

2012

U.S. Talent Acquisition – Benefits Summary



McAfee, Inc. 2012 U.S. Benefit Program Overview

McAfee is pleased to offer a full range of competitive benefits for regular employees working 20+ hours per week. Coverage begins on the first day of employment, unless there is a waiting period. Eligible dependents include spouses, domestic partners, and dependent children up to age 26.

Part-time Employees and Student Interns
Regular employees' who work less than 20 hours per week, and Student Interns, are eligible for limited benefits depending on their classification as described on the Eligibility Chart. Contact your HR Recruiter.

Health Plans

McAfee offers a choice of medical plans, along with dental, vision, life and disability insurance, and Flexible Spending Accounts for all regular employees working 20 or more hours per week.

Holidays

McAfee provides nine (9) paid holidays each year plus up to four (4) floating holidays. The schedule for 2012 is as follows:

January 2	New Year's Day
February 20	President's Day
April 6	Spring Holiday
May 28	Memorial Day
July 4	Independence Day
September 3	Labor Day
November 22	Thanksgiving Day
November 23	Day after Thanksgiving
December 25	Winter Holiday

One (1) Floating holiday is granted each quarter and must be used during that quarter in order to receive the allotment for the next quarter. Employees must start on the first working day of the quarter to receive that quarter's allotment.

Paid Time Off (PTO)

PTO accrual begins on date of hire and can be used for vacation, personal time, or illness. The following charts show the accrual for regular, full-time employees. Vice Presidents do not accrue PTO, but will arrange time off with their manager as appropriate. The accrual is pro-rated

for regular, part-time employees working a minimum of 20 hours per week.

California Employees

Years of Service	Monthly Accrual	Annual Accrual	Accrual Maximum*
0-3	1.25 days	15 days (3 weeks)	30 days
4-7	1.67 days	20 days (4 weeks)	40 days
8+	2.08 days	25 days (5 weeks)	50 days

**Based on California law, the maximum accrual is 2x the annual accrual.*

Non-California Employees

Years of Service	Monthly Accrual	Annual Accrual	Accrual Maximum
0-3	1.25 days	15 days (3 weeks)	300 hours
4-7	1.67 days	20 days (4 weeks)	300 hours
8+	2.08 days	25 days (5 weeks)	300 hours

401(k) Plan with Automatic Enrollment

New employees are eligible to enroll in the Plan immediately following their date of hire. Employees are **automatically** enrolled 45 days following their date of hire at a pre-tax deferral rate of 3% unless they elect a higher or lower percentage, or "opt-out." Employees can contribute 1-40% of eligible pre-tax compensation. Choose from Regular Pre-tax or Roth options; and, there are several fund choices.

The plan also has Age 50 Catch-up Regular Pre-tax and Roth 401(k) options. The Roth 401(k) allows for you to contribute on an after tax basis. The total 2012 contribution limit for Regular Pre-tax and Roth is \$17,000 (combined); plus, an additional \$5,500 for Age 50 Catch-up.

Student Interns are eligible to enroll in the 401(k) Plan immediately following the completion of 1,000 hours worked within 12 months from their date of hire. If these 1,000 hours are not completed within 12 months from their date of hire, they are eligible to enroll in the 401(k) Plan following the completion of 1,000

hours worked within the current plan year beginning in January.

401(k) Plan – Company Match

Employees are immediately eligible and match contributions begin with the first salary deferral, or auto enrollment, whichever occurs first. The match formula is \$1 for each \$1 on the first 2%; then \$.50 for each \$1 on the next 3-6%. The annual maximum is \$3,600. The match will stop when you reach the IRS limit of \$17,000 and does not apply to the Age 50 Catch up Contributions. You are immediately 100% vested in your contributions; and 100% vested in any match contributions after 1 year of employment.

401(k) Plan – Additional Features

The Plan has Automatic Savings. If you are automatically enrolled at 3%, this feature will increase the contribution rate by 1% annually on January 1st until the contribution reaches 6%, even if you opt out after being auto enrolled unless you opt of this feature

Flexible Spending Account Plans with Debit Card

Set aside up to \$5,000 on a pre-tax basis in the Health Care and/or Dependent Day Care Reimbursement Plans. Enroll in one or both plans. The annual maximum for the Dependent Care plan is based on your marital and tax filing status.

