

Value of Benefits Calculations for SPS Employees

Reporting the Cost of Employer-Sponsored Health Care Coverage on IRS Form W-2

For Calendar Year 2023 (W-2s issued in January 2024)

Federal Requirement for Reporting on W-2's

The Affordable Care Act requires that employers provide certain information to their employees each year, including the total value of their health benefits. Federal law requires reporting of employer-sponsored medical, dental, and vision costs on employee W-2 Forms. The total amount of your 2023 Value of Benefits will appear in Box 12DD on your W-2, which will be available to you in January 2024. This data is reported for informational purposes only. You do not need to report this information.

Employers are required to determine and report three numbers:

1. Employee contributions toward medical, dental, and vision insurance premiums, including any premium surcharges for enrolled spouses or for tobacco use.
2. The cost of employer-sponsored medical, dental, and vision care.
3. The cost of employer contributions to a Health Savings Account (HSA) *(if employee is enrolled in a CDHP)*.

You may calculate your value of benefits at any time by using the information below:

1. Find your enrollment tier (i.e., subscriber only, subscriber and spouse, subscriber, and child(ren), or employee, spouse, and child(ren)).
2. Find your medical, dental, and vision plans.
3. For each plan, find the "Value of Benefits." This is the amount of the employer contribution, by plan.
4. If applicable, find your monthly applied premium surcharges for tobacco use and spouse or state-registered domestic partner.
 - Consider each month separately to account for any mid-year changes in tier, plan or premium surcharges before you calculate the year-to-date value of benefits.
5. Add up the total values for each month to determine your year-to-date value of benefits.

The "Employee Cost" is the premium (if any) that is withheld from your paycheck each month. This is provided to you for reference.

If you are enrolled on the UMP High Deductible Health Plan (HDHP), you should also add the following amounts to your Value of Benefits calculation:

1. The employer monthly HSA contribution appropriate to your enrollment tier should be added to your monthly total.
2. If you participated in the Smart Health Wellness plan in 2022, add the HCA's \$125 participation incentive contribution to your HSA to your total.

2023 Monthly Value of Benefits for Active Employee Enrolled on the SEBB Program:

K12 Active Medical per Month excluding \$25 Tobacco Use and \$50 Spouse Waiver (AV) Surcharge

	Subscriber			Subscriber and Spouse			Subscriber and Child(ren)			Full Family		
	Employee Contribution	Value of Benefits - Medical	HSA Contribution	Employee Contribution	Value of Benefits - Medical	HSA Contribution	Employee Contribution	Value of Benefits - Medical	HSA Contribution	Employee Contribution	Value of Benefits - Medical	HSA Contribution
Kaiser Permanente NW 1	\$31.00	\$636.35		\$62.00	\$1,267.61		\$54.00	\$1,109.80		\$93.00	\$1,898.88	
Kaiser Permanente NW 2	\$57.00	\$662.09		\$114.00	\$1,319.11		\$100.00	\$1,154.85		\$171.00	\$1,976.12	
Kaiser Permanente NW 3	\$89.00	\$694.39		\$178.00	\$1,383.71		\$156.00	\$1,211.38		\$267.00	\$2,073.02	
Kaiser Permanente WA Core 1	\$38.00	\$643.11		\$76.00	\$1,281.15		\$67.00	\$1,121.64		\$114.00	\$1,919.18	
Kaiser Permanente WA Core 2	\$43.00	\$648.08		\$86.00	\$1,291.09		\$75.00	\$1,130.34		\$129.00	\$1,934.09	
Kaiser Permanente WA Core 3	\$120.00	\$725.24		\$240.00	\$1,445.41		\$210.00	\$1,265.37		\$360.00	\$2,165.57	
Kaiser Permanente WA SoundChoice	\$74.00	\$679.41		\$148.00	\$1,353.73		\$130.00	\$1,185.15		\$222.00	\$2,028.06	
Kaiser WA Options Summit 1	\$77.00	\$681.78		\$154.00	\$1,358.48		\$135.00	\$1,189.31		\$231.00	\$2,035.18	
Kaiser WA Options Summit 2	\$106.00	\$710.70		\$212.00	\$1,416.32		\$186.00	\$1,239.92		\$318.00	\$2,121.94	
Kaiser WA Options Summit 3	\$142.00	\$746.95		\$284.00	\$1,488.82		\$249.00	\$1,303.35		\$426.00	\$2,230.69	
Premera Blue Cross High PPO	\$97.00	\$701.95		\$194.00	\$1,398.81		\$170.00	\$1,224.59		\$291.00	\$2,095.68	
Premera Blue Cross Standard PPO	\$49.00	\$654.45		\$98.00	\$1,303.81		\$86.00	\$1,141.47		\$147.00	\$1,953.18	
Premera Blue Cross HMO	\$25.00	\$630.39		\$50.00	\$1,255.69		\$44.00	\$1,099.37		\$75.00	\$1,881.00	
Uniform Medical Plan Achieve 1	\$42.00	\$647.32		\$84.00	\$1,289.57		\$74.00	\$1,129.01		\$126.00	\$1,931.81	
Uniform Medical Plan Achieve 2	\$105.00	\$709.82		\$210.00	\$1,414.56		\$184.00	\$1,238.38		\$315.00	\$2,119.30	
Uniform Medical Plan High Deductible	\$28.00	\$638.38	\$31.88	\$56.00	\$1,271.05	\$63.13	\$49.00	\$1,120.69	\$63.13	\$84.00	\$1,872.46	\$63.13
Uniform Medical Plan Plus - PSHVN	\$83.00	\$687.75		\$166.00	\$1,370.43		\$145.00	\$1,199.76		\$249.00	\$2,053.10	
Uniform Medical Plan Plus - UW	\$83.00	\$687.75		\$166.00	\$1,370.43		\$145.00	\$1,199.76		\$249.00	\$2,053.10	

Medical Plan Surcharges, if Applicable:

Tobacco Use Surcharge	\$25
Spouse Waiver (AV) Surcharge	\$0

K12 Active Dental per Month												
	Subscriber			Subscriber and Spouse			Subscriber and Child(ren)			Full Family		
	Employee Contribution	Cost of Employer-Sponsored Dental Care		Employee Contribution	Cost of Employer-Sponsored Dental Care		Employee Contribution	Cost of Employer-Sponsored Dental Care		Employee Contribution	Cost of Employer-Sponsored Dental Care	
DeltaCare	\$0.00	\$43.40		\$0.00	\$86.80		\$0.00	\$86.80		\$0.00	\$130.20	
Willamette	\$0.00	\$49.90		\$0.00	\$99.80		\$0.00	\$99.80		\$0.00	\$149.70	
Uniform Dental Plan	\$0.00	\$48.31		\$0.00	\$96.62		\$0.00	\$96.62		\$0.00	\$144.93	

K12 Active Vision per Month												
	Subscriber			Subscriber and Spouse			Subscriber and Child(ren)			Full Family		
	Employee Contribution	Cost of Employer-Sponsored Dental Care		Employee Contribution	Cost of Employer-Sponsored Dental Care		Employee Contribution	Cost of Employer-Sponsored Dental Care		Employee Contribution	Cost of Employer-Sponsored Dental Care	
Davis Vision	0.00	4.36		0.00	8.72		0.00	7.63		0.00	13.08	
MetLife	0.00	6.66		0.00	13.32		0.00	11.66		0.00	19.98	
EyeMed	0.00	5.96		0.00	11.92		0.00	10.43		0.00	17.88	