

## ADI 2024 U.S. Benefits Program – Medical Plan

MEDICAL PREMIUMS – FULL TIME EMPLOYEES (30+ HOURS PER WEEK)

2024 employee contributions are based on annual base pay. Please refer to the chart below for your contributions based on plan and coverage category.

		SALARY BAND 1: LESS THAN \$80,000	SALARY BAND 2: \$80,000-\$119,999	SALARY BAND 3: \$120,000-\$159,999	SALARY BAND 4: \$160,000 or more
		Biweekly	Biweekly	Biweekly	Biweekly
<b>ADI SAVER PLAN WITH HSA</b>	Employee	\$21.50	\$36.61	\$51.71	\$66.82
	Employee and spouse/domestic partner	\$99.60	\$131.32	\$163.04	\$194.76
	Employee and child(ren)	\$87.73	\$115.69	\$143.66	\$171.62
	Family	\$152.84	\$198.45	\$244.05	\$289.66
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<b>ADI FLEX OPTION PLAN</b>	Employee	\$55.41	\$70.17	\$84.93	\$99.70
	Employee and spouse/domestic partner	\$184.22	\$215.23	\$246.23	\$277.22
	Employee and child(ren)	\$162.40	\$189.72	\$217.05	\$244.37
	Family	\$264.68	\$309.25	\$353.82	\$398.38
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<b>KAISER HMO CA</b>	Employee	\$40.01	\$46.85	\$53.69	\$60.53
	Employee and spouse/domestic partner	\$110.11	\$128.93	\$147.75	\$166.57
	Employee and child(ren)	\$97.00	\$113.58	\$130.16	\$146.75
	Family	\$157.29	\$184.18	\$211.07	\$237.96
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<b>KAISER HMO NW</b>	Employee	\$40.01	\$46.85	\$53.69	\$60.53
	Employee and spouse/domestic partner	\$110.11	\$128.93	\$147.75	\$166.57
	Employee and child(ren)	\$97.00	\$113.58	\$130.16	\$146.75
	Family	\$157.29	\$184.18	\$211.07	\$237.96

The value of ADI-provided domestic partner coverage will be included in your income, and subject to federal income tax withholding. If you are covering a domestic partner or your domestic partner's children, please see the imputed income sheet for reference.

**ADI 2024 U.S. Benefits Program – Medical Plan**

MEDICAL PREMIUMS – PART TIME EMPLOYEES (20-29 HOURS PER WEEK)

Please refer to the chart below for your contributions based on plan and coverage category.

		Biweekly
<b>ADI SAVER PLAN WITH HSA</b>	Employee	\$107.32
	Employee and spouse/domestic partner	\$282.16
	Employee and child(ren)	\$248.65
	Family	\$415.41
<b>ADI FLEX OPTION PLAN</b>	Employee	\$139.26
	Employee and spouse/domestic partner	\$362.86
	Employee and child(ren)	\$319.85
	Family	\$521.49
<b>KAISER HMO CA</b>	Employee	\$111.85
	Employee and spouse/domestic partner	\$284.75
	Employee and child(ren)	\$250.85
	Family	\$406.79
<b>KAISER HMO NW</b>	Employee	\$111.85
	Employee and spouse/domestic partner	\$284.75
	Employee and child(ren)	\$250.85
	Family	\$406.79

The value of ADI-provided domestic partner coverage will be included in your income, and subject to federal income tax withholding. If you are covering a domestic partner or your domestic partner’s children, please see the imputed income sheet for reference.

**ADI 2024 U.S. Benefits Program – Medical Plan**

		<b>IMPUTED INCOME PER PAY PERIOD</b>	Biweekly
<b>ADI SAVER PLAN WITH HSA</b>	Employee and spouse/domestic partner		\$378.73
	Employee and child(ren)		\$378.73
	Family		\$701.04
<b>ADI FLEX OPTION PLAN</b>	Employee and spouse/domestic partner		\$367.21
	Employee and child(ren)		\$367.21
	Family		\$679.70
<b>KAISER HMO CA</b>	Employee and spouse/domestic partner		\$349.35
	Employee and child(ren)		\$349.35
	Family		\$646.30
<b>KAISER HMO NW</b>	Employee and spouse/domestic partner		\$348.01
	Employee and child(ren)		\$348.01
	Family		\$643.83

The value of ADI-provided domestic partner coverage will be included in your income, and subject to federal income tax withholding. The amounts reflected in the following table illustrate the income you will see per pay period, based on your coverage elections.