Short (STD) and Long Term (LTD) Disability Plans

Enrollment is automatic and company-paid. These plans provide income replacement in the event you are medically disabled and unable to work. Coverage is provided up to 66-2/3% of pre-disability earnings, subject to weekly or monthly plan maximums. Payments are taxable and integrated with other sources such as State Disability and Workers' Compensation. The LTD plan has a pre-existing condition limitation.

Employee and Dependent Life Insurance

Enrollment is automatic for the company-paid Employee Basic Life Insurance/Accidental Death and Dismemberment at 2x On Target Earnings (includes Commissions and Bonus) to a maximum of \$1,000,000. You can choose a flat \$50,000 that is not subject to imputed income. You can also purchase additional life insurance for you (up to \$500,000), your spouse/domestic partner (up to \$100,000); and/or children (\$10,000).

Employee Assistance Program

This plan provides up to five (5) free confidential counseling visits per life episode to all employees and their household family members. The program also offers child and elder care referrals, legal and financial assistance, life management counseling, online “do it yourself” legal forms document preparation, tax consultation/preparation, and identify theft recovery assistance services.

Business Travel Accident and Travel Medical

McAfee automatically provides coverage for all employees on company-authorized travel. This includes additional life insurance. A separate policy includes a supplemental medical plan for emergency illness, accident, hospitalization and medical evacuation when outside of your home country.

Voluntary Programs

Several programs are available including Critical Illness, Home, Auto & Pet Insurance, Legal, and Long Term Care.

Educational Assistance Program

McAfee supports employees' career development and provides reimbursement up to \$5,250 per calendar year for eligible expenses.

McAfee Hero Program

In our effort to acknowledge and reward the outstanding performance of our employees, we search for those employees who go way above and beyond in their contributions to the McAfee team effort. Individual and team awards are given.

Matching Gift Program

McAfee will match employee's cash donation(s) up to \$1,000 per year to qualified non-profit organizations.

Employee Referral Program

Earn \$2,000 when a qualified candidate is hired. The referred employee must complete 90-days before any cash award is paid. Student Intern employees are eligible to earn \$1,000 and this award is payable when the candidate is hired as a regular full-time employee.

Intel ESPP

The Intel ESPP provides for successive six-month subscription periods with enrollment periods in February and August. The Intel ESPP allows participants to buy Intel stock at a 15% discount off the lower of the fair market value on the last trading day occurring before February 1 or August 1, as applicable, immediately

preceding the subscription period, or the last day of the subscription period. Participants may elect to contribute from 2% - 5% of their eligible earnings by payroll deduction.

Employee Equity Incentive Awards

Employee equity incentive awards including Intel stock options and/or Restricted Stock Units (RSUs) may be granted to eligible employees at certain levels allowing such employees to become owners of the company and share in its success.

Complimentary McAfee Subscription

McAfee SiteAdvisor Plus and McAfee Total Protection are available for up to 3 home computers.

Adoption Assistance

McAfee will reimburse 100% of all eligible expenses associated with the adoption and placement of your child(ren), up to a maximum of \$5,000 USD per child and \$10,000 per lifetime. Placement is when the child becomes a member of your household. A Placement which occurs prior to your date of hire will not be eligible under the plan.

Commuter Benefits: Transit, Parking and Bicycle

Transit & Parking

McAfee offers Commuter Benefits to allow you to set aside pre-tax dollars to pay for mass transit and parking expenses that can be used for commuting expenses for you or your spouse. You may elect up to the following §132(f) limits:

- \$125 per month for combined commuter highway vehicle transportation and transit passes.
- \$240 per month for qualified parking.

Bicycle

In a calendar year, McAfee will contribute on your behalf up to \$20 per month (tax-free) for each month of qualified bicycle commuting costs you incur during the year.

You can participate in either the Bicycle or the Transit & Parking program, but not both in the same month. Enrollment is on a month-to-month basis. You will enroll by the 10th of the month for the following month.

