

**Civil Union Partner / Domestic Partner Coverage  
Biweekly Imputed Taxable Income  
State Biweekly Group - 2007 Rates**

PLAN	IMPUTED INCOME		
	Employees paying 1.5% Contribution or with No Premium Share	Premium Share (Member & Spouse/Partner)	Premium Share (Family)
Traditional Plan #102 #102*	\$321.36	\$229.74	\$235.38
NJ PLUS #101 #004*	\$159.55	Use "No Share" Rate	Use "No Share" Rate
Aetna Health #119 #005*	\$171.73	\$161.35	\$162.35
CIGNA Healthcare #120 #006*	\$196.16	\$184.57	\$185.37
Oxford #128 #007*	\$164.43	\$154.57	\$155.39
Amerihealth #133 #008*	\$189.40	\$177.80	\$178.85
Health Net #134 #009*	\$182.52	\$171.77	\$172.38
Prescription Drug Plan #202 #203*	\$51.13	Use "No Share" Rate	Use "No Share" Rate
Dental Expense Plan #399	N/A	\$12.01	\$12.01
Healthplex #307	N/A	\$5.95	\$5.92
Assurant (Fortis) #308	N/A	\$5.95	\$5.92
Flagship Health Systems #312	N/A	\$5.95	\$5.92
Atlantic Southern (BeneCare) #301	N/A	\$7.64	\$7.61
Community Dental #302	N/A	\$7.12	\$7.09
CIGNA #305	N/A	\$6.18	\$6.15
Group Dental Health Administrators #306	N/A	\$6.13	\$6.10
Dental Group of NJ #314	N/A	\$5.33	\$5.30
Horizon Dental Choice #317	N/A	\$5.45	\$5.42
Aetna DMO #319	N/A	\$5.94	\$5.91

\*Denotes number for plans with 1.5% employee salary contribution; NJ PLUS and HMO office visit copayment \$15.