# 2024 Health Benefits Coverage Values for Non-IRS Tax Dependents: Domestic Partner and Domestic Partner's Dependent Children

If your domestic partner and/or your partner's dependent children do not qualify as **your** IRS tax dependents, you will be taxed on the **value** of the City-paid portion of their medical, dental, and vision coverage, as required by IRS regulations. The following amounts will be listed on your paycheck as taxable income and are subject to federal income and Social Security tax withholding. These values have been adjusted to reflect the premium deductions taken after tax, so you are not being taxed twice.

MOST Plans - 2024

MOST Plans Coverage Value with Delta Dental of Washington

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$917.43	\$774.24
Traditional Plan	\$844.31	\$701.32
KP Standard Plan	\$648.34	\$559.87
KP Deductible Plan	\$613.06	\$515.98
DDWA	\$57.30	\$40.11
Basic Vision	\$4.50	\$3.15
Buy-Up Vision	\$9.43	\$6.60
Total Taxable Value wit	th DDWA & VSP Basic Plan	
Preventive Plan	\$979.23	\$817.50
Traditional Plan	\$906.11	\$744.58
KP Standard Plan	\$710.14	\$603.13
KP Deductible Plan	\$674.86	\$559.24
Total Taxable Value wi	th DDWA & VSP Buy-Up Plan	
Preventive Plan	\$984.16	\$820.95
Traditional Plan	\$911.04	\$748.03
KP Standard Plan	\$715.07	\$606.58
KP Deductible Plan	\$679.79	\$562.69

Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$917.43	\$774.24
Traditional Plan	\$844.31	\$701.32
KP Standard Plan	\$648.34	\$559.87
KP Deductible Plan	\$613.06	\$515.98
DHS	\$67.75	\$47.42
Basic Vision	\$4.50	\$3.15
Buy-Up Vision	\$9.43	\$6.60
Total Taxable Value w	vith DHS & VSP Basic Plan	
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$989.68	\$824.81
Traditional Plan	\$916.56	\$751.89
KP Standard Plan	\$720.59	\$610.44
KP Deductible Plan	\$685.31	\$566.55
Total Taxable Value with DHS & VSP Buy-Up Plan		
Preventive Plan	\$994.61	\$828.26
Traditional Plan	\$921.49	\$755.34
KP Standard Plan	\$725.52	\$613.89
KP Deductible Plan	\$690.24	\$570.00

## **SPOG LEOFF 2 – 2024**

SPOG LEOFF 2 Coverage Value with Delta Dental of Washington

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$1,100.09	\$977.49
Traditional Plan	\$980.82	\$871.52
KP Standard Plan	\$778.34	\$691.62
KP Deductible Plan	\$576.96	\$512.67
DDWA	\$65.95	\$46.17
Basic Vision	\$13.70	\$9.59
Total Taxable Value with DDWA & VSP		
Preventive Plan	\$1,179.74	\$1,033.25
Traditional Plan	\$1,060.47	\$927.28
KP Standard Plan	\$857.99	\$747.38
KP Deductible Plan	\$656.61	\$568.43

SPOG LEOFF 2 Coverage Value with Dental Health Services

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$1,100.09	\$977.49
Traditional Plan	\$980.82	\$871.52
KP Standard Plan	\$778.34	\$691.62
KP Deductible Plan	\$576.96	\$512.67
DHS	\$72.19	\$50.53
Basic Vision	\$13.70	\$9.59
Total Taxable Value w	rith DHS & VSP	
Preventive Plan	\$1,185.98	\$1,037.61
Traditional Plan	\$1,066.71	\$931.64
KP Standard Plan	\$864.23	\$751.74
KP Deductible Plan	\$662.85	\$572.79

## **LOCAL 77 Plans - 2024**

LOCAL 77 Coverage Value with Delta Dental of Washington

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$971.55	\$970.76
Traditional Plan	\$995.00	\$994.19
KP Standard Plan	\$636.35	\$635.83
DDWA	\$59.31	\$41.52
Vision	\$5.64	\$3.95
Total Taxable Value w	vith DDWA & VSP	
Preventive Plan	\$1,036.50	\$1,016.23
Traditional Plan	\$1,059.95	\$1,039.66
KP Standard Plan	\$701.30	\$681.30

LOCAL 77 Plans Coverage Value with Dental Health Services

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$971.55	\$970.76
Traditional Plan	\$995.00	\$994.19
KP Standard Plan	\$636.35	\$635.83
DHS	\$72.19	\$50.53
Vision	\$5.64	\$3.95
Total Taxable Value w	vith DHS	
Preventive Plan	\$1,049.38	\$1,025.24
Traditional Plan	\$1,072.83	\$1,048.67
KP Standard Plan	\$714.18	\$690.31

