

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2019 (Chart 1 of 5)**

**Chart 1:**

PLAN NAMES	ANNUAL FULL COST				IMPUTED TAXABLE INCOME		
	INDIVIDUAL	ADULT+CHILD(REN)	2 ADULTS	2 ADULTS+CHILD(REN)	Employee & Domestic Partner		
					INDIVIDUAL-2 ADULTS		
MEDICAL PLANS					Annual	Semimonthly	Weekly
CareFirst (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$8,858.16	\$369.09	\$170.35
CareFirst (union)	\$9,618.96	\$13,986.44	\$20,108.40	\$25,170.60	\$10,489.44	\$437.06	\$201.72
EHP Classic (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$8,858.16	\$369.09	\$170.35
BlueChoice (union)	\$11,765.00	\$17,107.48	\$24,596.00	\$30,787.64	\$12,831.00	\$534.63	\$246.75
Kaiser Permanente (non-union)	\$7,278.48	\$13,828.32	\$15,283.92	\$21,834.72	\$8,005.44	\$333.56	\$153.95
Kaiser Permanente (union)	\$8,258.64	\$15,691.00	\$17,343.04	\$24,774.88	\$9,084.40	\$378.52	\$174.70
BCBS HI/HHWP (PPP)	\$17,823.60	\$35,647.20	\$35,647.20	\$53,470.80	\$17,823.60	\$742.65	\$342.76
DENTAL PLANS							
Delta Standard (non-union)	\$249.12	\$498.24	\$535.68	\$1,083.60	\$286.56	\$11.94	\$5.51
Delta Standard (union)	\$249.08	\$498.16	\$535.60	\$1,083.68	\$286.52	\$11.94	\$5.51
Delta Enhanced (non-union)	\$339.36	\$678.72	\$729.60	\$1,476.00	\$390.24	\$16.26	\$7.50
Delta Enhanced (union)	\$339.04	\$678.60	\$729.56	\$1,475.76	\$390.52	\$16.27	\$7.51
United Concordia (non-union)	\$154.80	\$371.28	\$371.28	\$536.88	\$216.48	\$9.02	\$4.16
United Concordia (union)	\$154.96	\$371.28	\$371.28	\$536.64	\$216.32	\$9.01	\$4.16
VISION PLANS							
EyeMed (non-union)	\$58.80	\$166.44	\$105.72	\$166.44	\$46.92	\$1.96	\$0.90
EyeMed (union)	\$58.80	\$166.44	\$105.72	\$166.44	\$46.92	\$1.96	\$0.90
ACCIDENTAL DEATH & DISMEMBERMENT							
\$10,000.00	\$1.68			\$3.00			
\$50,000.00	\$8.40			\$15.00			
1.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
2.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
4 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2019 (Chart 2 of 5)**

**Chart 2:**

PLAN NAMES	ANNUAL FULL COST				IMPUTED TAXABLE INCOME		
	INDIVIDUAL	ADULT+CHILD(REN)	2 ADULTS	2 ADULTS+CHILD(REN)	Employee & Domestic Partner's child(ren)		
					INDIVIDUAL-ADULT+CHILD(REN)		
MEDICAL PLANS					Annual	Semimonthly	Weekly
CareFirst (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$4,113.12	\$171.38	\$79.10
CareFirst (union)	\$9,618.96	\$13,986.44	\$20,108.40	\$25,170.60	\$4,367.48	\$181.98	\$83.99
EHP Classic (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$4,113.12	\$171.38	\$79.10
BlueChoice (union)	\$11,765.00	\$17,107.48	\$24,596.00	\$30,787.64	\$5,342.48	\$222.60	\$102.74
Kaiser Permanente (non-union)	\$7,278.48	\$13,828.32	\$15,283.92	\$21,834.72	\$6,549.84	\$272.91	\$125.96
Kaiser Permanente (union)	\$8,258.64	\$15,691.00	\$17,343.04	\$24,774.88	\$7,432.36	\$309.68	\$142.93
BCBS HI/HHWP (PPP)	\$17,823.60	\$35,647.20	\$35,647.20	\$53,470.80	\$17,823.60	\$742.65	\$342.76
DENTAL PLANS							
Delta Standard (non-union)	\$249.12	\$498.24	\$535.68	\$1,083.60	\$249.12	\$10.38	\$4.79
Delta Standard (union)	\$249.08	\$498.16	\$535.60	\$1,083.68	\$249.08	\$10.38	\$4.79
Delta Enhanced (non-union)	\$339.36	\$678.72	\$729.60	\$1,476.00	\$339.36	\$14.14	\$6.53
Delta Enhanced (union)	\$339.04	\$678.60	\$729.56	\$1,475.76	\$339.56	\$14.15	\$6.53
United Concordia (non-union)	\$154.80	\$371.28	\$371.28	\$536.88	\$216.48	\$9.02	\$4.16
United Concordia (union)	\$154.96	\$371.28	\$371.28	\$536.64	\$216.32	\$9.01	\$4.16
VISION PLANS							
EyeMed (non-union)	\$58.80	\$166.44	\$105.72	\$166.44	\$107.64	\$4.49	\$2.07
EyeMed (union)	\$58.80	\$166.44	\$105.72	\$166.44	\$107.64	\$4.49	\$2.07
ACCIDENTAL DEATH & DISMEMBERMENT							
\$10,000.00	\$1.68			\$3.00			
\$50,000.00	\$8.40			\$15.00			
1.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
2.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
4 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2019 (Chart 3 of 5)**