Wellness Reimbursement Program

As part of this program, employees are eligible to receive a monthly benefit of up to \$30 to be used for a fitness or wellness activity (up to a maximum reimbursement of \$360 per year). The payment is treated as taxable income.

A list of eligible fitness and wellness services is shown below. Gym memberships that may be subsidized by McAfee, such as the weekend membership available through the Santa Clara Club One facility, equipment purchase, lessons, or uniforms are not eligible. Eligible expenses are for those paid after you are eligible for the program.

The following is a list of some of the fitness and wellness services available for reimbursement under the program:

- Karate, Kick Boxing, Pilates, Personal Trainer Fees
- Rock Climbing, Yoga
- Tae Kwan Do, Tai Chi
- On-site Biometric Screenings
- Fitness Counseling, Nutritional Classes
- Gym Membership

McAfee, Inc.
2012 U.S. Medical Options at a Glance

McAfee offers a choice of medical plans, which includes 2 Open Access Plus (OAP) Plans with CIGNA. The Kaiser HMO is available to employees in California, Colorado, Georgia, the Northwest, and the Mid-Atlantic who live in the eligible service area. If you are eligible for the Kaiser HMO, it will be a choice on your MyBenefits online enrollment system.

Plan Provisions	CIGNA Basic OAP		CIGNA Premium OAP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Providers	You may use any licensed provider but your out-of-pocket costs will be less when you use in-network (CIGNA) providers. In addition, reimbursement for out-of-network services are reimbursed based on Reasonable & Customary charges (R&C) and balance billing is allowed.			
Annual Deductible (Individual/Family) Applies to all services unless a co-pay is noted	\$400/ \$800	\$1,000/ \$2,000	\$250/ \$500	\$750/ \$1,500
Annual Out-of-Pocket Max (Individual/Family) Includes deductible but excludes co-pays under the CIGNA plans	\$4,000/ \$8,000	\$8,000/ \$16,000	\$2,500/ \$5,000	\$5,000/ \$10,000
Lifetime Maximum	Unlimited			
Doctor's Office Visits (PCP)	You pay \$20	Plan pays 60%	You pay \$15	Plan pays 70%
Doctor's Office Visits (specialist)	You pay \$30	Plan pays 60%	You pay \$25	Plan pays 70%
Well baby/child Care (includes immunizations from birth up to age 3)	Plan pays 100%	Plan pays 60%	Plan pays 100%	Plan pays 70%
Immunizations/ Inoculations (participants over age 3 and travel immunizations)	Plan pays 100%	Plan pays 60%	Plan pays 100%	Plan pays 70%
Annual Routine Physicals (includes well woman/man exams)	Plan pays 100%	Plan pays 60%	Plan pays 100%	Plan pays 70%
Pre-Authorization	Handled Automatically	Your Responsibility \$250 penalty if you do not pre-authorize	Handled Automatically	Your Responsibility \$250 penalty if you do not pre-authorize
Semi-private Room and Board	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
Surgery (Outpatient/Inpatient)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
Urgent Care Center	Plan pays 80% No deductible applies		Plan pays 90% No deductible applies	
Emergency Room¹	Plan pays 80% No deductible applies		Plan pays 90% No deductible applies	
Ambulance Service	Plan pays 80%		Plan pays 90%	

