| Full Time Imputed Income Rates Effective January 1, 2026 | | | |
|---|---|---|---|
| **Plan** | **Domestic Partner** | **Children of Domestic Partners** | **Domestic Partner + Children of Domestic Partner** |
| Kaiser HMO | $894.29 | $821.73 | $1,716.03 |
| Kaiser HMO L6 | $894.29 | $821.73 | $1,716.03 |
| Kaiser HMO L26 | $894.29 | $821.73 | $1,716.03 |
| Regence PPO | $1,194.05 | $909.91 | $2,103.96 |
| Regence L6 | $1,194.05 | $909.91 | $2,103.96 |
| Regence L26 | $1,194.05 | $909.91 | $2,103.96 |
| Regence HDHP | $789.42 | $601.57 | $1,391.00 |
| Regence HDHP L6 | $789.42 | $601.57 | $1,391.00 |
| Delta Dental | $65.34 | $55.10 | $120.45 |
| Delta Dental L6 | $65.34 | $55.10 | $120.45 |
| Willamette Dental | $63.20 | $75.07 | $138.27 |
| Willamette Dental L6 | $63.20 | $75.07 | $138.27 |
| VSP Vision | $6.05 | $5.62 | $11.67 |
| VSP Vision L6 | $6.05 | $5.62 | $11.67 |