 Imputed Income Worksheet | |
|--|-----------|
| 1. Your monthly imputed income for medical coverage | \$ |
| 2. Your monthly imputed income for dental coverage | \$ |
| 3. Your monthly-imputed income for vision coverage. | \$ |
| 4. Total monthly imputed income (add lines 1 through 3) | \$ |
| 5a. Enter # of months your partner will be covered under your UM coverage | 5a) _____ |
| 5b. Total 2005 imputed income (Line 4 x Line 5a) | 5b) _____ |
| 6a. Enter your federal income tax rate (.28 or other) | 6a) _____ |
| 6b. Estimated 2005 federal income taxes (Line 5b x Line 6a) | 6b) _____ |
| 7a. Enter your state income tax rate (.039 for Michigan) | 7a) _____ |
| 7b. Estimated 2005 state income taxes (Line 5b x Line 7a) | 7b) _____ |
| 8a. Enter your city tax rate, if any | 8a) _____ |
| 8b. Estimated 2005 city income taxes (Line 5b x Line 8a) | 8b) _____ |
| 9a. Enter the amount shown on Line 5b | 9a) _____ |
| 9b. Estimated FICA taxes (Line 9a by .0765) | 9b) _____ |
| 10. Add lines 6b (Federal), 7b (State), and 8b (City), and 9b (FICA taxes) | \$ |
| This is the total estimated 2005 taxes you must pay on the imputed income. | |

Please Note: This worksheet is not intended as tax advice but rather to alert employees of potential tax ramifications. Imputed income does not affect calculations for University-sponsored life or retirement or disability benefits. Nor does imputed income affect dependent life or legal plan coverage because both benefits are paid entirely by the employee and deductions are always taken on an after-tax basis.

2005 Imputed Income Tax Tables

The Imputed Income Tables below reflect the additional taxation required to cover your partner and their children depending on your benefit plan, coverage level and deviations due to union membership. Find your benefit plan elections and coverage level on the chart. For medical you will need to also find any union deviations for EE + Adult + Children coverage as well as the tax treatment of your employee contribution --- is your deduction taken on a pre-tax or after-tax basis?

(This Table Does Not Apply to AFSCME)

| 2005 Imputed Income Tax Table for Medical Plans | | | Your Monthly Employee Contribution for Coverage | Additional Monthly Taxable Income | |
|---|--------------------------------|--|---|-----------------------------------|---------------------------------|
| Plan | Worksheet Coverage Description | Same-Sex Domestic Partner Coverage Level | | Pre-Tax Employee Contribution | After-Tax Employee Contribution |
| BCBSM Community Blue PPO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 149.76 | \$ 353.14 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 231.58 | \$ 452.00 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 231.58 | \$ 642.70 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 103.84 | \$ 190.70 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 103.84 | \$ 190.70 | \$ 136.80 |
| Members of IUOE | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 224.14 | \$ 452.00 | \$ 331.70 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 224.14 | \$ 642.70 | \$ 468.50 |
| BCBSM & United | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 436.86 | \$ 496.68 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 636.42 | \$ 635.76 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 636.42 | \$ 903.98 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 324.92 | \$ 268.22 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 324.92 | \$ 268.22 | \$ 136.80 |
| Members of HOA | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 589.84 | \$ 635.76 | \$ 370.84 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 589.84 | \$ 903.98 | \$ 507.64 |
| Members of IUOE | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 628.98 | \$ 635.76 | \$ 331.70 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 628.98 | \$ 903.98 | \$ 468.50 |
| Care Choices HMO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 98.30 | \$ 327.40 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 159.04 | \$ 419.06 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 159.04 | \$ 595.88 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 64.24 | \$ 176.82 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 64.24 | \$ 176.82 | \$ 136.80 |
| Members of IUOE | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 151.60 | \$ 419.06 | \$ 331.70 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 151.60 | \$ 595.88 | \$ 468.50 |
| BCBSM Comprehensive Major Medical (CMM) | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 26.66 | \$ 291.58 | \$ 264.92 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 58.02 | \$ 373.22 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 58.02 | \$ 530.68 | \$ 472.66 |
| | EE + 1 Child | EE + Partner's Child | \$ 9.06 | \$ 157.46 | \$ 148.40 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 9.06 | \$ 157.46 | \$ 148.40 |
| Members of IUOE | | | | | |
| | EE + 1 Adult | Employee + Partner | - 0 - | \$ 291.58 | \$ 291.58 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | - 0 - | \$ 373.22 | \$ 373.22 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | - 0 - | \$ 530.68 | \$ 530.68 |
| | EE + 1 Child | EE + Partner's Child | - 0 - | \$ 157.46 | \$ 157.46 |
| | EE + 2 or More Children | EE + Partner's Children | - 0 - | \$ 157.46 | \$ 157.46 |

