

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2021 (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)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$9,406.80	\$391.95	\$180.90
CareFirst (union)	\$10,214.40	\$14,852.40	\$21,353.88	\$26,729.40	\$11,139.48	\$464.15	\$214.22
EHP Classic (non-union)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$9,406.80	\$391.95	\$180.90
BlueChoice (union)	\$12,493.80	\$18,166.92	\$26,118.96	\$32,694.00	\$13,625.16	\$567.72	\$262.02
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)	\$7,506.48	\$11,286.96	\$15,648.48	\$19,638.72	\$8,142.00	\$339.25	\$156.58
BCBS HI/HHWP (PPP)	\$22,104.24	\$44,208.48	\$44,208.48	\$66,312.72	\$22,104.24	\$921.01	\$425.08
DENTAL PLANS							
Delta Standard (non-union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$326.64	\$13.61	\$6.28
Delta Standard (union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$326.64	\$13.61	\$6.28
Delta Enhanced (non-union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$444.72	\$18.53	\$8.55
Delta Enhanced (union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$444.72	\$18.53	\$8.55
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	\$0.014 per \$1,000			\$0.014 per \$1,000			
\$50,000.00	\$0.014 per \$1,000			\$0.025 per \$1,000			
1 - 8 times salary	\$0.014 per \$1,000			\$0.025 per \$1,000			

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2021 (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)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$4,368.00	\$182.00	\$84.00
CareFirst (union)	\$10,214.40	\$14,852.40	\$21,353.88	\$26,729.40	\$4,638.00	\$193.25	\$89.19
EHP Classic (non-union)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$4,368.00	\$182.00	\$84.00
BlueChoice (union)	\$12,493.80	\$18,166.92	\$26,118.96	\$32,694.00	\$5,673.12	\$236.38	\$109.10
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
BCBS CDHP (non-union)	\$7,506.48	\$11,286.96	\$15,648.48	\$19,638.72	\$3,780.48	\$157.52	\$72.70
BCBS HI/HHWP (PPP)	\$22,104.24	\$44,208.48	\$44,208.48	\$66,312.72	\$22,104.24	\$921.01	\$425.08
DENTAL PLANS							
Delta Standard (non-union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$283.68	\$11.82	\$5.46
Delta Standard (union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$283.68	\$11.82	\$5.46
Delta Enhanced (non-union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$386.64	\$16.11	\$7.44
Delta Enhanced (union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$386.64	\$16.11	\$7.44
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	\$0.014 per \$1,000			\$0.014 per \$1,000			
\$50,000.00	\$0.014 per \$1,000			\$0.025 per \$1,000			
1 - 8 times salary	\$0.014 per \$1,000			\$0.025 per \$1,000			

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2021 (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)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$14,016.96	\$584.04	\$269.56
CareFirst (union)	\$10,214.40	\$14,852.40	\$21,353.88	\$26,729.40	\$16,515.00	\$688.13	\$317.60
EHP Classic (non-union)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$14,016.96	\$584.04	\$269.56
BlueChoice (union)	\$12,493.80	\$18,166.92	\$26,118.96	\$32,694.00	\$20,200.20	\$841.68	\$388.47
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
BCBS CDHP (non-union)	\$7,506.48	\$11,286.96	\$15,648.48	\$19,638.72	\$12,132.24	\$505.51	\$233.31
BCBS HI/HHWP (PPP)	\$22,104.24	\$44,208.48	\$44,208.48	\$66,312.72	\$44,208.48	\$1,842.02	\$850.16
DENTAL PLANS							
Delta Standard (non-union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$950.88	\$39.62	\$18.29
Delta Standard (union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$950.88	\$39.62	\$18.29
Delta Enhanced (non-union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$1,295.28	\$53.97	\$24.91
Delta Enhanced (union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$1,295.28	\$53.97	\$24.91
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	\$0.014 per \$1,000			\$0.014 per \$1,000			
\$50,000.00	\$0.014 per \$1,000			\$0.025 per \$1,000	\$0.011 per \$1,000	\$0.011 per \$1,000/24	
1 - 8 times salary	\$0.014 per \$1,000			\$0.025 per \$1,000	\$0.011 per \$1,000	\$0.011 per \$1,000/24	

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2021 (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)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$9,648.96	\$402.04	\$185.56
CareFirst (union)	\$10,214.40	\$14,852.40	\$21,353.88	\$26,729.40	\$11,877.00	\$494.88	\$228.40
EHP Classic (non-union)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$9,648.96	\$402.04	\$185.56
BlueChoice (union)	\$12,493.80	\$18,166.92	\$26,118.96	\$32,694.00	\$14,527.08	\$605.30	\$279.37
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
BCBS CDHP (non-union)	\$7,506.48	\$11,286.96	\$15,648.48	\$19,638.72	\$8,351.76	\$347.99	\$160.61
BCBS HI/HHWP (PPP)	\$22,104.24	\$44,208.48	\$44,208.48	\$66,312.72	\$22,104.24	\$921.01	\$425.08
DENTAL PLANS							
Delta Standard (non-union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$667.20	\$27.80	\$12.83
Delta Standard (union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$667.20	\$27.80	\$12.83
Delta Enhanced (non-union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$908.64	\$37.86	\$17.47
Delta Enhanced (union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$908.64	\$37.86	\$17.47
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	\$0.014 per \$1,000			\$0.014 per \$1,000			
\$50,000.00	\$0.014 per \$1,000			\$0.025 per \$1,000			
1 - 8 times salary	\$0.014 per \$1,000			\$0.025 per \$1,000			

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2021 (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)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$4,610.16	\$192.09	\$88.66
CareFirst (union)	\$10,214.40	\$14,852.40	\$21,353.88	\$26,729.40	\$5,375.52	\$223.98	\$103.38
EHP Classic (non-union)	\$8,672.40	\$13,040.40	\$18,079.20	\$22,689.36	\$4,610.16	\$192.09	\$88.66
BlueChoice (union)	\$12,493.80	\$18,166.92	\$26,118.96	\$32,694.00	\$6,575.04	\$273.96	\$126.44
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
BCBS CDHP (non-union)	\$7,506.48	\$11,286.96	\$15,648.48	\$19,638.72	\$3,990.24	\$166.26	\$76.74
BCBS HI/HHWP (PPP)	\$22,104.24	\$44,208.48	\$44,208.48	\$66,312.72	\$22,104.24	\$921.01	\$425.08
DENTAL PLANS							
Delta Standard (non-union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$624.24	\$26.01	\$12.00
Delta Standard (union)	\$283.92	\$567.60	\$610.56	\$1,234.80	\$624.24	\$26.01	\$12.00
Delta Enhanced (non-union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$850.56	\$35.44	\$16.36
Delta Enhanced (union)	\$386.64	\$773.28	\$831.36	\$1,681.92	\$850.56	\$35.44	\$16.36
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	\$0.014 per \$1,000			\$0.014 per \$1,000			
\$50,000.00	\$0.014 per \$1,000			\$0.025 per \$1,000			
1 - 8 times salary	\$0.014 per \$1,000			\$0.025 per \$1,000			