

ADI 2022 U.S. Benefits Program – Medical Plan Rates

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

2022 employee contributions are based on annual base pay. Please refer to the chart below for your contributions based on plan, coverage category, and pay frequency.

		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	Weekly	Biweekly	Weekly	Biweekly	Weekly	Biweekly	Weekly
ADI SAVER PLAN WITH HSA	Employee	\$19.21	\$9.60	\$32.70	\$16.35	\$46.19	\$23.09	\$59.68	\$29.84
	Employee and spouse/ domestic partner	\$88.95	\$44.48	\$117.29	\$58.64	\$145.62	\$72.81	\$173.95	\$86.97
	Employee and child(ren)	\$78.36	\$39.18	\$103.33	\$51.67	\$128.30	\$64.15	\$153.28	\$76.64
	Family	\$136.51	\$68.26	\$177.24	\$88.62	\$217.97	\$108.99	\$258.70	\$129.35
ADI FLEX OPTION PLAN	Employee	\$49.49	\$24.74	\$62.67	\$31.34	\$75.86	\$37.93	\$89.04	\$44.52
	Employee and spouse/ domestic partner	\$164.54	\$82.27	\$192.23	\$96.11	\$219.91	\$109.96	\$247.60	\$123.80
	Employee and child(ren)	\$145.05	\$72.52	\$169.45	\$84.73	\$193.86	\$96.93	\$218.26	\$109.13
	Family	\$236.40	\$118.20	\$276.21	\$138.10	\$316.01	\$158.00	\$355.81	\$177.91
KAISER HMO CA	Employee	\$33.40	\$16.70	\$39.11	\$19.56	\$44.82	\$22.41	\$50.53	\$25.27
	Employee and spouse/ domestic partner	\$91.92	\$45.96	\$107.63	\$53.82	\$123.34	\$61.67	\$139.06	\$69.53
	Employee and child(ren)	\$80.98	\$40.49	\$94.82	\$47.41	\$108.66	\$54.33	\$122.50	\$61.25
	Family	\$131.31	\$65.66	\$153.76	\$76.88	\$176.20	\$88.10	\$198.65	\$99.32
KAISER HMO NW	Employee	\$33.40	\$16.70	\$39.11	\$19.56	\$44.82	\$22.41	\$50.53	\$25.27
	Employee and spouse/ domestic partner	\$91.92	\$45.96	\$107.63	\$53.82	\$123.34	\$61.67	\$139.06	\$69.53
	Employee and child(ren)	\$80.98	\$40.49	\$94.82	\$47.41	\$108.66	\$54.33	\$122.50	\$61.25
	Family	\$131.31	\$65.66	\$153.76	\$76.88	\$176.20	\$88.10	\$198.65	\$99.32

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 2022 U.S. Benefits Program – Medical Plan Rates

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

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

		PART TIME EMPLOYEE MEDICAL PREMIUM RATES	
		Biweekly	Weekly
ADISAVER PLAN WITH HSA	Employee	\$95.88	\$47.94
	Employee and spouse/domestic partner	\$252.09	\$126.04
	Employee and child(ren)	\$222.15	\$111.07
	Family	\$371.13	\$185.56
ADIFLEX OPTION PLAN	Employee	\$124.42	\$62.21
	Employee and spouse/domestic partner	\$324.18	\$162.09
	Employee and child(ren)	\$285.76	\$142.88
	Family	\$465.90	\$232.95
KAISER HMO CA	Employee	\$93.13	\$46.57
	Employee and spouse/domestic partner	\$237.66	\$118.83
	Employee and child(ren)	\$209.37	\$104.69
	Family	\$339.52	\$169.76
KAISER HMO NW	Employee	\$93.13	\$46.57
	Employee and spouse/domestic partner	\$237.66	\$118.83
	Employee and child(ren)	\$209.37	\$104.69
	Family	\$339.52	\$169.76

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 2022 U.S. Benefits Program – Medical Imputed Income

