Snowflake January 1, 2024 - December 31, 2024 Domestic Partner BI-WEEKLY Costs

Please Review This Sheet Carefully!

The IRS requires that you pay taxes for domestic partner coverage, which impacts you in two ways. First, your payroll contribution for domestic partner coverage is an after-tax deduction. Second, the Company costs of providing domestic partner coverage is added to your taxable income. The following table shows payroll contributions and additional taxable income for each coverage option.

KEY: (A - C) - (B - D) = F; C - D = E

Employee and Domestic Partner Coverage			Kaiser HMO		Cigna PPO		Cigna HDHP		Delta Dental		VSP Vision
Plan Costs - EE+SP/DP	Α	\$	618.28	\$	922.91	\$	691.64	\$	52.24	\$	7.67
Plan Costs - Employee	В	\$	281.04	\$	419.49	\$	314.36	\$	26.22	\$	4.48
Total Bi-Weekly Payroll Contribution	С	\$	119.08	\$	145.38	\$	92.31	\$	9.83	\$	1.15
* Pre-Tax (Employee)	D	\$	42.92	\$	48.46	\$	35.54	\$	5.08	\$	0.48
* After Tax (Domestic Partner)	E	\$	76.16	\$	96.92	\$	56.77	\$	4.75	\$	0.67
Additional Taxable Income	F	\$	261.08	\$	406.50	\$	320.51	\$	21.27	\$	2.52
Employee and Domestic Partner + Domestic Partner's Children			Kaiser HMO		Cigna PPO		Cigna HDHP		Delta Dental		VSP Vision
Plan Costs - Family	Α	\$	871.21	\$	1,300.50	\$	974.64	\$	88.14	\$	12.62
Plan Costs - Employee	В	<i>,</i>	281.04	<i>,</i>	419.49	<i>,</i>	314.36	<i>,</i>	26.22	, \$	4.48
Total Bi-Weekly Payroll Contribution	С	\$	183.69	\$	226.15	\$	145.38	\$	16.85	\$	2.21
* Pre-Tax (Employee)	D	\$	42.92	\$	48.46	\$	35.54	\$	5.08	\$	0.48
* After Tax (Domestic Partner											
+ Domestic Partner Children)	E	\$	140.77	\$	177.69	\$	109.84	\$	11.77	\$	1.73
Additional Taxable Income	F	\$	449.40	\$	703.32	\$	550.44	\$	50.15	\$	6.41
Employee + Child(ren) and Domestic Partner (+ Domestic Partner's Children if applicable)			Kaiser HMO		Cigna PPO		Cigna HDHP		Delta Dental		VSP Vision
Partner (+ Domestic Partner's Children if applicable)	A	\$		\$	ŭ	\$	Cigna HDHP 974.64	\$	Delta Dental	\$	VSP Vision
Partner (+ Domestic Partner's Children if	A B	\$ \$	871.21 505.87	\$ \$	1,300.50 755.13	\$ \$	ŭ	\$ \$		\$ \$	
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family			871.21		1,300.50		974.64	•	88.14		12.62
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children)	В	\$	871.21 505.87	\$	1,300.50 755.13	\$	974.64 565.87	\$	88.14 62.09	\$	12.62 7.83
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution	В	\$	871.21 505.87 183.69	\$	1,300.50 755.13 226.15	\$	974.64 565.87 145.38	\$	88.14 62.09 16.85	\$	12.62 7.83 2.21
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner	B C D	\$	871.21 505.87 183.69 91.85	\$ \$ \$	1,300.50 755.13 226.15 115.38	\$ \$	974.64 565.87 145.38 73.85	\$ \$ \$	88.14 62.09 16.85 11.70 5.15	\$ \$ \$	12.62 7.83 2.21 1.18
