

**Johns Hopkins University's Non-Dependent Domestic Partner Tax Chart Effective 1/1/2025 (Chart 1 of 5)**

**Chart 1:**

PLAN NAMES	ANNUAL FULL COST				IMPUTED TAXABLE INCOME		
					Employee & Domestic Partner		
	INDIVIDUAL	ADULT+CHILD(REN)	2 ADULTS	2 ADULTS+CHILD(REN)	INDIVIDUAL-2 ADULTS		
MEDICAL PLANS					Annual	Semimonthly	Weekly
Core PPO (non-union)	\$9,619.92	\$14,465.28	\$20,054.64	\$25,168.32	\$10,434.72	\$434.78	\$200.67
Enhanced PPO (non-union)	\$10,111.92	\$15,205.20	\$21,080.64	\$26,455.68	\$10,968.72	\$457.03	\$210.94
Core PPO (union)	\$11,305.08	\$16,438.44	\$23,634.24	\$29,583.84	\$12,329.16	\$513.72	\$237.10
LiUNA Network (union)	\$13,827.96	\$20,107.20	\$28,908.24	\$36,185.40	\$15,080.28	\$628.35	\$290.01
Kaiser Permanente (non-union)	\$9,047.88	\$17,190.12	\$18,999.60	\$27,142.68	\$9,951.72	\$414.66	\$191.38
Kaiser Permanente (union)	\$10,266.72	\$19,505.76	\$21,559.08	\$30,798.12	\$11,292.36	\$470.52	\$217.16
Limited PPO	\$7,000.80	\$10,526.64	\$14,594.64	\$18,315.84	\$7,593.84	\$316.41	\$146.04
BCBS CDHP (non-union)<\$40,000	\$8,809.80	\$13,494.84	\$18,322.68	\$22,739.88	\$9,512.88	\$396.37	\$182.94
BCBS CDHP (non-union)>\$40,001<\$60,000	\$8,559.72	\$12,994.92	\$17,822.76	\$22,239.96	\$9,263.04	\$385.96	\$178.14
BCBS CDHP (non-union)>\$60,000	\$8,309.76	\$12,494.88	\$17,322.72	\$21,739.92	\$9,012.96	\$375.54	\$173.33
BCBS HI/HHWP (PPP)	\$27,640.08	\$55,280.16	\$55,280.16	\$82,920.24	\$27,640.08	\$1,151.67	\$531.54
DENTAL PLANS							
Delta Standard (non-union)	\$319.68	\$639.72	\$688.08	\$1,391.40	\$368.40	\$15.35	\$7.08
Delta Standard (union)	<b>\$319.65</b>	\$639.76	\$688.12	\$1,391.41	\$368.47	\$15.35	\$7.09
Delta Enhanced (non-union)	\$435.72	\$871.44	\$936.84	\$1,895.28	\$501.12	\$20.88	\$9.64
Delta Enhanced (union)	\$435.76	\$871.41	\$936.82	\$1,895.29	\$501.06	\$20.88	\$9.64
VISION PLANS							
EyeMed (non-union)	\$64.80	\$116.52	\$116.52	\$183.48	\$51.72	\$2.16	\$0.99
EyeMed (union)	\$64.80	\$116.52	\$116.52	\$183.48	\$51.72	\$2.16	\$0.99
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 1/1/2025 (Chart 2 of 5)**