| 2005 Imputed Income Tax Table for Medical Plans | | | Your Monthly Employee Contribution for Coverage | Additional Monthly Taxable Income | |
|--|--------------------------------|--|---|-----------------------------------|---------------------------------|
| Plan | Worksheet Coverage Description | Same-Sex Domestic Partner Coverage Level | | Pre-Tax Employee Contribution | After-Tax Employee Contribution |
| Members of TRADES (BCBSM Comprehensive Major Medical (CMM) – continued) | | | | | |
| | EE + 1 Adult | Employee + Partner | - 0 - | \$ 291.58 | \$ 291.58 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | - 0 - | \$ 373.22 | \$ 373.22 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | - 0 - | \$ 530.68 | \$ 530.68 |
| | EE + 1 Child | EE + Partner's Child | - 0 - | \$ 157.46 | \$ 157.46 |
| | EE + 2 or More Children | EE + Partner's Children | - 0 - | \$ 157.46 | \$ 157.46 |
| GradCare | | | | | |
| | EE + 1 Adult | Employee + Partner | - 0 - | \$ 238.00 | \$ 238.00 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | - 0 - | \$ 304.64 | \$ 304.64 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | - 0 - | \$ 433.18 | \$ 433.18 |
| | EE + 1 Child | EE + Partner's Child | - 0 - | \$ 128.54 | \$ 128.54 |
| | EE + 2 or More Children | EE + Partner's Children | - 0 - | \$ 128.54 | \$ 128.54 |
| HAP HMO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 96.42 | \$ 326.46 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 156.40 | \$ 417.88 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 156.40 | \$ 594.18 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 62.78 | \$ 176.30 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 62.78 | \$ 176.30 | \$ 136.80 |
| Members of IUO | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 148.96 | \$ 417.88 | \$ 331.70 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 148.96 | \$ 594.18 | \$ 468.50 |
| M-CARE HMO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 67.10 | \$ 311.80 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 115.06 | \$ 399.12 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 115.06 | \$ 567.50 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 40.20 | \$ 168.38 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 40.20 | \$ 168.38 | \$ 136.80 |
| Members of IUO | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 107.62 | \$ 399.12 | \$ 331.70 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 107.62 | \$ 567.50 | \$ 468.50 |
| M-CARE POS | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 164.22 | \$ 360.36 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 251.98 | \$ 461.24 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 251.98 | \$ 655.86 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 115.00 | \$ 194.62 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 115.00 | \$ 194.62 | \$ 136.80 |
| Members of IUOE | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 244.54 | \$ 461.24 | \$ 331.70 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 244.54 | \$ 655.86 | \$ 468.50 |
| M-CARE PPO PLUS | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 102.66 | \$ 329.58 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 165.18 | \$ 421.86 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 165.18 | \$ 599.84 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 67.58 | \$ 177.98 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 67.58 | \$ 177.98 | \$ 136.80 |
| Members of IUOE | | | | | |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 157.74 | \$ 421.86 | \$ 331.70 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 157.74 | \$ 599.84 | \$ 468.50 |

2005 Imputed Income Tax Table for AFSCME Members

The Imputed Income Tables below reflect the additional taxation required to cover your partner and their children depending on your benefit plan and coverage level. Find your benefit plan elections and coverage level on the chart. For medical you will need to also find the tax treatment of your employee contribution --- is your deduction taken on a pre-tax or after-tax basis?