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner + Children, if applicable)	B C D	\$ \$	871.21 505.87 183.69 91.85	\$ \$ \$	1,300.50 755.13 226.15 115.38	\$ \$ \$	974.64 565.87 145.38 73.85	\$ \$	88.14 62.09 16.85 11.70 5.15	\$ \$ \$	12.62 7.83 2.21 1.18 1.03
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner + Children, if applicable) Additional Taxable Income Employee + Domestic Partner's Children	B C D	\$ \$ \$ \$	871.21 505.87 183.69 91.85 91.84 273.50	\$ \$ \$	1,300.50 755.13 226.15 115.38 110.77 434.60	\$ \$ \$	974.64 565.87 145.38 73.85 71.53 337.24	\$ \$	88.14 62.09 16.85 11.70 5.15 20.90	\$ \$ \$	12.62 7.83 2.21 1.18 1.03 3.76
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner + Children, if applicable) Additional Taxable Income	B C D	\$ \$ \$ \$	871.21 505.87 183.69 91.85 91.84 273.50 Kaiser HMO	\$ \$ \$ \$	1,300.50 755.13 226.15 115.38 110.77 434.60 Cigna PPO	\$ \$ \$ \$	974.64 565.87 145.38 73.85 71.53 337.24 Cigna HDHP	\$ \$ \$	88.14 62.09 16.85 11.70 5.15 20.90 Delta Dental	\$ \$ \$ \$ \$	12.62 7.83 2.21 1.18 1.03 3.76 VSP Vision
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner + Children, if applicable) Additional Taxable Income Employee + Domestic Partner's Children Plan Costs - EE + Child(ren)	B C D E F A	\$ \$ \$ \$	871.21 505.87 183.69 91.85 91.84 273.50 Kaiser HMO	\$ \$ \$ \$	1,300.50 755.13 226.15 115.38 110.77 434.60 Cigna PPO	\$ \$ \$ \$	974.64 565.87 145.38 73.85 71.53 337.24 Cigna HDHP	\$ \$ \$ \$	88.14 62.09 16.85 11.70 5.15 20.90 Delta Dental	\$ \$ \$ \$ \$	12.62 7.83 2.21 1.18 1.03 3.76 VSP Vision
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner + Children, if applicable) Additional Taxable Income Employee + Domestic Partner's Children Plan Costs - EE + Child(ren) Plan Costs - Employee Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee)	B C D E F A B	\$ \$ \$ \$ \$ \$	871.21 505.87 183.69 91.85 91.84 273.50 Kaiser HMO 505.87 281.04	\$ \$ \$ \$ \$	1,300.50 755.13 226.15 115.38 110.77 434.60 Cigna PPO	\$ \$ \$ \$ \$	974.64 565.87 145.38 73.85 71.53 337.24 Cigna HDHP	\$ \$ \$ \$ \$	88.14 62.09 16.85 11.70 5.15 20.90 Delta Dental	\$ \$ \$ \$ \$	12.62 7.83 2.21 1.18 1.03 3.76 VSP Vision 7.83 4.48
Partner (+ Domestic Partner's Children if applicable) Plan Costs - Family Plan Costs - EE + Children Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner + Children, if applicable) Additional Taxable Income Employee + Domestic Partner's Children Plan Costs - EE + Child(ren) Plan Costs - Employee Total Bi-Weekly Payroll Contribution	B C D E A B C	\$ \$ \$ \$ \$	871.21 505.87 183.69 91.85 91.84 273.50 Kaiser HMO 505.87 281.04 91.85	\$ \$ \$ \$ \$	1,300.50 755.13 226.15 115.38 110.77 434.60 Cigna PPO 755.13 419.49 115.38	\$ \$ \$ \$ \$	974.64 565.87 145.38 73.85 71.53 337.24 Cigna HDHP 565.87 314.36 73.85	\$ \$ \$ \$ \$ \$	88.14 62.09 16.85 11.70 5.15 20.90 Delta Dental 62.09 26.22 11.70	\$ \$ \$ \$ \$ \$	12.62 7.83 2.21 1.18 1.03 3.76 VSP Vision 7.83 4.48 1.18

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