
FY2019

*Domestic Partner, Civil Union Partner,
Child of Civil Union Partner
& Adult Veteran Child Coverage*

*Health and Dental Premium & Imputed Income for:
Non-IRS Domestic Partner
Non-IRS Civil Union Partner
Non-IRS Child of Civil Union Partner*

Effective July 1, 2018
Department of Central Management Services
Group Insurance Division

**NON-IRS
DOMESTIC PARTNER, CIVIL UNION PARTNER,
CIVIL UNION PARTNER'S CHILD and
ADULT VETERAN CHILD
HEALTH AND DENTAL RATE TABLE DESCRIPTION**

- The rate for an **IRS-qualified Domestic Partner, Civil Union Partner and a Civil Union Partner's Child** is the same as the amount charged for any other dependent and must be payroll deducted pretax.
- The rate for a **Domestic Partner, Civil Union Partner or a Civil Union Partner's Child who does not qualify as an IRS dependent** depends on the number of dependents that are covered. If one non-IRS dependent is covered, the rate is the 'One Dependent' premium amount. If two or more non-IRS dependents are covered, the rate is the 'two or more dependents' premium amount. If the member has one IRS and a non IRS dependents, the rate the difference between the "One Dependent and Two or More" dependent premium amounts. If the member has two or more IRS dependents, there is not additional premium due for the non IRS dependent. The premium must be payroll deducted post-tax. The coverage for a Domestic Partner, Civil Union Partner or a Civil Union Partner's Child is subject to imputed income. Refer to Section 15 in the GI Manual for an explanation of imputed income. Part-time employees who are required to pay a percentage of the cost for health and dental coverage should contact the Analysis and Resolution Unit (ARU) at (217) 558-4671 for the exact premium and imputed income amounts. Part-time employees will pay an increased premium which will thereby reduce the monthly imputed income amount.
- The rate for an **Adult Veteran Child who does not qualify as an IRS dependent** is 100% of the State and member portions. The premium for these non-IRS dependents must be payroll deducted post-tax. There is no difference in premium for full-time and part-time employees.
- The appropriate premium must be added together for members who have a non-IRS Domestic Partner, Civil Union Partner, Civil Union Partner's Child and/or one or more non-IRS Adult Veteran Children on their coverage.

**FY19 Health and Dental Monthly Insurance Premiums & Imputed Income
for a non-IRS Domestic Partner, Civil Union Partner
and/or child of a Civil Union Partner**

Important:

- The premiums below are IN ADDITION to any pretax premiums you are paying for yourself and any IRS dependents you have on your coverage. For example, if you currently have one IRS dependent on your insurance coverage, you are paying the 'One Dependent' rate. If you add a non-IRS dependent to your coverage, such as a Civil Union Partner, you will pay the difference between the 'One Dependent' rate and the 'Two Dependent' rate for that non-IRS dependent.
If you currently have two IRS dependents on your insurance coverage, you are paying the 'Two or More Dependents' rate. If you add a non-IRS dependent to your coverage, such as a Civil Union Partner, you not pay anything for the non-IRS dependent.
- The coverage for a Domestic Partner, Civil Union Partner and any children of the Civil Union Partner will be subject to imputed income. Premiums for the non-IRS tax dependent will be deducted on a post-tax basis.

Code		Plan Name		Premiums and Imputed Income for non-IRS Domestic Partners, Civil Union Partners and/or the Civil Union Partner's Child(ren)			
				One Dependent		Two or More Dependents	
				Rate	Imputed Income	Rate	Imputed Income
CI	BlueAdvantage HMO	\$96.00	\$521.50	\$132.00	\$955.78		
AS	Aetna HMO	\$111.00	\$619.68	\$156.00	\$1,125.82		
CH	Aetna OAP	\$111.00	\$511.82	\$156.00	\$929.86		
AH	Health Alliance HMO	\$113.00	\$616.86	\$159.00	\$1,121.40		
CF	HealthLink OAP	\$126.00	\$637.26	\$179.00	\$1,150.06		
BY	HMO Illinois	\$100.00	\$545.38	\$139.00	\$996.58		
D3	Quality Care Health Plan	\$249.00	\$964.20	\$287.00	\$1,236.16		
DENTAL		\$6.00	\$22.16	\$8.50	\$66.26		

Note: The monthly premium rate for a dependent who has Medicare as their primary insurance can be found in the annual Benefit Choice Options booklet available on the Benefits website at www.benefitschoice.il.gov and MyBenefits.illinois.gov

FY19 HEALTH & DENTAL MONTHLY INSURANCE PREMIUM FOR NON-IRS DEPENDENTS

To derive the total premium for a member with a dependent who is a Domestic Partner, Civil Union Partner, Civil Union Dependent and Veteran Adult Child, add the appropriate rates together.

Carrier Code	Health Carrier Name	Domestic Partner, Civil Union Partner, Civil Union Dependent Premium			
		1 Dep NonMed	1 Dep Med Prime	2 + Deps Med & NonMed	2+ Deps Med Prime
	Non-IRS Deduct Code	1	2	3	4
CI	BlueAdvantage HMO	\$96.00	\$75.00	\$132.00	\$110.00
AS	Aetna HMO	\$111.00	\$88.00	\$156.00	\$130.00
CH	Aetna OAP	\$111.00	\$88.00	\$156.00	\$130.00
AH	Health Alliance	\$113.00	\$89.00	\$159.00	\$133.00
CF	HealthLink OAP	\$126.00	\$102.00	\$179.00	\$149.00
BY	HMO Illinois	\$100.00	\$79.00	\$139.00	\$116.00
D3	Quality Care Health Plan	\$249.00	\$142.00	\$287.00	\$203.00

Veteran Adult Child Premium			
1 Dep NonMed	1 Dep Med Prime	2 + Deps Med/NonMed	2 + Deps Med Prime
5	6	7	8
\$617.50	\$442.28	\$1,087.78	\$1,087.78
\$730.68	\$518.02	\$1,281.82	\$1,281.82
\$622.82	\$457.08	\$1,085.86	\$1,085.86
\$729.86	\$529.30	\$1,280.40	\$1,280.40
\$763.26	\$557.32	\$1,329.06	\$1,329.06
\$645.38	\$463.02	\$1,135.58	\$1,135.58
\$1,231.20	\$523.42	\$1,523.16	\$1,523.16

Carrier Code	Dental Carrier Name	Domestic Partner, Civil Union Partner, Civil Union Dependent	
		1 Dep	2 + Deps
	Non-IRS Deduct Code	1	2
D6	Quality Care Dental Plan	\$6.00	\$8.50

Veteran Adult Child	
1 Dep	2 + Deps
3	4
\$28.16	\$74.76