**Chart 2:**

PLAN NAMES	ANNUAL FULL COST				IMPUTED TAXABLE INCOME		
					Employee & Domestic Partner's child(ren)		
	INDIVIDUAL	ADULT+CHILD(REN)	2 ADULTS	2 ADULTS+CHILD(REN)	INDIVIDUAL-ADULT+CHILD(REN)		
MEDICAL PLANS					Annual	Semimonthly	Weekly
Core PPO (non-union)	\$9,619.92	\$14,465.28	\$20,054.64	\$25,168.32	\$4,845.36	\$201.89	\$93.18
Enhanced PPO (non-union)	\$10,111.92	\$15,205.20	\$21,080.64	\$26,455.68	\$5,093.28	\$212.22	\$97.95
Core PPO (union)	\$11,305.08	\$16,438.44	\$23,634.24	\$29,583.84	\$5,133.36	\$213.89	\$98.72
LiUNA Network (union)	\$13,827.96	\$20,107.20	\$28,908.24	\$36,185.40	\$6,279.24	\$261.64	\$120.75
Kaiser Permanente (non-union)	\$9,047.88	\$17,190.12	\$18,999.60	\$27,142.68	\$8,142.24	\$339.26	\$156.58
Kaiser Permanente (union)	\$10,266.72	\$19,505.76	\$21,559.08	\$30,798.12	\$9,239.04	\$384.96	\$177.67
Liimited PPO	\$7,000.80	\$10,526.64	\$14,594.64	\$18,315.84	\$3,525.84	\$146.91	\$67.80
BCBS CDHP (non-union)<\$40,000	\$8,809.80	\$13,494.84	\$18,322.68	\$22,739.88	\$4,685.04	\$195.21	\$90.10
BCBS CDHP (non-union)>\$40,001<\$60,000	\$8,559.72	\$12,994.92	\$17,822.76	\$22,239.96	\$4,435.20	\$184.80	\$85.29
BCBS CDHP (non-union)>\$60,000	\$8,309.76	\$12,494.88	\$17,322.72	\$21,739.92	\$4,185.12	\$174.38	\$80.48
BCBS HI/HHWP (PPP)	\$27,640.08	\$55,280.16	\$55,280.16	\$82,920.24	\$27,640.08	\$1,151.67	\$531.54
DENTAL PLANS							
Delta Standard (non-union)	\$319.68	\$639.72	\$688.08	\$1,391.40	\$320.04	\$13.34	\$6.15
Delta Standard (union)	<b>\$319.65</b>	\$639.76	\$688.12	\$1,391.41	\$320.11	\$13.34	\$6.16
Delta Enhanced (non-union)	\$435.72	\$871.44	\$936.84	\$1,895.28	\$435.72	\$18.16	\$8.38
Delta Enhanced (union)	\$435.76	\$871.41	\$936.82	\$1,895.29	\$435.65	\$18.15	\$8.38
VISION PLANS							
EyeMed (non-union)	\$64.80	\$116.52	\$116.52	\$183.48	\$118.68	\$4.95	\$2.28
EyeMed (union)	\$64.80	\$116.52	\$116.52	\$183.48	\$118.68	\$4.95	\$2.28
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 1/1/2025 (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
Core PPO (non-union)	\$9,619.92	\$14,465.28	\$20,054.64	\$25,168.32	\$15,548.40	\$647.85	\$299.01
Enhanced PPO (non-union)	\$10,111.92	\$15,205.20	\$21,080.64	\$26,455.68	\$16,343.76	\$680.99	\$314.30
Core PPO (union)	\$11,305.08	\$16,438.44	\$23,634.24	\$29,583.84	\$18,278.76	\$761.62	\$351.51
LiUNA Network (union)	\$13,827.96	\$20,107.20	\$28,908.24	\$36,185.40	\$22,357.44	\$931.56	\$429.95
Kaiser Permanente (non-union)	\$9,047.88	\$17,190.12	\$18,999.60	\$27,142.68	\$18,094.80	\$753.95	\$347.98
Kaiser Permanente (union)	\$10,266.72	\$19,505.76	\$21,559.08	\$30,798.12	\$20,531.40	\$855.48	\$394.83
Limited PPO	\$7,000.80	\$10,526.64	\$14,594.64	\$18,315.84	\$11,315.04	\$471.46	\$217.60
BCBS CDHP (non-union)<\$40,000	\$8,809.80	\$13,494.84	\$18,322.68	\$22,739.88	\$13,930.08	\$580.42	\$267.89
BCBS CDHP (non-union)>\$40,001<\$60,000	\$8,559.72	\$12,994.92	\$17,822.76	\$22,239.96	\$13,680.24	\$570.01	\$263.08
BCBS CDHP (non-union)>\$60,000	\$8,309.76	\$12,494.88	\$17,322.72	\$21,739.92	\$13,430.16	\$559.59	\$258.27
BCBS HI/HHWP (PPP)	\$27,640.08	\$55,280.16	\$55,280.16	\$82,920.24	\$55,280.16	\$2,303.34	\$1,063.08
DENTAL PLANS							
Delta Standard (non-union)	\$319.68	\$639.72	\$688.08	\$1,391.40	\$1,071.72	\$44.66	\$20.61
Delta Standard (union)	<b>\$319.65</b>	\$639.76	\$688.12	\$1,391.41	\$1,071.76	\$44.66	\$20.61
Delta Enhanced (non-union)	\$435.72	\$871.44	\$936.84	\$1,895.28	\$1,459.56	\$60.82	\$28.07
Delta Enhanced (union)	\$435.76	\$871.41	\$936.82	\$1,895.29	\$1,459.53	\$60.81	\$28.07
VISION PLANS							
EyeMed (non-union)	\$64.80	\$116.52	\$116.52	\$183.48	\$118.68	\$4.95	\$2.28