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

		IMPUTED INCOME PER PAY PERIOD	
		Biweekly	Weekly
ADISAVER PLAN WITH HSA	Employee	n/a	n/a
	Employee and spouse/domestic partner	\$337.28	\$168.64
	Employee and child(ren)	\$337.28	\$168.64
	Family	\$624.31	\$312.16
ADIFLEX OPTION PLAN	Employee	n/a	n/a
	Employee and spouse/domestic partner	\$329.61	\$164.80
	Employee and child(ren)	\$329.61	\$164.80
	Family	\$610.10	\$305.05
KAISER HMO CA	Employee	n/a	n/a
	Employee and spouse/domestic partner	\$285.49	\$142.74
	Employee and child(ren)	\$285.49	\$142.74
	Family	\$528.17	\$264.08
KAISER HMO NW	Employee	n/a	n/a
	Employee and spouse/domestic partner	\$317.14	\$158.57
	Employee and child(ren)	\$317.14	\$158.57
	Family	\$586.71	\$293.35

Please Note: 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.



ADI 2022 U.S. Benefits Program – Dental & Vision Premiums

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

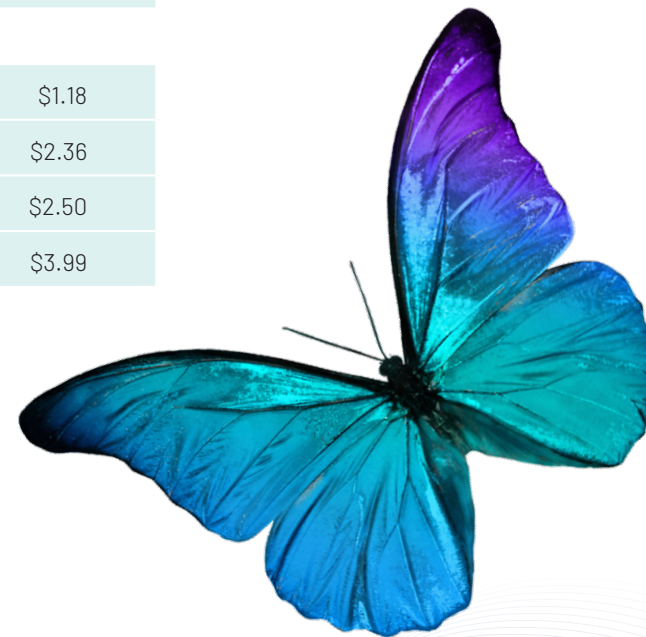
DENTAL PLAN

	FULL TIME EMPLOYEES (30+ HOURS PER WEEK)		PART TIME EMPLOYEES (20-29 HOURS PER WEEK)	
	Biweekly	Weekly	Biweekly	Weekly
Employee	\$6.33	\$3.16	\$7.86	\$3.93
Employee and spouse/domestic partner	\$13.58	\$6.79	\$16.58	\$8.29
Employee and child(ren)	\$14.91	\$7.46	\$18.20	\$9.10
Family	\$20.28	\$10.14	\$24.74	\$12.37

VISION PLAN

	Biweekly	Weekly	Biweekly	Weekly
Employee	\$2.35	\$1.18	\$2.35	\$1.18
Employee and spouse/domestic partner	\$4.72	\$2.36	\$4.72	\$2.36
Employee and child(ren)	\$4.99	\$2.50	\$4.99	\$2.50
Family	\$7.98	\$3.99	\$7.98	\$3.99

*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 2022 U.S. Benefits Program – Dental & Vision Imputed Income

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

DENTAL PLAN

IMPUTED INCOME PER PAY PERIOD		
	Biweekly	Weekly
Employee	n/a	n/a
Employee and spouse/domestic partner	\$24.55	\$12.28
Employee and child(ren)	\$24.55	\$12.28
Family	\$55.14	\$27.57

VISION PLAN

Employee	n/a	n/a
Employee and spouse/domestic partner	\$2.35	\$1.18
Employee and child(ren)	\$2.35	\$1.18
Family	\$4.99	\$2.50

*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.*

