Adobe 2021 After Tax Contributions and Imputed Income

If a domestic partner or domestic partner's child(ren) qualify as a tax dependent (section 152 of the IRS code), you may purchase health care coverage for them on a pre-tax basis. The cost of coverage will not be considered additional compensation and imputed income does not apply. To qualify as an IRS tax dependent, your domestic partner and/or domestic partner's child(ren) must use your residence as their principal residence, be a member of your household *and* receive more than half of their support from you. If a domestic partner or domestic partner's child(ren) does not qualify as a tax dependent, domestic partner benefits coverage will impact your take-home income in two ways:

1. Your employee contributions will be deducted from your paycheck on an after-tax basis.
2. The amount of income tax withheld from your paycheck will be increased to cover the tax due on the imputed income value of benefit coverage.

The amount of the income tax withholding increase will depend on your tax bracket and the number of dependents you can claim on your income tax return.

Refer to Adobe's Wrap SPD [PDF] for Domestic Partner eligibility information and to review Adobe's Domestic Partner Coverage Policy Statement

Based on 26 paychecks (Due to rounding, annual rates may vary from below)
Exhibit I (Estimates for 2021 Rates) - After-Tax Employee Contributions for Select Coverage Levels (Non IRS-Qualified Dependents)

	DP Child(ren) Only		DP Only		DP + up to 2 children (Including EE Ch(ren))		DP + up to 2 children (No EE Ch(ren))		DP + 3 or more children (Including EE Ch(ren))		DP + 3 or more children (No EE Ch(ren))	
Plan Coverage	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period
Aetna HealthSave with HSA	$1,244.36	$47.86	$1,840.80	$70.80	$1,708.46	$65.71	$2,952.82	$113.57	$2,084.94	$80.19	$3,329.30	$128.05
Aetna HealthSave without HSA	$1,143.74	$43.99	$1,692.08	$65.08	$1,570.66	$60.41	$2,714.40	$104.40	$1,916.46	$73.71	$3,060.20	$117.70
Aetna HealthSave Basic	$1,070.16	$41.16	$1,414.92	$54.42	$1,033.50	$39.75	$2,103.66	$80.91	$1,349.14	$51.89	$2,419.30	$93.05
Kaiser CA (HMO)	$1,428.18	$54.93	$2,208.70	$84.95	$2,039.44	$78.44	$3,467.62	$133.37	$2,355.86	$90.61	$3,784.04	$145.54
Kaiser WA (HMO)	$1,428.18	$54.93	$2,208.70	$84.95	$2,039.44	$78.44	$3,467.62	$133.37	$2,355.86	$90.61	$3,784.04	$145.54
Out of Area with HSA	$1,244.36	$47.86	$1,840.80	$70.80	$1,708.46	$65.71	$2,952.82	$113.57	$2,084.94	$80.19	$3,329.30	$128.05
Out of Area without HSA	$1,143.74	$43.99	$1,692.08	$65.08	$1,570.66	$60.41	$2,714.40	$104.40	$1,916.46	$73.71	$3,060.20	$117.70
Delta Dental	$216.06	$8.31	$191.88	$7.38	$107.90	$4.15	$323.96	$12.46	$132.08	$5.08	$347.88	$13.38
VSP Basic	$23.92	$0.92	$23.92	$0.92	$29.90	$1.15	$54.08	$2.08	$54.08	$2.08	$78.00	$3.00
VSP Vision Plus	$89.96	$3.46	$78.00	$3.00	$89.96	$3.46	$179.92	$6.92	$113.88	$4.38	$204.10	$7.85
Spring Health EAP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Exhibit II (Estimates for 2021 Rates Net of Employee Contributions) - Imputed Income for Select Coverage Levels (Non IRS-Qualified Dependents)

	DP Child(ren) Only		DP Only		DP + up to 2 children (Including EE Ch(ren))		DP + up to 2 children (No EE Ch(ren))		DP + 3 or more children (Including EE Ch(ren))		DP + 3 or more children (No EE Ch(ren))	
Plan Coverage	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period
Aetna HealthSave with HSA	$5,091.84	$195.84	$7,219.16	$277.66	$8,227.44	$316.44	$13,319.28	$512.28	$7,850.96	$301.96	$12,942.80	$497.80
Aetna HealthSave without HSA	$4,680.26	$180.01	$6,635.98	$255.23	$7,562.62	$290.87	$12,242.88	$470.88	$7,216.56	$277.56	$11,897.08	$457.58
Aetna HealthSave Basic	$4,221.88	$162.38	$6,145.10	$236.35	$7,294.56	$280.56	$11,516.44	$442.94	$6,978.92	$268.42	$11,200.80	$430.80
Kaiser CA (HMO)	$5,656.04	$217.54	$6,292.26	$242.01	$5,045.04	$194.04	$10,701.08	$411.58	$4,728.36	$181.86	$10,384.66	$399.41
Kaiser WA (HMO)	$4,407.00	$169.50	$4,141.80	$159.30	$4,311.06	$165.81	$8,718.32	$335.32	$3,994.64	$153.64	$8,401.90	$323.15
Out of Area with HSA	$5,091.84	$195.84	$7,219.16	$277.66	$8,227.44	$316.44	$13,319.28	$512.28	$7,850.96	$301.96	$12,942.80	$497.80
Out of Area without HSA	$4,680.26	$180.01	$6,635.98	$255.23	$7,562.62	$290.87	$12,242.88	$470.88	$7,216.56	$277.56	$11,897.08	$457.58
Delta Dental	$540.02	$20.77	$419.90	$16.15	$395.98	$15.23	$936.00	$36.00	$372.06	$14.31	$912.08	$35.08
VSP Basic	$60.06	$2.31	$48.10	$1.85	$138.06	$5.31	$198.12	$7.62	$113.88	$4.38	$173.94	$6.69
VSP Vision Plus	$126.10	$4.85	$126.10	$4.85	$234.00	$9.00	$360.10	$13.85	$210.08	$8.08	$335.92	$12.92
Spring Health EAP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

See next page for 2020 amounts

Adobe 2020 After Tax Contributions and Imputed Income

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1. Your employee contributions will be deducted from your paycheck on an after-tax basis.
2. The amount of income tax withheld from your paycheck will be increased to cover the tax due on the imputed income value of benefit coverage.