Plan Provisions	CIGNA Basic OAP		CIGNA Premium OAP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	No deductible applies		No deductible applies	
Inpatient Hospital – Mental Health and Substance Abuse Services	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
Outpatient Services – Mental Health and Substance Abuse Services	Office visits: \$30 per visit; Outpatient Facility: Plan pays 80%	Plan pays 60%	Office visits: \$25 per visit; Outpatient Facility: Plan pays 90%	Plan pays 70%
X-ray and Lab – Outpatient Hospital Facility	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
X-ray and Lab – Independent x-ray and/or lab facility	Plan pays 100%	Plan pays 60%	Plan pays 100%	Plan pays 70%
Allergy Injections and Serum (w/o office visits)	Plan pays 100%	Plan pays 60%	Plan pays 100%	Plan pays 70%
Infertility Treatment (lifetime maximum up to \$50,000)	Office visits: \$20 for PCP and \$30 for specialists; Plan pays 80% for other settings	Plan pays 60%	Office visits: \$15 for PCP and \$25 for specialists; Plan pays 90% for other settings	Plan pays 70%
Skilled Nursing Facility (limited to 120 days per calendar year)	Plan pays 90%	Plan pays 70%	Plan pays 100%	Plan pays 80%
Home Health Care (limited to 120 days per calendar year)	Plan pays 90%	Plan pays 70%	Plan pays 100%	Plan pays 80%
Hospice Care	Plan pays 90%	Plan pays 70%	Plan pays 100%	Plan pays 80%
Chiropractic Services (limited to 20 visits per calendar year)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
Physical, Occupational, Cognitive, and Speech Therapy (unlimited visits per calendar year for all therapies combined)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
Cardiac Rehabilitation (limited to 36 days per calendar year)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
Durable Medical Equipment	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%
Acupuncture (limited to 20 visits per calendar year)	Plan pays 80%	Plan pays 60%	Plan pays 90%	Plan pays 70%

¹You must notify CIGNA within 48 hours of receiving treatment in the Emergency Room whether the facility is in-network or out-of-network.

	Kaiser California	Kaiser Colorado	Kaiser Northwest (Oregon)	Kaiser Mid-Atlantic (Virginia, Maryland, DC)	Kaiser Georgia
General Provisions					
Providers	You must use the Kaiser doctors and facilities, unless in the case of a life threatening emergency.				
Annual Deductible (Individual/Family)	None				
Annual Out-of-Pocket Max (Individual/Family)	\$1,500/\$3,000	\$1,500/\$3,000	\$1,500/\$3,000	\$2,250/\$4,500	None
Lifetime Maximum	None				
At the Doctor's Office					
Doctor's Office Visits (PCP)	You pay \$15				
Doctor's Office Visits (specialist)	You pay \$15				
Preventive Care Visits					
Well baby/child Care (includes immunizations from birth up to age 6)	Plan pays 100% for visits (0-23 months)				
Immunizations/ Inoculations (participants over age 6 and travel immunizations)	No Charge	No Charge	No Charge	No Charge	No Charge
Annual Routine Physicals (includes well woman/man exams)	No Charge				
At the Hospital					
Pre-Authorization	Handled Automatically				
Semi-private Room and Board	Plan pays 100%				
Surgery (Outpatient/Inpatient)	You pay \$15/No Charge for Inpatient	You pay \$15/No Charge for Inpatient	You pay \$15/No Charge for Inpatient	You pay \$50/No Charge for Inpatient	You pay \$15/No Charge for Inpatient
Urgent Care Center	You pay \$15	You pay \$15	You pay \$35	You pay \$15	You pay \$30
Emergency Room	You pay \$50 per visit, waived if admitted	You pay \$50 per visit, waived if admitted	You pay \$50 per visit	You pay \$50 per visit, waived if admitted	You pay \$50 per visit
Ambulance Service	You pay \$50 per trip				
At Other Medical Settings & Other Types of Services					
X-ray and Lab	No Charge	No Charge; \$100 for MRI,CAT,PET	No Charge	No Charge; \$50 for MRI,CAT,PET	No Charge
Allergy Injections and Serum (w/o office visits)	\$3 for injections and \$15 for testings	You pay \$15	No Charge	You pay \$15	You pay \$15; No Charge for Serum
Infertility Treatment (Limited to the diagnosis and treatment of infertility. IVF and GIFT are excluded)	You pay \$15	You pay 50%	You pay 50%	You pay 50%	You pay \$15

