

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2020 (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)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$9,132.72	\$380.53	\$175.63
CareFirst (union)	\$9,916.92	\$14,419.80	\$20,731.92	\$25,950.84	\$10,815.00	\$450.63	\$207.98
EHP Classic (non-union)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$9,132.72	\$380.53	\$175.63
BlueChoice (union)	\$12,129.84	\$17,637.72	\$25,358.28	\$31,741.80	\$13,228.44	\$551.19	\$254.39
Kaiser Permanente (non-union)	\$7,724.64	\$14,676.12	\$16,221.00	\$23,173.20	\$8,496.36	\$354.02	\$163.39
Kaiser Permanente (union)	\$8,765.16	\$16,653.00	\$18,405.96	\$26,293.80	\$9,640.80	\$401.70	\$185.40
BCBS CDHP (non-union)	\$7,287.84	\$10,958.16	\$15,192.60	\$19,066.80	\$7,904.76	\$329.37	\$152.01
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)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$304.08	\$12.67	\$5.85
Delta Standard (union)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$304.08	\$12.67	\$5.85
Delta Enhanced (non-union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$414.00	\$17.25	\$7.96
Delta Enhanced (union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$414.00	\$17.25	\$7.96
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 1/1/2020 (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)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$4,240.56	\$176.69	\$81.55
CareFirst (union)	\$9,916.92	\$14,419.80	\$20,731.92	\$25,950.84	\$4,502.88	\$187.62	\$86.59
EHP Classic (non-union)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$4,240.56	\$176.69	\$81.55
BlueChoice (union)	\$12,129.84	\$17,637.72	\$25,358.28	\$31,741.80	\$5,507.88	\$229.50	\$105.92
Kaiser Permanente (non-union)	\$7,724.64	\$14,676.12	\$16,221.00	\$23,173.20	\$6,951.48	\$289.65	\$133.68
Kaiser Permanente (union)	\$8,765.16	\$16,653.00	\$18,405.96	\$26,293.80	\$7,887.84	\$328.66	\$151.69
	\$7,287.84	\$10,958.16	\$15,192.60	\$19,066.80			
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)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$264.24	\$11.01	\$5.08
Delta Standard (union)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$264.24	\$11.01	\$5.08
Delta Enhanced (non-union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$360.00	\$15.00	\$6.92
Delta Enhanced (union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$360.00	\$15.00	\$6.92
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 1/1/2020 (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)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$13,608.72	\$567.03	\$261.71
CareFirst (union)	\$9,916.92	\$14,419.80	\$20,731.92	\$25,950.84	\$16,033.92	\$668.08	\$308.34
EHP Classic (non-union)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$13,608.72	\$567.03	\$261.71
BlueChoice (union)	\$12,129.84	\$17,637.72	\$25,358.28	\$31,741.80	\$19,611.96	\$817.17	\$377.15
Kaiser Permanente (non-union)	\$7,724.64	\$14,676.12	\$16,221.00	\$23,173.20	\$15,448.56	\$643.69	\$297.09
Kaiser Permanente (union)	\$8,765.16	\$16,653.00	\$18,405.96	\$26,293.80	\$17,528.64	\$730.36	\$337.09
	\$7,287.84	\$10,958.16	\$15,192.60	\$19,066.80			
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)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$885.36	\$36.89	\$17.03
Delta Standard (union)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$885.36	\$36.89	\$17.03
Delta Enhanced (non-union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$1,205.76	\$50.24	\$23.19
Delta Enhanced (union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$1,205.76	\$50.24	\$23.19
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 1/1/2020 (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)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$9,368.16	\$390.34	\$180.16
CareFirst (union)	\$9,916.92	\$14,419.80	\$20,731.92	\$25,950.84	\$11,531.04	\$480.46	\$221.75
EHP Classic (non-union)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$9,368.16	\$390.34	\$180.16
BlueChoice (union)	\$12,129.84	\$17,637.72	\$25,358.28	\$31,741.80	\$14,104.08	\$587.67	\$271.23
Kaiser Permanente (non-union)	\$7,724.64	\$14,676.12	\$16,221.00	\$23,173.20	\$8,497.08	\$354.05	\$163.41
Kaiser Permanente (union)	\$8,765.16	\$16,653.00	\$18,405.96	\$26,293.80	\$9,640.80	\$401.70	\$185.40
	\$7,287.84	\$10,958.16	\$15,192.60	\$19,066.80			
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)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$621.12	\$25.88	\$11.94
Delta Standard (union)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$621.12	\$25.88	\$11.94
Delta Enhanced (non-union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$845.76	\$35.24	\$16.26
Delta Enhanced (union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$845.76	\$35.24	\$16.26
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 1/1/2020 (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)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$4,476.00	\$186.50	\$86.08
CareFirst (union)	\$9,916.92	\$14,419.80	\$20,731.92	\$25,950.84	\$5,218.92	\$217.46	\$100.36
EHP Classic (non-union)	\$8,419.92	\$12,660.48	\$17,552.64	\$22,028.64	\$4,476.00	\$186.50	\$86.08
BlueChoice (union)	\$12,129.84	\$17,637.72	\$25,358.28	\$31,741.80	\$6,383.52	\$265.98	\$122.76
Kaiser Permanente (non-union)	\$7,724.64	\$14,676.12	\$16,221.00	\$23,173.20	\$6,952.20	\$289.68	\$133.70
Kaiser Permanente (union)	\$8,765.16	\$16,653.00	\$18,405.96	\$26,293.80	\$7,887.84	\$328.66	\$151.69
	\$7,287.84	\$10,958.16	\$15,192.60	\$19,066.80			
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)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$581.28	\$24.22	\$11.18
Delta Standard (union)	\$264.24	\$528.48	\$568.32	\$1,149.60	\$581.28	\$24.22	\$11.18
Delta Enhanced (non-union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$791.76	\$32.99	\$15.23
Delta Enhanced (union)	\$360.00	\$720.00	\$774.00	\$1,565.76	\$791.76	\$32.99	\$15.23
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			