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Based on 26 paychecks (Due to rounding, annual rates may vary from below)
Exhibit I (Estimates for 2020 Rates) - After-Tax Employee Contributions for Select Coverage Levels (Non IRS-Qualified Dependents)

	DP Child(ren) Only		DP Only		DP+EE's ≤2 CH(REN)		DP + ≤ 2 DP Child(ren)		DP+ EE ≥ 3 Child(ren)		DP + ≥ 3 DP Child(ren)	
Plan Coverage	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period
Aetna HealthSave with HSA	$1,184.30	$45.55	$1,771.64	$68.14	$1,620.58	$62.33	$2,804.88	$107.88	$1,988.22	$76.47	$3,172.78	$122.03
Aetna HealthSave without HSA	$1,088.10	$41.85	$1,627.60	$62.60	$1,488.76	$57.26	$2,577.12	$99.12	$1,826.76	$70.26	$2,914.86	$112.11
Aetna HealthSave Basic	$984.10	$37.85	$1,308.84	$50.34	$865.02	$33.27	$1,848.86	$71.11	$1,173.12	$45.12	$2,157.22	$82.97
Kaiser CA (HMO)	$1,135.68	$43.68	$1,898.26	$73.01	$1,953.90	$75.15	$3,089.58	$118.83	$2,236.52	$86.02	$3,372.20	$129.70
Kaiser WA (HMO)	$1,135.68	$43.68	$1,898.26	$73.01	$1,953.90	$75.15	$3,089.58	$118.83	$2,236.52	$86.02	$3,372.20	$129.70
Out of Area with HSA	$1,184.30	$45.55	$1,771.64	$68.14	$1,620.58	$62.33	$2,804.88	$107.88	$1,988.22	$76.47	$3,172.78	$122.03
Out of Area without HSA	$1,088.10	$41.85	$1,627.60	$62.60	$1,488.76	$57.26	$2,577.12	$99.12	$1,826.76	$70.26	$2,914.86	$112.11
Delta Dental	$210.08	$8.08	$191.88	$7.38	$72.02	$2.77	$282.10	$10.85	$95.94	$3.69	$306.02	$11.77
VSP Basic	$23.92	$0.92	$23.92	$0.92	$29.90	$1.15	$54.08	$2.08	$54.08	$2.08	$78.00	$3.00
VSP Vision Plus	$89.96	$3.46	$78.00	$3.00	$89.96	$3.46	$179.92	$6.92	$113.88	$4.38	$204.10	$7.85
Aetna EAP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Exhibit II (Estimates for 2020 Rates Net of Employee Contributions) - Imputed Income for Select Coverage Levels (Non IRS-Qualified Dependents)

	DP Child(ren) Only		DP Only		DP+EE's ≤2 CH(REN)		DP + ≤ 2 DP Child(ren)		DP+ EE ≥ 3 Child(ren)		DP + ≥ 3 DP Child(ren)	
Plan Coverage	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period	Annual	Pay Period
Aetna HealthSave with HSA	$5,091.58	$195.83	$7,192.38	$276.63	$8,207.42	$315.67	$13,299.00	$511.50	$7,839.78	$301.53	$12,931.36	$497.36
Aetna HealthSave without HSA	$4,677.92	$179.92	$6,607.90	$254.15	$7,540.52	$290.02	$12,218.18	$469.93	$7,202.52	$277.02	$11,880.44	$456.94
Aetna HealthSave Basic	$4,260.10	$163.85	$6,179.16	$237.66	$7,379.06	$283.81	$11,639.16	$447.66	$7,070.96	$271.96	$11,330.80	$435.80
Kaiser CA (HMO)	$5,146.96	$197.96	$5,640.70	$216.95	$4,328.48	$166.48	$9,475.44	$364.44	$4,045.86	$155.61	$9,193.08	$353.58
Kaiser WA (HMO)	$5,006.82	$192.57	$4,786.34	$184.09	$4,730.70	$181.95	$9,737.52	$374.52	$4,448.08	$171.08	$9,455.16	$363.66
Out of Area with HSA	$5,091.58	$195.83	$7,192.38	$276.63	$8,207.42	$315.67	$13,299.00	$511.50	$7,839.78	$301.53	$12,931.36	$497.36
Out of Area without HSA	$4,677.92	$179.92	$6,607.90	$254.15	$7,540.52	$290.02	$12,218.18	$469.93	$7,202.52	$277.02	$11,880.44	$456.94
Delta Dental	$557.96	$21.46	$432.12	$16.62	$444.08	$17.08	$1,002.04	$38.54	$419.90	$16.15	$978.12	$37.62
VSP Basic	$60.06	$2.31	$48.10	$1.85	$126.10	$4.85	$185.90	$7.15	$101.92	$3.92	$161.98	$6.23
VSP Vision Plus	$126.10	$4.85	$126.10	$4.85	$222.04	$8.54	$347.88	$13.38	$198.12	$7.62	$323.96	$12.46
Aetna EAP	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00