

**BMO Financial Group**  
**2026 Benefits Premiums – Non-Tax Domestic Partners**

Plan Option	Before-Tax premium			After Tax Premium	Imputed Income
	Employee + Spouse/Domestic Partner	Employee + Family		Domestic Partner and Dependents	Domestic Partner and Dependents
BCBSIL HDHP (Illinois) \$70,999 and under	\$156.50	\$249.50	+	\$202.00	\$922.77
BCBSIL HDHP (Illinois) \$71,000 - \$130,999	\$196.50	\$313.50	+	\$256.50	\$868.27
BCBSIL HDHP (Illinois) \$131,000 - \$175,999	\$218.50	\$348.00	+	\$285.50	\$839.27
BCBSIL HDHP (Illinois) \$176,000 - \$285,999	\$247.00	\$393.50	+	\$321.00	\$803.77
BCBSIL HDHP (Illinois) \$286,000 and over	\$279.00	\$445.50	+	\$362.50	\$762.27
BCBSIL PPO (Illinois) \$70,999 and under	\$183.00	\$319.00	+	\$249.50	\$965.30
BCBSIL PPO (Illinois) \$71,000 - \$130,999	\$223.00	\$383.00	+	\$304.00	\$910.80
BCBSIL PPO (Illinois) \$131,000 - \$175,999	\$245.50	\$418.00	+	\$332.50	\$882.30
BCBSIL PPO (Illinois) \$176,000 - \$285,999	\$273.50	\$463.00	+	\$368.50	\$846.30
BCBSIL PPO (Illinois) \$286,000 and over	\$305.50	\$514.50	+	\$410.00	\$804.80
Kaiser HDHP Colorado \$70,999 and under	\$156.50	\$249.50	+	\$202.00	\$743.56
Kaiser HDHP Colorado \$71,000 - \$130,999	\$196.50	\$313.50	+	\$256.50	\$689.06
Kaiser HDHP Colorado \$131,000 - \$175,999	\$218.50	\$348.00	+	\$285.50	\$660.06
Kaiser HDHP Colorado \$176,000 - \$285,999	\$247.00	\$393.50	+	\$321.00	\$624.56
Kaiser HDHP Colorado \$286,000 and over	\$279.00	\$445.50	+	\$362.50	\$583.06
Kaiser HDHP Northern California \$70,999 and under	\$156.50	\$249.50	+	\$202.00	\$743.56
Kaiser HDHP Northern California \$71,000 - \$130,999	\$196.50	\$313.50	+	\$256.50	\$689.06
Kaiser HDHP Northern California \$131,000 - \$175,999	\$218.50	\$348.00	+	\$285.50	\$660.06
Kaiser HDHP Northern California \$176,000 - \$285,999	\$247.00	\$393.50	+	\$321.00	\$624.56
Kaiser HDHP Northern California \$286,000 and over	\$279.00	\$445.50	+	\$362.50	\$583.06
Kaiser HDHP Southern California \$70,999 and under	\$156.50	\$249.50	+	\$202.00	\$743.56
Kaiser HDHP Southern California \$71,000 - \$130,999	\$196.50	\$313.50	+	\$256.50	\$689.06
Kaiser HDHP Southern California \$131,000 - \$175,999	\$218.50	\$348.00	+	\$285.50	\$660.06
Kaiser HDHP Southern California \$176,000 - \$285,999	\$247.00	\$393.50	+	\$321.00	\$624.56
Kaiser HDHP Southern California \$286,000 and over	\$279.00	\$445.50	+	\$362.50	\$583.06
Kaiser HDHP Northwest/Oregon \$70,999 and under	\$156.50	\$249.50	+	\$202.00	\$743.56

Kaiser HDHP Northwest/Oregon \$71,000 - \$130,999	\$196.50	\$313.50	+	\$256.50	\$689.06
Kaiser HDHP Northwest/Oregon \$131,000 - \$175,999	\$218.50	\$348.00	+	\$285.50	\$660.06
Kaiser HDHP Northwest/Oregon \$176,000 - \$285,999	\$247.00	\$393.50	+	\$321.00	\$624.56
Kaiser HDHP Northwest/Oregon \$286,000 and over	\$279.00	\$445.50	+	\$362.50	\$583.06
Kaiser PPO Colorado \$70,999 and under	\$183.00	\$319.00	+	\$249.50	\$931.87
Kaiser PPO Colorado \$71,000 - \$130,999	\$223.00	\$383.00	+	\$304.00	\$877.37
Kaiser PPO Colorado \$131,000 - \$175,999	\$245.50	\$418.00	+	\$332.50	\$848.87
Kaiser PPO Colorado \$176,000 - \$285,999	\$273.50	\$463.00	+	\$368.50	\$812.87
Kaiser PPO Colorado \$286,000 and over	\$305.50	\$514.50	+	\$410.00	\$771.37
Kaiser PPO Northern California \$70,999 and under	\$183.00	\$319.00	+	\$249.50	\$931.87
Kaiser PPO Northern California \$71,000 - \$130,999	\$223.00	\$383.00	+	\$304.00	\$877.37
Kaiser PPO Northern California \$131,000 - \$175,999	\$245.50	\$418.00	+	\$332.50	\$848.87
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Kaiser PPO Southern California \$286,000 and over	\$305.50	\$514.50	+	\$410.00	\$771.37
Kaiser PPO Northwest/Oregon \$70,999 and under	\$183.00	\$319.00	+	\$249.50	\$931.87
Kaiser PPO Northwest/Oregon \$71,000 - \$130,999	\$223.00	\$383.00	+	\$304.00	\$877.37
Kaiser PPO Northwest/Oregon \$131,000 - \$175,999	\$245.50	\$418.00	+	\$332.50	\$848.87
Kaiser PPO Northwest/Oregon \$176,000 - \$285,999	\$273.50	\$463.00	+	\$368.50	\$812.87
Kaiser PPO Northwest/Oregon \$286,000 and over	\$305.50	\$514.50	+	\$410.00	\$771.37
Delta Dental Low Plan	\$15.00	\$27.00	+	\$18.00	\$25.41
Delta Dental High Plan	\$25.00	\$45.00	+	\$31.00	\$24.78
VSP Low Plan	\$7.40	\$17.86	+	\$7.38	N/A
VSP High Plan	\$14.28	\$30.40	+	\$11.72	N/A

\*Ranges based on total compensation.