

Important Tax Information for Postdoctoral Fellows

Health Plan Coverage Contributions

Effective January 1 – December 31, 2012

Receive a PHA Medical Plan Premium Credit of up to \$360 annually (\$30 per monthly pay; \$13.85 per biweekly pay) off of your medical premiums by completing the Your Plan for Health (YP4H) Personal Health Assessment (PHA). To complete your PHA, log in to YourPlanForHealth.com and click *Personal Health Assessment* under *Get Started*.

- The benefit programs you select may affect your taxable income, so it is important that you understand and consider taxable income consequences as you make benefit enrollment decisions.
- Under IRS regulations for fellowships, the actual dollar value of any university-provided benefit coverage must be reported as taxable income. The portion of the coverage that you pay in employee contributions is not taxable.
- For postdoctoral fellows who are non-resident aliens and whose fellowship is not exempt by a tax treaty, additional federal and state taxes on employer health care contribution amounts will be withheld from your pay.
- The table below shows the corresponding monthly additional taxable income that will be assessed as a result of the employer-paid contribution amount for the health plan(s) in which you enroll.

Coverage Level	Prime Care Advantage		Prime Advantage Value		Prime Advantage Plus	
	Employee Contribution Amount:	Additional Taxable Income:	Employee Contribution Amount	Additional Taxable Income:	Employee Contribution Amount	Additional Taxable Income:
Employee Only	\$97.91	\$388.18	\$57.37	\$388.18	\$162.48	\$388.18
Employee + Children	\$164.02	\$735.25	\$89.02	\$735.25	\$283.47	\$735.25
Employee + Spouse	\$183.47	\$837.32	\$98.34	\$837.32	\$319.07	\$837.32
Family	\$265.18	\$1,255.85	\$136.49	\$1,255.85	\$464.96	\$1,255.85

Coverage Level	Independent Choice		Prime Care Connect ¹		Out-of-Area Plan ¹	
	Employee Contribution Amount	Additional Taxable Income:	Employee Contribution Amount	Additional Taxable Income:	Employee Contribution Amount	Additional Taxable Income:
Employee Only	\$206.47	\$466.50	\$97.91	\$436.83	\$97.91	\$388.18
Employee + Children	\$366.18	\$878.81	\$164.02	\$825.25	\$164.02	\$735.25
Employee + Spouse	\$413.17	\$1,000.07	\$183.47	\$939.48	\$183.47	\$837.32
Family	\$605.75	\$1,497.28	\$265.18	\$1,407.88	\$265.18	\$1,255.85

Coverage Level	Dental Plan		Vision Plan	
	Employee Contribution Amount	Additional Taxable Income:	Employee Contribution Amount	Additional Taxable Income:
Employee Only	\$3.43	\$19.43	\$1.17	\$6.61
Employee + Children	\$9.71	\$32.58	\$6.63	\$7.78
Employee + Spouse	\$14.29	\$37.15	\$9.75	\$7.78
Family	\$27.54	\$50.41	\$18.33	\$7.78

¹ Enrollment in these plans requires meeting certain criteria and special application.