	Kaiser California	Kaiser Colorado	Kaiser Northwest (Oregon)	Kaiser Mid-Atlantic (Virginia, Maryland, DC)	Kaiser Georgia
Skilled Nursing Facility	Plan pays 100%, up to 100 days per benefit period	Plan pays 100%, up to 100 days per calendar year	Plan pays 100%, up to 100 days per calendar year	Plan pays 100%, up to 100 days per calendar year	Plan pays 100%, up to 60 visits per calendar year
Home Health Care	Plan pays 100%, up to 100 days per calendar year	Plan pays 100%	Plan pays 100%, up to 130 days per calendar year	Plan pays 100%, No maximum	Plan pays 100%, up to 120 visits per calendar year
Hospice Care	Plan pays 100%, No maximums	Plan pays 100%	Plan pays 100%, No maximums	Plan pays 100%, No maximums	Plan pays 100%, No maximum
Chiropractic Services (limited to 20 visits per calendar year)	You pay \$10 Must be referred to American Specialty Network	You pay \$15	You pay \$15	You pay \$15	You pay \$15
Physical and Occupational Therapy, Radiation and Chemotherapy	You pay \$15, No charge for Radiation and Chemotherapy	You pay \$15 for Physical, Occupational and Radiation Therapy; You pay 20% for Chemotherapy	You pay \$15; Physical and Occupational Therapy limited to 20 visits per year	You pay \$15, limited to 90 days of treatment per episode	You pay \$15
Speech and Hearing Services (excludes hearing aids)	You pay \$15	You pay \$15	You pay \$15	You pay \$15	You pay \$15, up to 20 visits per year
Durable Medical Equipment	You pay 20%	You pay 20% up to \$2000	You pay 20%	Plan pays 100%	Plan pays 100%
Acupuncture (limited to 20 visits per calendar year)	Covered on a limited basis (co-pay and number of visits); subject to PCP referral to Pain Management Clinic	Discount Program Available	Discount Program Available	You pay \$15	Discount Program Available
Prescription Drug Retail Supply (Kaiser Pharmacy Only) Generic Preferred Brand Non-Preferred Brand	You pay \$10 for generic and \$20 for brand name; 100 day supply	You pay \$10 for generic and \$20 for brand name up to 30 day supply	You pay \$10 for generic and \$20 for brand name up to 30 day supply	You pay \$10 for generic, \$20 for preferred brand name, \$35 for non-preferred brand name up to 30 day supply	You pay \$15 for generic and \$25 for brand name up to 30 day supply
Mail Order	You pay \$10 for generic and \$20 for brand name; 100 day supply	You pay \$20 for generic and \$40 for brand name up to 90 day supply	You pay \$20 for generic and \$40 for brand name up to 90 day supply	You pay \$20 for generic, \$40 for preferred brand name, \$70 for non-preferred brand name up to 90 day supply	You pay \$30 for generic, \$50 for brand name up to 90 day supply

Prescription Drug Coverage

Prescription drugs are provided through Medco for CIGNA OAP members and through Kaiser for Kaiser members. The following chart highlights prescription drug coverage under each of the medical plans available:

	Medco CIGNA Basic OAP	Medco CIGNA Premium OAP	Kaiser HMOs
Retail (per 30-day supply)			
Generic	Plan pays 80% with a minimum \$10 (maximum \$100) co-payment	Plan pays 90% with a minimum \$10 (maximum \$100) co-payment	Kaiser California, Northwest and Colorado You pay \$10 for generic and \$20 for brand name Kaiser Georgia You pay \$15 for generic and \$25 for brand name Kaiser Mid-Atlantic You pay \$10 for generic, \$20 for preferred brand and \$35 for non-preferred brand
Preferred Brand	Plan pays 70% with a minimum \$30 (maximum \$125) co-payment	Plan pays 80% with a minimum \$30 (maximum \$125) co-payment	
Non-Preferred Brand	Plan pays 60% with a minimum \$50 (maximum \$150) co-payment	Plan pays 70% with a minimum \$50 (maximum \$150) co-payment	
Infertility Prescription Drug Maximum	\$25,000 lifetime maximum		
Annual Prescription Drug Out-of-Pocket Maximum (Medco)	\$1,000 per member per calendar year \$2,000 per family per calendar year		
Mail Order (per 90-day supply)			Mail Order is also available.
Generic	You pay \$25		
Preferred Brand	You pay \$75		
Non-Preferred Brand	You pay \$125		

2012 Dental Plan

Dental benefits are provided through Delta Dental. The plan pays greater benefits when you see a member of the Delta PPO network. When you see non-participating dentists, the plan will reimburse subject to reasonable and customary (R&C) fees and you will pay any difference above R&C.