| 2005 Imputed Income Tax Table for Medical Plans | | | | Monthly Additional Taxable Income | |
|---|--------------------------------|--|---|-----------------------------------|---------------------------------|
| Plan | Worksheet Coverage Description | Same-Sex Domestic Partner Coverage Level | Your Monthly Employee Contribution for Coverage | Pre-Tax Employee Contribution | After-Tax Employee Contribution |
| BCBSM Community Blue PPO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 149.76 | \$ 353.14 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 231.58 | \$ 289.56 | \$ 207.74 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 231.58 | \$ 642.70 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 149.76 | \$ 353.14 | \$ 253.32 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 231.58 | \$ 642.70 | \$ 461.06 |
| BCBSM & United | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 436.86 | \$ 496.68 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 589.84 | \$ 407.30 | \$ 254.32 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 589.84 | \$ 903.98 | \$ 507.64 |
| | EE + 1 Child | EE + Partner's Child | \$ 436.86 | \$ 496.68 | \$ 253.32 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 589.84 | \$ 903.98 | \$ 507.64 |
| Care Choices HMO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 98.30 | \$ 327.40 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 159.04 | \$ 419.06 | \$ 324.26 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 159.04 | \$ 595.88 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 64.24 | \$ 176.82 | \$ 136.80 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 64.24 | \$ 176.82 | \$ 136.80 |
| BCBSM Comprehensive Major Medical (CMM) | | | | | |
| | EE + 1 Adult | Employee + Partner | - 0 - | \$ 291.58 | \$ 291.58 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | - 0 - | \$ 239.10 | \$ 239.10 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | - 0 - | \$ 530.68 | \$ 530.68 |
| | EE + 1 Child | EE + Partner's Child | - 0 - | \$ 291.58 | \$ 291.58 |
| | EE + 2 or More Children | EE + Partner's Children | - 0 - | \$ 530.68 | \$ 530.68 |
| HAP HMO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 96.42 | \$ 326.46 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 156.40 | \$ 267.72 | \$ 207.74 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 156.40 | \$ 594.18 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 96.42 | \$ 326.46 | \$ 253.32 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 156.40 | \$ 594.18 | \$ 461.06 |
| M-CARE HMO | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 67.10 | \$ 311.80 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 115.06 | \$ 255.70 | \$ 207.74 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 115.06 | \$ 567.50 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 67.10 | \$ 311.80 | \$ 253.32 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 115.06 | \$ 567.50 | \$ 461.06 |

| M-CARE POS | | | | | |
|------------------------|-------------------------|--|-----------|-----------|-----------|
| | EE + 1 Adult | Employee + Partner | \$ 164.22 | \$ 360.36 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 251.98 | \$ 295.50 | \$ 207.74 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 251.98 | \$ 655.86 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 164.22 | \$ 360.36 | \$ 253.32 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 251.98 | \$ 655.86 | \$ 461.06 |
| M-CARE PPO PLUS | | | | | |
| | EE + 1 Adult | Employee + Partner | \$ 102.66 | \$ 329.58 | \$ 253.32 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 165.18 | \$ 270.26 | \$ 207.74 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 165.18 | \$ 599.84 | \$ 461.06 |
| | EE + 1 Child | EE + Partner's Child | \$ 102.66 | \$ 329.58 | \$ 253.32 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 165.18 | \$ 599.84 | \$ 461.06 |

2005 Imputed Income Tax Table for Dental and Vision

| Plan | Worksheet Coverage Description | Same-Sex Domestic Partner Coverage Level | Additional Monthly Taxable Income |
|------------------------|--------------------------------|--|-----------------------------------|
| Dental Option 1 | | | |
| | EE + 1 Adult | Employee + Partner | \$ 17.08 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 20.34 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 37.42 |
| | EE + 1 Child | EE + Partner's Child | \$ 17.08 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 37.42 |
| Dental Option 2 | | | |
| | EE + 1 Adult | Employee + Partner | \$ 28.82 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 32.00 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 60.82 |
| | EE + 1 Child | EE + Partner's Child | \$ 28.82 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 60.82 |
| Dental Option 3 | | | |
| | EE + 1 Adult | Employee + Partner | \$ 45.64 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 50.68 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 96.32 |
| | EE + 1 Child | EE + Partner's Child | \$ 45.84 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 96.32 |
| Davis Vision | | | |
| | EE + 1 Adult | Employee + Partner | \$ 6.48 |
| | EE + Adult + Children | Employee + Partner + Employee's Child(ren) | \$ 13.14 |
| | EE + Adult + Children | Employee + Partner + Partner's Child(ren) | \$ 19.62 |
| | EE + 1 Child | EE + Partner's Child | \$ 6.48 |
| | EE + 2 or More Children | EE + Partner's Children | \$ 19.62 |