If you choose **Employee and spouse/domestic partner**, imputed income will only apply to the value of a domestic partner’s coverage (it does not apply to spouse coverage).

If you choose **Employee and child(ren)**, imputed income will only apply to the value of your domestic partner’s children (it does not apply to biological child coverage).

If you choose **Family**, imputed income will apply to the value of your domestic partner and domestic partner’s children’s coverage. The domestic partner imputed income rate for Family assumes that you are covering your domestic partner and at least one child of your domestic partner.

Imputed income amounts are the same for all full time and part time employees.

**Please Note:** Under federal tax law, if your domestic partner does not qualify as your tax dependent for health coverage purposes, then the value of your domestic partner’s coverage is included in your gross income, and is subject to federal income tax withholding and employment taxes. The premium that ADI pays for your domestic partner’s health coverage is used to determine imputed income. This is not a deduction. If your domestic partner qualifies as a tax dependent, please contact the HR Employee Services team.

# ADI 2024 U.S. Benefits Program – Dental & Vision

Please refer to the chart below for your contributions based on plan and coverage category.

		FULL TIME EMPLOYEES (30+ HOURS PER WEEK)	PART TIME EMPLOYEES (20-29 HOURS PER WEEK)
		Biweekly	Biweekly
<b>DENTAL PLAN</b>	Employee	\$6.98	\$8.86
	Employee and spouse/domestic partner	\$14.98	\$18.28
	Employee and child(ren)	\$16.44	\$20.06
	Family	\$22.36	\$27.27
<b>VISION PLAN</b>	Employee	\$2.35	\$2.35
	Employee and spouse/domestic partner	\$4.72	\$4.72
	Employee and child(ren)	\$4.99	\$4.99
	Family	\$7.98	\$7.98

The value of ADI-provided domestic partner coverage will be included in your income, and subject to federal income tax withholding. If you are covering a domestic partner or your domestic partner’s children, please see the imputed income sheet for reference.

**ADI 2024 U.S. Benefits Program – Dental & Vision Imputed**

		IMPUTED INCOME PER PAY PERIOD	Biweekly
<b>DENTAL PLAN</b>	Employee and spouse/domestic partner		\$27.07
	Employee and child(ren)		27.07
	Family		\$60.79

The value of ADI-provided domestic partner coverage will be included in your income, and subject to federal income tax withholding. The amounts reflected in the following table illustrate the income you will see per pay period, based on your coverage elections.

If you choose **Employee and spouse/domestic partner**, imputed income will only apply to the value of a domestic partner’s coverage (it does not apply to spouse coverage).

If you choose **Employee and child(ren)**, imputed income will only apply to the value of your domestic partner’s children (it does not apply to biological child coverage).

If you choose **Family**, imputed income will apply to the value of your domestic partner and domestic partner’s children’s coverage. The domestic partner imputed income rate for Family assumes that you are covering your domestic partner and at least one child of your domestic partner.

Imputed income amounts are the same for all full time and part time employees.

<b>VISION PLAN</b>	Employee and spouse/domestic partner	\$2.35
	Employee and child(ren)	\$2.35
	Family	\$4.99

**Please Note:** Under federal tax law, if your domestic partner does not qualify as your tax dependent for health coverage purposes, then the value of your domestic partner’s coverage is included in your gross income, and is subject to federal income tax withholding and employment taxes. The premium that ADI pays for your domestic partner’s health coverage is used to determine imputed income. This is not a deduction. If your domestic partner qualifies as a tax dependent, please contact the HR Employee Services team.