## Snowflake January 1, 2025 - December 31, 2025 Domestic Partner BI-WEEKLY Costs

Please	Review	This	Shoot	Carefully!	

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Employee and Domestic Partner Coverage			Kaiser HMO		Cigna PPO		Cigna HDHP		Delta Dental		VSP Vision
Plan Costs - EE+SP/DP	Α	\$	651.28	\$	933.68	\$	846.79	\$	52.90	\$	7.70
Plan Costs - Employee	В	\$	296.04	\$	424.38	\$	384.89	\$	26.54	\$	4.50
Total Bi-Weekly Payroll Contribution	С		\$125.54		\$156.46		\$99.23		\$10.15		\$1.38
* Pre-Tax (Employee)	D		\$45.23		\$52.15		\$38.31		\$5.08		\$0.48
* After Tax (Domestic Partner)	E	\$	80.31	\$	104.31	\$	60.92	\$	5.08	\$	0.90
Additional Taxable Income	F	\$	274.93	\$	404.99	\$	400.98	\$	21.28	\$	2.30
Employee and Domestic Partner +			Kaiser HMO		Cigna PPO		Cigna HDHP		Delta Dental		VSP Vision
Domestic Partner's Children				<u>,</u>				Ļ		<u>,</u>	
Plan Costs - Family		\$	917.71	•	1,315.67		1,193.23		89.25	\$	12.67
Plan Costs - Employee	В	\$	296.04	\$	424.38	\$	384.89	\$	26.54	Ş	4.50
Total Bi-Weekly Payroll Contribution	С		\$193.38		\$243.23		\$156.46		\$17.08		\$2.31
* Pre-Tax (Employee)	D	\$	45.23	\$	•	\$	38.31	\$	5.08	\$	0.48
* After Tax (Domestic Partner	Е	\$	148.15	\$	191.08	\$	118.15	\$	12.00	\$	1.82
Additional Taxable Income	F	\$	473.52	\$	700.21	\$	690.19	\$	50.70	\$	6.35
Employee + Child(ren) and Domestic			Kaiser HMO		Cigna PPO		Cigna HDHP		Delta Dental		VSP Vision
Partner (+ Domestic Partner's Children if		<b>ć</b>		<b>~</b>	, in the second second	<b>~</b>		4		4	
Partner (+ Domestic Partner's Children if Plan Costs - Family		\$	917.71	•	1,315.67		1,193.23		89.25	\$	12.67
Partner (+ Domestic Partner's Children if	A B		917.71	\$ \$	, in the second second	\$ \$	1,193.23	\$ \$			
Partner (+ Domestic Partner's Children if Plan Costs - Family			917.71	\$	1,315.67	\$	1,193.23 692.85		89.25 62.87		12.67
Partner (+ Domestic Partner's Children if Plan Costs - Family Plan Costs - EE + Children	В	\$	917.71 532.86	\$	1,315.67 763.94	\$	1,193.23 692.85	\$	89.25 62.87	\$	12.67 7.86
Partner (+ Domestic Partner's Children if Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution	В	\$	917.71 532.86 193.38	\$	1,315.67 763.94 243.23	\$	1,193.23 692.85 156.46	\$	89.25 62.87 17.08 \$12.00	\$	12.67 7.86 2.31
Partner (+ Domestic Partner's Children if Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children)	B C D	\$ \$	917.71 532.86 193.38 \$96.92	\$	1,315.67 763.94 243.23 \$124.15	\$	1,193.23 692.85 156.46 \$79.38	\$	89.25 62.87 17.08 \$12.00	\$ \$	12.67 7.86 2.31 \$1.41
Partner (+ Domestic Partner's Children if  Plan Costs - Family  Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution  * Pre-Tax (Employee + Children)  * After Tax (Domestic Partner	B C D E	\$ \$ \$	917.71 532.86 193.38 \$96.92 96.46	\$	1,315.67 763.94 243.23 \$124.15 119.08	\$	1,193.23 692.85 156.46 \$79.38 77.08	\$	89.25 62.87 17.08 \$12.00 5.08	\$ \$	12.67 7.86 2.31 \$1.41 0.90
