

**Civil Union Partner / Domestic Partner Coverage  
Biweekly Imputed Taxable Income  
State Biweekly Group - First Quarter 2008 Rates**

PLAN NAME AND NUMBER*	BIWEEKLY IMPUTED INCOME		
	No Premium Share or 1.5% Salary Contribution	Premium Share (Member & Partner)	Premium Share (Family)
Traditional Plan #102	\$321.36	\$229.74	\$235.38
NJ PLUS #004, #101	\$159.55	N/A	N/A
Aetna Health #005, #119	\$182.04	\$171.04	\$172.10
CIGNA Health #006, #120	\$207.93	\$194.94	\$196.49
Oxford #007, #128	\$174.30	\$163.84	\$164.72
Amerihealth #008, #133	\$189.40	\$177.80	\$178.85
Healthnet #009, #134	\$182.52	\$171.77	\$172.38
Prescription Drug Plan #203, #202	\$51.13	N/A	N/A
Dental Expense Plan #399	\$12.01	\$12.01	\$12.01
Benecare #301	\$7.64	\$7.64	\$7.61
Community Dental #302	\$7.12	\$7.12	\$7.09
CIGNA #305	\$6.18	\$6.18	\$6.15
Healthplex #307	\$5.95	\$5.95	\$5.92
Horizon Dental Choice #317	\$5.45	\$5.45	\$5.42
Aetna DMO #319	\$5.94	\$5.94	\$5.91

*Partner* means a Civil Union Partner or eligible same-sex Domestic Partner as recognized under New Jersey State Law.

\*#001 series medical plan numbers and Prescription Drug Plan #203 denote NJ PLUS and HMO office visit copayment \$15; Prescription Drug Plan copayment \$3 for generic drug, \$10 for name brand drug without a generic equivalent, and \$25 for name brand drug with a generic equivalent.

#100 series medical plan numbers and Prescription Drug Plan #202 denote NJ PLUS and HMO office visit copayment \$10; Prescription Drug Plan copayment \$3 for generic drug, \$10 for name brand drug.