#### LOCAL 77-Most Plans - 2024

LOCAL 77 Coverage Value with Delta Dental of Washington

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$917.64	\$774.41
Traditional Plan	\$949.19	\$785.22
KP Standard Plan	\$650.93	\$561.94
DDWA	\$59.31	\$41.52
Vision	\$5.64	\$3.95
Total Taxable Value w	rith DDWA & VSP	
Preventive Plan	\$982.59	\$819.88
Traditional Plan	\$1,014.14	\$830.69
KP Standard Plan	\$715.88	\$607.41

LOCAL 77-Most Plans Coverage Value with Dental Health Services

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$917.64	\$774.41
Traditional Plan	\$949.19	\$785.22
KP Standard Plan	\$650.93	\$561.94
DHS	\$72.19	\$50.53
Vision	\$5.64	\$3.95
Total Taxable Value with DHS		
Preventive Plan	\$995.47	\$828.89
Traditional Plan	\$1,027.02	\$839.70
KP Standard Plan	\$728.76	\$616.42

## Fire Chiefs LEOFF II Plans - 2024

Fire Chiefs LEOFF II Coverage Value with Delta Dental of Washington

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$967.81	\$774.24
Traditional Plan	\$701.89	\$701.32
KP Standard Plan	\$699.84	\$559.87
KP Deductible Plan	\$644.98	\$515.98
DDWA	\$57.30	\$40.11
Basic Vision	\$4.50	\$3.15
Buy-Up Vision	\$9.43	\$6.60
Total Taxable Value w	rith DDWA & VSP	
Preventive Plan	\$1,029.61	\$817.50
Traditional Plan	\$763.69	\$744.58
KP Standard Plan	\$761.64	\$603.13
KP Deductible Plan	\$706.78	\$559.24
Total Taxable Value w	rith DDWA & Buy-Up VSP	
Preventive Plan	\$1,034.54	\$820.95
Traditional Plan	\$768.62	\$748.03
KP Standard Plan	\$766.57	\$606.58
KP Deductible Plan	\$711.71	\$562.69

Fire Chiefs LEOFF II Coverage Value with Dental Health Services

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$967.81	\$774.24
Traditional Plan	\$701.89	\$701.32
KP Standard Plan	\$699.84	\$559.87
KP Deductible Plan	\$644.98	\$515.98
DHS	\$67.75	\$47.42
Basic Vision	\$4.50	\$3.15
Buy-Up Vision	\$9.43	\$6.60
Total Taxable	Value with DHS & VSP	
Preventive Plan	\$1,040.06	\$824.81
Traditional Plan	\$774.14	\$751.89
KP Standard Plan	\$772.09	\$610.44
KP Deductible Plan	\$717.23	\$566.55
Total Taxable	Value with DHS & Buy-Up VSP	
Preventive Plan	\$1,044.99	\$828.26
Traditional Plan	\$779.07	\$755.34
KP Standard Plan	\$777.02	\$613.89
KP Deductible Plan	\$722.16	\$570.00

## SPMA LEOFF I and II Plans - 2024

SPMA LEOFF I and II Coverage Value with Delta Dental of Washington

2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$917.43	\$774.24
Traditional Plan	\$844.31	\$701.32
KP Standard Plan	\$648.34	\$559.87
KP Deductible Plan	\$613.06	\$515.98
DDWA	\$57.30	\$40.11
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Total Taxable Value wi	ith DDWA & VSP Basic Plan	
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KP Standard Plan	\$710.14	\$603.13
KP Deductible Plan	\$674.86	\$559.24
Total Taxable Value w	ith DDWA & VSP Buy-Up Plan	
Preventive Plan	\$984.16	\$820.95
Traditional Plan	\$911.04	\$748.03
KP Standard Plan	\$715.07	\$606.58
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2024 Monthly Taxable Values of City Coverage		
Coverage	Domestic Partner Taxable Amount	Taxable Amount Per Child
Preventive Plan	\$917.43	\$774.24
Traditional Plan	\$844.31	\$701.32
KP Standard Plan	\$648.34	\$559.87
KP Deductible Plan	\$613.06	\$515.98
DHS	\$67.75	\$47.42
Basic Vision	\$4.50	\$3.15
Buy-Up Vision	\$9.43	\$6.60

2024 Monthly Taxable Values of City Coverage Total Taxable Value with DHS & VSP Basic Plan		
Preventive Plan	\$989.68	\$824.81
Traditional Plan KP Standard Plan	\$916.56	\$751.89
	\$720.59	\$610.44
KP Deductible Plan	\$989.68	\$566.55
Total Taxable Value w	vith DHS & VSP Buy-Up Plan	
Preventive Plan Traditional Plan KP Standard Plan KP Deductible Plan	\$994.61	\$828.26
	\$921.49	\$755.34
	\$725.52	\$613.89
	\$690.24	\$570.00