EyeMed (union)	\$64.80	\$116.52	\$116.52	\$183.48	\$118.68	\$4.95	\$2.28
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 1/1/2025 (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
Core PPO (non-union)	\$9,619.92	\$14,465.28	\$20,054.64	\$25,168.32	\$10,703.04	\$445.96	\$205.83
Enhanced PPO (non-union)	\$10,111.92	\$15,205.20	\$21,080.64	\$26,455.68	\$11,250.48	\$468.77	\$216.36
Core PPO (union)	\$11,305.08	\$16,438.44	\$23,634.24	\$29,583.84	\$13,145.40	\$547.73	\$252.80
LiUNA Network (union)	\$13,827.96	\$20,107.20	\$28,908.24	\$36,185.40	\$16,078.20	\$669.93	\$309.20
Kaiser Permanente (non-union)	\$9,047.88	\$17,190.12	\$18,999.60	\$27,142.68	\$9,952.56	\$414.69	\$191.40
Kaiser Permanente (union)	\$10,266.72	\$19,505.76	\$21,559.08	\$30,798.12	\$11,292.36	\$470.52	\$217.16
Limited PPO	\$7,000.80	\$10,526.64	\$14,594.64	\$18,315.84	\$7,789.20	\$324.55	\$149.79
BCBS CDHP (non-union)<\$40,000	\$8,809.80	\$13,494.84	\$18,322.68	\$22,739.88	\$9,245.04	\$385.21	\$177.79
BCBS CDHP (non-union)>\$40,001<\$60,000	\$8,559.72	\$12,994.92	\$17,822.76	\$22,239.96	\$9,245.04	\$385.21	\$177.79
BCBS CDHP (non-union)>\$60,000	\$8,309.76	\$12,494.88	\$17,322.72	\$21,739.92	\$9,245.04	\$385.21	\$177.79
BCBS HI/HHWP (PPP)	\$27,640.08	\$55,280.16	\$55,280.16	\$82,920.24	\$27,640.08	\$1,151.67	\$531.54
DENTAL PLANS							
Delta Standard (non-union)	\$319.68	\$639.72	\$688.08	\$1,391.40	\$751.68	\$31.32	\$14.46
Delta Standard (union)	<b>\$319.65</b>	\$639.76	\$688.12	\$1,391.41	\$751.65	\$31.32	\$14.45
Delta Enhanced (non-union)	\$435.72	\$871.44	\$936.84	\$1,895.28	\$1,023.84	\$42.66	\$19.69
Delta Enhanced (union)	\$435.76	\$871.41	\$936.82	\$1,895.29	\$1,023.88	\$42.66	\$19.69
VISION PLANS							
EyeMed (non-union)	\$64.80	\$116.52	\$116.52	\$183.48	\$66.96	\$2.79	\$1.29
EyeMed (union)	\$64.80	\$116.52	\$116.52	\$183.48	\$66.96	\$2.79	\$1.29
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 1/1/2025 (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
Core PPO (non-union)	\$9,619.92	\$14,465.28	\$20,054.64	\$25,168.32	\$5,113.68	\$213.07	\$98.34
Enhanced PPO (non-union)	\$10,111.92	\$15,205.20	\$21,080.64	\$26,455.68	\$5,375.04	\$223.96	\$103.37
Core PPO (union)	\$11,305.08	\$16,438.44	\$23,634.24	\$29,583.84	\$5,949.60	\$247.90	\$114.42
LiUNA Network (union)	\$13,827.96	\$20,107.20	\$28,908.24	\$36,185.40	\$7,277.16	\$303.22	\$139.95
Kaiser Permanente (non-union)	\$9,047.88	\$17,190.12	\$18,999.60	\$27,142.68	\$8,143.08	\$339.30	\$156.60
Kaiser Permanente (union)	\$10,266.72	\$19,505.76	\$21,559.08	\$30,798.12	\$9,239.04	\$384.96	\$177.67
Limited PPO	\$7,000.80	\$10,526.64	\$14,594.64	\$18,315.84	\$3,721.20	\$155.05	\$71.56
BCBS CDHP (non-union)<\$40,000	\$8,809.80	\$13,494.84	\$18,322.68	\$22,739.88	\$4,417.20	\$184.05	\$84.95
BCBS CDHP (non-union)>\$40,001<\$60,000	\$8,559.72	\$12,994.92	\$17,822.76	\$22,239.96	\$4,417.20	\$184.05	\$84.95
BCBS CDHP (non-union)>\$60,000	\$8,309.76	\$12,494.88	\$17,322.72	\$21,739.92	\$4,417.20	\$184.05	\$84.95
BCBS HI/HHWP (PPP)	\$27,640.08	\$55,280.16	\$55,280.16	\$82,920.24	\$27,640.08	\$1,151.67	\$531.54
DENTAL PLANS							
Delta Standard (non-union)	\$319.68	\$639.72	\$688.08	\$1,391.40	\$703.32	\$29.31	\$13.53
Delta Standard (union)	<b>\$319.65</b>	\$639.76	\$688.12	\$1,391.41	\$703.29	\$29.30	\$13.52
Delta Enhanced (non-union)	\$435.72	\$871.44	\$936.84	\$1,895.28	\$958.44	\$39.94	\$18.43
Delta Enhanced (union)	\$435.76	\$871.41	\$936.82	\$1,895.29	\$958.47	\$39.94	\$18.43
VISION PLANS							
EyeMed (non-union)	\$64.80	\$116.52	\$116.52	\$183.48	\$66.96	\$2.79	\$1.29
EyeMed (union)	\$64.80	\$116.52	\$116.52	\$183.48	\$66.96	\$2.79	\$1.29
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			