Delta Dental Plan

Benefit	Delta PPO Dentist	Delta Premier Dentist	Non-Participating Dentist
Annual Deductible	\$50/individual and \$150/family (3 persons)		
Calendar Year Maximum	\$2,000 per covered member		
Diagnostic & Preventive (deductible waived)	Plan pays 100%	Plan pays 90%	Plan pays 90%
Basic Care	Plan pays 80%	Plan pays 70%	Plan pays 70%
Major Care	Plan pays 50%	Plan pays 50%	Plan pays 50%
Orthodontia (Adult & Children)	Plan pays 50%	Plan pays 50%	Plan pays 50%
Orthodontia Lifetime Maximum	\$2,000 per covered member		

2012 Vision Plan

Vision benefits are provided through Vision Service Plan (VSP). Greater benefits are paid when you see a provider in the VSP network. If you choose to see a non-VSP provider, the plan will reimburse you based on a reduced fee schedule. McAfee subsidizes 80% of the Basic plan; you will pay a greater portion for the Premium plan.

Vision Service Plan (VSP)

Benefit	Basic Plan		Premium Plan	
	VSP Preferred Providers	Non-VSP Providers	VSP Preferred Providers	Non-VSP Providers
Eye Exam:	1 exam every 12 months		1 exam every 12 months	
	You pay \$10	Plan pays up to \$50 after \$10 copay	You pay \$10	Plan pays up to \$50 after \$10 copay
Lenses:	1 pair every 12 months		1 pair every 12 months	
	You pay \$10 (applies to lenses and frames)	After \$10 copay (applies to lenses and frames), plan pays up to: <ul style="list-style-type: none"> • \$50 for single vision • \$75 for lined bifocal • \$100 for lined trifocal • \$125 for lenticular 	You pay \$10 (applies to lenses and frames)	After \$10 copay (applies to lenses and frames), plan pays up to: <ul style="list-style-type: none"> • \$50 for single vision • \$75 for lined bifocal • \$100 for lined trifocal • \$125 for lenticular
Frames:	1 pair every 24 months		1 pair every 12 months	
	You pay \$10 (applies to lenses and frames) for frames up to plan allowance of \$130, plus 20% off any out-of-pocket cost	Plan pays up to \$70	You pay \$10 (applies to lenses and frames) for frames up to plan allowance of \$150, plus 20% off any out-of-pocket cost	Plan pays up to \$70
Contacts: In Lieu of lenses and frames	Plan pays 100% after \$10 co-pay, if medically necessary; otherwise, plan pays up to \$140. Also receive 15% discount on professional services, such as fitting and follow up	Plan pays up to \$210 (\$105 per eye), if medically necessary; otherwise, plan pays up to \$140.	Plan pays 100% after \$10 co-pay, if medically necessary; otherwise, plan pays up to \$150. Also receive 15% discount on professional services, such as fitting and follow up	Plan pays up to \$210 (\$105 per eye), if medically necessary; otherwise, plan pays up to \$150.
Both the Basic Plan and Premium Plan also allow participants to receive an additional pair of glasses or contacts subject to the same allowances above.				