**Chart 3:**

PLAN NAMES	ANNUAL FULL COST				IMPUTED TAXABLE INCOME		
	INDIVIDUAL	ADULT+CHILD(REN)	2 ADULTS	2 ADULTS+CHILD(REN)	Employee, Domestic Partner & Domestic Partner's child(ren)		
					INDIVIDUAL-2 ADULTS+CHILD(REN)		
MEDICAL PLANS					Annual	Semimonthly	Weekly
CareFirst (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$13,199.52	\$549.98	\$253.84
CareFirst (union)	\$9,618.96	\$13,986.44	\$20,108.40	\$25,170.60	\$15,551.64	\$647.99	\$299.07
EHP Classic (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$13,199.52	\$549.98	\$253.84
BlueChoice (union)	\$11,765.00	\$17,107.48	\$24,596.00	\$30,787.64	\$19,022.64	\$792.61	\$365.82
Kaiser Permanente (non-union)	\$7,278.48	\$13,828.32	\$15,283.92	\$21,834.72	\$14,556.24	\$606.51	\$279.93
Kaiser Permanente (union)	\$8,258.64	\$15,691.00	\$17,343.04	\$24,774.88	\$16,516.24	\$688.18	\$317.62
BCBS HI/HHWP (PPP)	\$17,823.60	\$35,647.20	\$35,647.20	\$53,470.80	\$35,647.20	\$1,485.30	\$685.52
DENTAL PLANS						\$0.00	\$0.00
Delta Standard (non-union)	\$249.12	\$498.24	\$535.68	\$1,083.60	\$834.48	\$34.77	\$16.05
Delta Standard (union)	\$249.08	\$498.16	\$535.60	\$1,083.68	\$834.60	\$34.78	\$16.05
Delta Enhanced (non-union)	\$339.36	\$678.72	\$729.60	\$1,476.00	\$1,136.64	\$47.36	\$21.86
Delta Enhanced (union)	\$339.04	\$678.60	\$729.56	\$1,475.76	\$1,136.72	\$47.36	\$21.86
United Concordia (non-union)	\$154.80	\$371.28	\$371.28	\$536.88	\$382.08	\$15.92	\$7.35
United Concordia (union)	\$154.96	\$371.28	\$371.28	\$536.64	\$381.68	\$15.90	\$7.34
VISION PLANS							
EyeMed (non-union)	\$58.80	\$166.44	\$105.72	\$166.44	\$107.64	\$4.49	\$2.07
EyeMed (union)	\$58.80	\$166.44	\$105.72	\$166.44	\$107.64	\$4.49	\$2.07
ACCIDENTAL DEATH & DISMEMBERMENT							
\$10,000.00	\$1.68			\$3.00	\$1.32	\$0.06	
\$50,000.00	\$8.40			\$15.00	\$6.60	\$0.28	
1.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000	\$0.13 per \$1,000	\$0.13 per \$1,000/24	
2.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000	\$0.13 per \$1,000	\$0.13 per \$1,000/24	
4 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000	\$0.13 per \$1,000	\$0.13 per \$1,000/24	