Partner (+ Domestic Partner's Children if Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner  Additional Taxable Income  Employee + Domestic Partner's Children	B C D E	\$ \$ \$ \$	917.71 532.86 193.38 \$96.92 96.46 288.39 Kaiser HMO	\$ \$	1,315.67 763.94 243.23 \$124.15 119.08 432.66	\$ \$	1,193.23 692.85 156.46 \$79.38 77.08 423.31 Cigna HDHP	\$ \$	89.25 62.87 17.08 \$12.00 5.08 21.30	\$ \$ \$ \$	12.67 7.86 2.31 \$1.41 0.90 3.91 VSP Vision
Partner (+ Domestic Partner's Children if Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner  Additional Taxable Income  Employee + Domestic Partner's Children  Plan Costs - EE + Child(ren)	B C D E F	\$ \$ \$ \$	917.71 532.86 193.38 \$96.92 96.46 288.39 Kaiser HMO	\$ \$ \$	1,315.67 763.94 243.23 \$124.15 119.08 432.66 Cigna PPO	\$ \$ \$ \$	1,193.23 692.85 156.46 \$79.38 77.08 423.31 Cigna HDHP	\$ \$ \$ \$	89.25 62.87 17.08 \$12.00 5.08 21.30 Delta Dental	\$ \$ \$ \$	12.67 7.86 2.31 \$1.41 0.90 3.91 VSP Vision 7.86
Partner (+ Domestic Partner's Children if Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner  Additional Taxable Income  Employee + Domestic Partner's Children	B C D E	\$ \$ \$	917.71 532.86 193.38 \$96.92 96.46 288.39 Kaiser HMO	\$ \$	1,315.67 763.94 243.23 \$124.15 119.08 432.66	\$ \$	1,193.23 692.85 156.46 \$79.38 77.08 423.31 Cigna HDHP	\$ \$	89.25 62.87 17.08 \$12.00 5.08 21.30	\$ \$ \$ \$	12.67 7.86 2.31 \$1.41 0.90 3.91 VSP Vision
Partner (+ Domestic Partner's Children if Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner  Additional Taxable Income  Employee + Domestic Partner's Children  Plan Costs - EE + Child(ren)	B C D E F	\$ \$ \$ \$	917.71 532.86 193.38 \$96.92 96.46 288.39 Kaiser HMO	\$ \$ \$ \$	1,315.67 763.94 243.23 \$124.15 119.08 432.66 Cigna PPO	\$ \$ \$ \$	1,193.23 692.85 156.46 \$79.38 77.08 423.31 Cigna HDHP	\$ \$ \$ \$	89.25 62.87 17.08 \$12.00 5.08 21.30 Delta Dental	\$ \$ \$ \$	12.67 7.86 2.31 \$1.41 0.90 3.91 VSP Vision 7.86
Partner (+ Domestic Partner's Children if  Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner  Additional Taxable Income  Employee + Domestic Partner's Children  Plan Costs - EE + Child(ren) Plan Costs - Employee	B C D E A B	\$ \$ \$ \$	917.71 532.86 193.38 \$96.92 96.46 288.39 Kaiser HMO	\$ \$ \$ \$	1,315.67 763.94 243.23 \$124.15 119.08 432.66 Cigna PPO	\$ \$ \$ \$	1,193.23 692.85 156.46 \$79.38 77.08 423.31 Cigna HDHP	\$ \$ \$ \$	89.25 62.87 17.08 \$12.00 5.08 21.30 Delta Dental	\$ \$ \$ \$	12.67 7.86 2.31 \$1.41 0.90 3.91 VSP Vision 7.86 4.50
Partner (+ Domestic Partner's Children if  Plan Costs - Family Plan Costs - EE + Children  Total Bi-Weekly Payroll Contribution * Pre-Tax (Employee + Children) * After Tax (Domestic Partner  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 F C C	\$ \$ \$ \$ \$	917.71 532.86 193.38 \$96.92 96.46 288.39 Kaiser HMO 532.86 296.04 96.92	\$ \$ \$ \$ \$	1,315.67 763.94 243.23 \$124.15 119.08 432.66 Cigna PPO 763.94 424.38	\$ \$ \$ \$ \$	1,193.23 692.85 156.46 \$79.38 77.08 423.31 Cigna HDHP	\$ \$ \$ \$ \$	89.25 62.87 17.08 \$12.00 5.08 21.30 Delta Dental 62.87 26.54 12.00 5.08	\$ \$ \$ \$ \$	12.67 7.86 2.31 \$1.41 0.90 3.91 VSP Vision 7.86 4.50 1.41

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