

Full Time Imputed Income Rates Effective January 1, 2021

Plan	Domestic Partner	Children of Domestic Partners	Domestic Partner + Children of Domestic Partner
Kaiser HMO	\$681.84	\$626.53	\$1,308.37
Kaiser HMO L6	\$679.19	\$624.10	\$1,303.29
Kaiser HMO L26	\$681.84	\$626.53	\$1,308.37
Regence PPO	\$893.74	\$681.07	\$1,574.81
Regence L6	\$890.39	\$678.52	\$1,568.91
Regence L26	\$893.74	\$681.07	\$1,574.81
Regence HDHP	\$596.16	\$454.30	\$1,050.47
Regence HDHP L6	\$593.99	\$452.64	\$1,046.63
Delta Dental	\$58.71	\$49.50	\$108.21
Delta Dental L6	\$58.42	\$49.25	\$107.67
Willamette Dental	\$53.19	\$63.17	\$116.35
Willamette Dental L6	\$53.19	\$63.17	\$116.35
VSP Vision	\$6.45	\$5.99	\$12.44
VSP Vision L6	\$6.14	\$5.71	\$11.85