2012 Employee Contributions

	Employee Contributions		McAfee Contributions
	Per Pay Period	Per Month	Per Month
CIGNA OAP Premium and Medco Prescription Drug			
Employee Only	\$52.00	\$104.00	\$416.19
Employee + 1	\$104.00	\$208.00	\$832.30
Employee + 2 or 3	\$145.50	\$291.00	\$1,165.53
Employee + 4 or more	\$192.50	\$385.00	\$1,539.68
CIGNA OAP Basic and Medco Prescription Drug			
Employee Only	\$40.00	\$80.00	\$320.54
Employee + 1	\$80.00	\$160.00	\$641.06
Employee + 2 or 3	\$112.00	\$224.00	\$897.49
Employee + 4 or more	\$148.00	\$296.00	\$1,185.99
Kaiser HMO - California			
Employee Only	\$39.00	\$78.00	\$313.24
Employee + 1	\$78.50	\$157.00	\$625.50
Employee + 2	\$109.50	\$219.00	\$876.49
Employee + 3 or more	\$145.00	\$290.00	\$1,157.62
Kaiser HMO – Northwest (Oregon)			
Employee Only	\$38.00	\$76.00	\$303.50
Employee + 1	\$76.00	\$152.00	\$606.99
Employee + 2 or more	\$107.50	\$215.00	\$858.98
Kaiser HMO – Colorado			
Employee Only	\$39.00	\$78.00	\$310.53
Employee + 1	\$77.50	\$155.00	\$622.05
Employee + 2 or more	\$110.00	\$220.00	\$879.53
Kaiser HMO – MidAtlantic			
Employee Only	\$40.50	\$81.00	\$326.40
Employee + 1	\$81.50	\$163.00	\$651.79
Employee + 2 or more	\$117.50	\$235.00	\$942.37
Kaiser HMO – Georgia			
Employee Only	\$42.00	\$84.00	\$333.61
Employee + 1	\$83.50	\$167.00	\$668.23
Employee + 2 or more	\$118.00	\$236.00	\$945.85

	Employee Contributions		McAfee Contributions
	Per Pay Period	Per Month	Per Month
Delta Dental Plan			
Employee Only	\$5.50	\$11.00	\$41.62
Employee + 1	\$10.50	\$21.00	\$48.11
Employee + 2 or 3	\$15.00	\$30.00	\$117.23
Employee + 4 or more	\$19.50	\$39.00	\$155.68
Basic Vision Service Plan (VSP)			
Employee Only	\$0.50	\$1.00	\$7.32
Employee + 1	\$1.50	\$3.00	\$12.20
Employee + 2 or 3	\$2.00	\$4.00	\$18.76
Employee + 4 or more	\$3.00	\$6.00	\$24.82
Premium Vision Service Plan (VSP)			
Employee Only	\$3.50	\$7.00	\$6.67
Employee + 1	\$6.50	\$13.00	\$12.20
Employee + 2 or 3	\$9.00	\$18.00	\$18.76
Employee + 4 or more	\$13.00	\$26.00	\$24.82

*COBRA rates are the combined per month Employee and McAfee contributions then multiplied by a 2% Administrative Fee. COBRA rates can be found on **MyHR Connection**.*

Domestic Partner Coverage and Imputed Income

The same monthly employee contributions above will apply for employees who enroll their Domestic Partner and/or their Domestic Partners children for medical, dental and vision coverage. However, unless the Domestic Partner and/or their children qualify as dependents under the IRS code, the below payroll contributions will be taken on an after-tax basis and the value of the coverage provided to the Domestic Partner and/or their children will be treated as imputed income (taxable income) to the employee.

Monthly Imputed Income (Taxable Income Amounts)

Plan	Employee + Non-Qualified Domestic Partner
CIGNA Basic OAP	\$320.53
CIGNA Premium OAP	\$416.11
Kaiser HMO - California	\$312.26
Kaiser HMO – Northwest	\$303.49
Kaiser HMO – Colorado	\$311.52
Kaiser HMO – Mid-Atlantic	\$325.39
Kaiser HMO - Georgia	\$334.62
Dental	\$42.49
Basic Vision	\$4.88
Premium Vision	\$4.65

The imputed income (taxable income) amount shown above is subject to all applicable federal (including social security) taxes, and most state and local income taxes. Taxes will be deducted from your regularly scheduled paychecks. The imputed income will only be reflected on your payroll check. It is not reported on your Benefit Confirmation statement since this is a payroll tax. Imputed income does not apply to the premiums McAfee pays for the Employee Assistance Program.

Note: If you can claim your partner and/or your partner’s child(ren) as a dependent, imputed income will not apply. A Certification of Tax Dependency is required with your Domestic Partner Affidavit attesting that these individuals are your tax dependents under IRS guidelines. You may wish to consult your tax professional regarding tax treatment for Domestic Partner coverage as state-specific treatment and applicable taxes vary by state.