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**FY 2023**

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

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**Effective July 1, 2022**  
**Department of Central Management Services**  
**Group Insurance Division**

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

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To be an eligible IRS Domestic Partner or Civil Union dependent, a person must be able to be claimed on your Federal Tax Return as your qualifying relative. Generally, a person is your qualifying relative if that person:

- Lives with or is related to you,
- Has less than the gross income level set yearly by the IRS,
- Is supported (generally more than 50%) by you, and
- Is neither your qualifying child nor the qualifying child of anyone else.

For details, see Dependents in IRS Publication 501.

- The rate for an **IRS-qualified Domestic Partner, Civil Union Partner and a Civil Union Partner's Child** is the same
- 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. 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.

**FY 2023 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.

**Premiums and Imputed Income for non-IRS Domestic Partners,  
Civil Union Partners and/or the Civil Union Partner's Child(ren)**

Code	Plan Name	One Dependent		Two or More Dependents	
		Rate	Imputed Income	Rate	Imputed Income
AS	Aetna HMO	\$195.00	\$605.76	\$240.00	\$1,141.86
CH	Aetna OAP	\$186.00	\$656.74	\$231.00	\$1,168.74
CI	BlueAdvantage HMO	\$158.00	\$449.30	\$194.00	\$856.20
AH	Health Alliance HMO	\$195.00	\$624.40	\$241.00	\$1,172.80
CF	HealthLink OAP	\$204.00	\$751.70	\$257.00	\$1,305.68
BY	HMO Illinois	\$162.00	\$473.54	\$201.00	\$897.60
CJ	BCBS OAP	\$186.00	\$624.52	\$231.00	\$1,076.64
D3	Quality Care Health Plan	\$291.00	\$1,037.34	\$329.00	\$1,131.78
D9	Consumer Driven Health Plan	\$169.00	\$530.98	\$213.00	\$839.98
DENTAL	Active Employees	\$9.00	\$22.60	\$11.50	\$69.06
DENTAL	Retired	\$9.00	\$33.90	\$11.50	\$65.88

**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](http://www.benefitschoice.il.gov) and [www.MyBenefits.illinois.gov](http://www.MyBenefits.illinois.gov)

**FY 2023 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				Veteran Adult Child Premium			
		1 Dependent Non-Medicare	2 or More Dependents Med/Non-Med	1 Dependent Medicare Primary	2 of More Dependents Medicare Primary	1 Dependent Non-Medicare	2 or More Dependents Med/Non-Med	1 Dependent Medicare Primary	2 of More Dependents Medicare Primary
	Non-IRS Deduct Code	1	2	3	4	5	6	7	8
CI	BlueAdvantage HMO	\$158.00	\$194.00	\$137.00	\$172.00	\$607.30	\$1050.20	\$445.22	\$1050.20
AS	Aetna HMO	\$195.00	\$240.00	\$172.00	\$214.00	\$800.76	\$1381.86	\$562.60	\$1381.86
CH	Aetna OAP	\$186.00	\$231.00	\$163.00	\$205.00	\$842.74	\$1399.74	\$613.50	\$1399.74
AH	Health Alliance	\$195.00	\$241.00	\$171.00	\$215.00	\$819.40	\$1413.80	\$601.56	\$1413.80
CF	HealthLink OAP	\$204.00	\$257.00	\$180.00	\$227.00	\$955.70	\$1562.68	\$688.64	\$1562.68
BY	HMO Illinois	\$162.00	\$201.00	\$141.00	\$178.00	\$635.54	\$1098.60	\$462.58	\$1098.60
CJ	BCBS OAP	\$186.00	\$231.00	\$163.00	\$205.00	\$810.52	\$1307.64	\$581.70	\$1307.64
D3	Quality Care Health Plan	\$291.00	\$329.00	\$184.00	\$245.00	\$1328.34	\$1460.78	\$673.44	\$1460.78
D9	Consumer Driven Health Plan	\$169.00	\$213.00	\$146.00	\$187.00	\$699.98	\$1052.98	\$538.78	\$1052.98

Carrier Code	Dental Carrier Name	Domestic Partner, Civil Union Partner, Civil Union Dependent	
		1 Dependent	2 or More Dependents
	Non-IRS Deduct Code	1	2
D6	Quality Care Dental Plan	\$9.00	\$11.50

Veteran Adult Child	
1 Dependent	2 or More Dependents
3	4
\$31.60	\$80.56