

2027 Non-SCA Plans and Payroll Deductions

MAKE YOUR BENEFITS COUNT

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Imputed income will apply when an employee covers a domestic partner and/or the domestic partner's child(ren) who do not qualify as the employee's tax dependents under IRS rules. In these situations, the value of the employer-provided coverage must be reported as taxable income.

Anthem HSA	Salary band <\$55,000		Salary band \$55,000+	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Employee Only	\$68.00	\$125.00	\$116.00	\$173.00
Employee + Spouse	\$184.00	\$241.00	\$294.00	\$351.00
Employee + Domestic Partner (DP)*	\$184.00	\$241.00	\$294.00	\$351.00
Employee + Employee's Child(ren)	\$163.00	\$220.00	\$257.00	\$314.00
Employee + DP's Child(ren)*	\$163.00	\$220.00	\$257.00	\$314.00
Employee + Spouse + Child(ren)	\$260.00	\$317.00	\$406.00	\$463.00
Employee + DP + Employee's Child(ren)*	\$260.00	\$317.00	\$406.00	\$463.00
Employee + DP + DP's Child(ren)*	\$260.00	\$317.00	\$406.00	\$463.00

Anthem PPO	Salary band <\$55,000		Salary band \$55,000+	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Employee Only	\$150.00	\$207.00	\$235.00	\$292.00
Employee + Spouse	\$368.00	\$425.00	\$559.00	\$616.00
Employee + Domestic Partner (DP)*	\$368.00	\$425.00	\$559.00	\$616.00
Employee + Employee's Child(ren)	\$324.00	\$381.00	\$493.00	\$550.00
Employee + DP's Child(ren)*	\$324.00	\$381.00	\$493.00	\$550.00
Employee + Spouse + Child(ren)	\$526.00	\$583.00	\$784.00	\$841.00
Employee + DP + Employee's Child(ren)*	\$526.00	\$583.00	\$784.00	\$841.00
Employee + DP + DP's Child(ren)*	\$526.00	\$583.00	\$784.00	\$841.00

Kaiser Northern California	Salary band <\$55,000 Bi-weekly Cost	Salary band \$55,000+ Bi-weekly Cost
Employee Only	\$345.59	\$365.58
Employee + Spouse	\$851.45	\$911.45
Employee + Domestic Partner (DP)*	\$851.45	\$911.45
Employee + Employee's Child(ren)	\$787.74	\$838.74
Employee + DP's Child(ren)*	\$787.74	\$838.74
Employee + Spouse + Child(ren)	\$1,190.04	\$1,273.04
Employee + DP + Employee's Child(ren)*	\$1,190.04	\$1,273.04
Employee + DP + DP's Child(ren)*	\$1,190.04	\$1,273.04

Kaiser Southern California	Salary band <\$55,000 Bi-weekly Cost	Salary band \$55,000+ Bi-weekly Cost
Employee Only	\$351.95	\$366.95
Employee + Spouse	\$904.22	\$938.22
Employee + Domestic Partner (DP)*	\$904.22	\$938.22
Employee + Employee's Child(ren)	\$836.64	\$868.64
Employee + DP's Child(ren)*	\$836.64	\$868.64
Employee + Spouse + Child(ren)	\$1,293.81	\$1,337.81
Employee + DP + Employee's Child(ren)*	\$1,293.81	\$1,337.81
Employee + DP + DP's Child(ren)*	\$1,293.81	\$1,337.81

Kaiser Hawaii	Salary band <\$55,000 Bi-weekly Cost	Salary band \$55,000+ Bi-weekly Cost
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$411.98	\$411.98
Employee + Domestic Partner (DP)*	\$411.98	\$411.98
Employee + Employee's Child(ren)	\$343.32	\$343.32
Employee + DP's Child(ren)*	\$343.32	\$343.32
Employee + Spouse + Child(ren)	\$628.27	\$628.27
Employee + DP + Employee's Child(ren)*	\$628.27	\$628.27
Employee + DP + DP's Child(ren)*	\$628.27	\$628.27

Delta Dental	Base Plan Bi-weekly Cost	Enhanced Plan Bi-weekly Cost
Employee Only	\$8.16	\$12.10
Employee + Spouse	\$15.27	\$23.14
Employee + Domestic Partner (DP)*	\$15.27	\$23.14
Employee + Employee's Child(ren)	\$15.15	\$22.85
Employee + DP's Child(ren)*	\$15.15	\$22.85
Employee + Spouse + Child(ren)	\$22.49	\$34.85
Employee + DP + Employee's Child(ren)*	\$22.49	\$34.85
Employee + DP + DP's Child(ren)*	\$22.49	\$34.85

VSP Vision	Base Plan Bi-weekly Cost	Enhanced Plan Bi-weekly cost
Employee Only	\$4.20	\$6.40
Employee + Spouse	\$6.14	\$9.34
Employee + Domestic Partner (DP)*	\$6.14	\$9.34
Employee + Employee's Child(ren)	\$6.54	\$9.95
Employee + DP's Child(ren)*	\$6.54	\$9.95
Employee + Spouse + Child(ren)	\$10.06	\$15.32
Employee + DP + Employee's Child(ren)*	\$10.06	\$15.32
Employee + DP + DP's Child(ren)*	\$10.06	\$15.32