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2019 (Chart 4 of 5)**

**Chart 4:**

PLAN NAMES	ANNUAL FULL COST				IMPUTED TAXABLE INCOME		
	INDIVIDUAL	ADULT+CHILD(REN)	2 ADULTS	2 ADULTS+CHILD(REN)	Employee, Employee's child(ren), Domestic Partner, & Domestic Partner's child(ren)		
					ADULT+CHILD(REN)-2 ADULTS+CHILD(REN)		
MEDICAL PLANS					Annual	Semimonthly	Weekly
CareFirst (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$9,086.40	\$378.60	\$174.74
CareFirst (union)	\$9,618.96	\$13,986.44	\$20,108.40	\$25,170.60	\$11,184.16	\$466.01	\$215.08
EHP Classic (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$9,086.40	\$378.60	\$174.74
BlueChoice (union)	\$11,765.00	\$17,107.48	\$24,596.00	\$30,787.64	\$13,680.16	\$570.01	\$263.08
Kaiser Permanente (non-union)	\$7,278.48	\$13,828.32	\$15,283.92	\$21,834.72	\$8,006.40	\$333.60	\$153.97
Kaiser Permanente (union)	\$8,258.64	\$15,691.00	\$17,343.04	\$24,774.88	\$9,083.88	\$378.50	\$174.69
BCBS HI/HHWP (PPP)	\$17,823.60	\$35,647.20	\$35,647.20	\$53,470.80	\$17,823.60	\$742.65	\$342.76
DENTAL PLANS							
Delta Standard (non-union)	\$249.12	\$498.24	\$535.68	\$1,083.60	\$585.36	\$24.39	\$11.26
Delta Standard (union)	\$249.08	\$498.16	\$535.60	\$1,083.68	\$585.52	\$24.40	\$11.26
Delta Enhanced (non-union)	\$339.36	\$678.72	\$729.60	\$1,476.00	\$797.28	\$33.22	\$15.33
Delta Enhanced (union)	\$339.04	\$678.60	\$729.56	\$1,475.76	\$797.16	\$33.22	\$15.33
United Concordia (non-union)	\$154.80	\$371.28	\$371.28	\$536.88	\$165.60	\$6.90	\$3.18
United Concordia (union)	\$154.96	\$371.28	\$371.28	\$536.64	\$165.36	\$6.89	\$3.18
VISION PLANS							
EyeMed (non-union)	\$58.80	\$166.44	\$105.72	\$166.44			
EyeMed (union)	\$58.80	\$166.44	\$105.72	\$166.44			
ACCIDENTAL DEATH & DISMEMBERMENT							
\$10,000.00	\$1.68			\$3.00			
\$50,000.00	\$8.40			\$15.00			
1.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
2.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
4 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2019 (Chart 5 of 5)**

**Chart 5:**

PLAN NAMES	ANNUAL FULL COST				IMPUTED TAXABLE INCOME		
	INDIVIDUAL	ADULT+CHILD(REN)	2 ADULTS	2 ADULTS+CHILD(REN)	Employee, Domestic Partner & Employee's child(ren)		
					2 ADULT+CHILD(REN)-2 ADULTS		
MEDICAL PLANS					Annual	Semimonthly	Weekly
CareFirst (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$4,341.36	\$180.89	\$83.49
CareFirst (union)	\$9,618.96	\$13,986.44	\$20,108.40	\$25,170.60	\$5,062.20	\$210.93	\$97.35
EHP Classic (non-union)	\$8,166.72	\$12,279.84	\$17,024.88	\$21,366.24	\$4,341.36	\$180.89	\$83.49
BlueChoice (union)	\$11,765.00	\$17,107.48	\$24,596.00	\$30,787.64	\$6,191.64	\$257.99	\$119.07
Kaiser Permanente (non-union)	\$7,278.48	\$13,828.32	\$15,283.92	\$21,834.72	\$6,550.80	\$272.95	\$125.98
Kaiser Permanente (union)	\$8,258.64	\$15,691.00	\$17,343.04	\$24,774.88	\$7,431.84	\$309.66	\$142.92
BCBS HI/HHWP (PPP)	\$17,823.60	\$35,647.20	\$35,647.20	\$53,470.80	\$17,823.60	\$742.65	\$342.76
DENTAL PLANS							
Delta Standard (non-union)	\$249.12	\$498.24	\$535.68	\$1,083.60	\$547.92	\$22.83	\$10.54
Delta Standard (union)	\$249.08	\$498.16	\$535.60	\$1,083.68	\$548.08	\$22.84	\$10.54
Delta Enhanced (non-union)	\$339.36	\$678.72	\$729.60	\$1,476.00	\$746.40	\$31.10	\$14.35
Delta Enhanced (union)	\$339.04	\$678.60	\$729.56	\$1,475.76	\$746.20	\$31.09	\$14.35
United Concordia (non-union)	\$154.80	\$371.28	\$371.28	\$536.88	\$165.60	\$6.90	\$3.18
United Concordia (union)	\$154.96	\$371.28	\$371.28	\$536.64	\$165.36	\$6.89	\$3.18
VISION PLANS							
EyeMed (non-union)	\$58.80	\$166.44	\$105.72	\$166.44	\$60.72	\$2.53	\$1.17
EyeMed (union)	\$58.80	\$166.44	\$105.72	\$166.44	\$60.72	\$2.53	\$1.17
ACCIDENTAL DEATH & DISMEMBERMENT							
\$10,000.00	\$1.68			\$3.00			
\$50,000.00	\$8.40			\$15.00			
1.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
2.5 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			
4 times salary	\$0.17 per \$1,000			\$0.30 per \$1,000			