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2027 Domestic Partner After-Tax Contributions and Imputed Income

Medical, Dental & Vision | Effective January 1, 2027 – December 31, 2027 | Based on 24 paychecks

If a domestic partner or domestic partner's child(ren) qualify as a tax dependent (section 152 of the IRS code), you may purchase health care coverage for them on a pre-tax basis. The cost of coverage will not be considered additional compensation and imputed income does not apply. To qualify as an IRS tax dependent, your domestic partner and/or domestic partner's child(ren) must use your residence as their principal residence, be a member of your household, and receive more than half of their support from you. If a domestic partner or domestic partner's child(ren) does not qualify as a tax dependent, domestic partner benefits coverage will impact your take-home income in two ways:

1. Your employee contributions will be deducted from your paycheck on an **after-tax** basis.
2. The amount of income tax withheld from your paycheck will be increased to cover the tax due on the **imputed income** value of benefit coverage. The increase depends on your tax bracket and the number of dependents you can claim on your income tax return.

Exhibit I – After-Tax Employee Contributions for Select Coverage Levels (Non IRS-Qualified Dependents) – 2027 Rates

	DP Child(ren) Only		DP Only		DP + Child(ren) (Including EE Child(ren))		DP + Child(ren) (No EE Child(ren))	
Plan Coverage	**Annual**	**Per Pay Period**	**Annual**	**Per Pay Period**	**Annual**	**Per Pay Period**	**Annual**	**Per Pay Period**
Cigna PPO	$3,000.00	**$125.00**	$4,200.00	**$175.00**	$3,528.00	**$147.00**	$6,528.00	**$272.00**
Cigna HDHP	$1,464.00	**$61.00**	$2,448.00	**$102.00**	$2,028.00	**$84.50**	$3,492.00	**$145.50**
Kaiser HMO	$1,968.00	**$82.00**	$3,096.00	**$129.00**	$2,784.00	**$116.00**	$4,752.00	**$198.00**
Cigna Dental PPO Base	$180.00	**$7.50**	$132.00	**$5.50**	$132.00	**$5.50**	$312.00	**$13.00**
Cigna Dental PPO Buy-Up	$312.00	**$13.00**	$216.00	**$9.00**	$240.00	**$10.00**	$552.00	**$23.00**
VSP Vision	$13.92	**$0.58**	$13.20	**$0.55**	$19.92	**$0.83**	$33.84	**$1.41**

Exhibit II – Imputed Income for Select Coverage Levels, Net of Employee Contributions (Non IRS-Qualified Dependents) – 2027 Rates

	DP Child(ren) Only		DP Only		DP + Child(ren) (Including EE Child(ren))		DP + Child(ren) (No EE Child(ren))	
Plan Coverage	**Annual**	**Per Pay Period**	**Annual**	**Per Pay Period**	**Annual**	**Per Pay Period**	**Annual**	**Per Pay Period**
Cigna PPO	$9,808.92	**$408.71**	$15,013.56	**$625.57**	$17,286.60	**$720.28**	$27,095.52	**$1,128.98**
Cigna HDHP	$9,118.20	**$379.93**	$13,425.00	**$559.38**	$15,168.00	**$632.00**	$24,286.20	**$1,011.93**
Kaiser HMO	$10,058.64	**$419.11**	$6,926.16	**$288.59**	$5,233.68	**$218.07**	$15,292.32	**$637.18**
Cigna Dental PPO Base	$571.32	**$23.81**	$412.44	**$17.19**	$412.56	**$17.19**	$983.88	**$41.00**
Cigna Dental PPO Buy-Up	$749.52	**$31.23**	$553.80	**$23.08**	$530.16	**$22.09**	$1,279.68	**$53.32**
VSP Vision	$61.92	**$2.58**	$58.92	**$2.46**	$88.32	**$3.68**	$150.24	**$6.26**

Per-pay-period amounts are based on 24 semi-monthly paychecks. Due to rounding, annual amounts may vary slightly. Amounts are estimates for 2027; actual payroll deductions and imputed income appear in Workday. Questions? Email benefits@conga.com.